

Patient consent for insertion of a Peripherally Inserted Central Catheter (PICC)

A doctor/health care professional responsible for your care has requested the placement of a PICC. A vascular access specialist nurse will perform this procedure, either at your bedside in hospital or, if you are an outpatient, in the Radiology (X-ray) Department. The catheter is placed in a vein in your upper arm using ultrasound. The PICC will extend from your upper arm vein around to the large vessel in your chest called the superior vena cava; this is the ideal place for your body to receive the medication that you need as part of your treatment.

The vascular access nurse will use magnetic imaging to view and track the direction of the catheter during insertion and ECG (electrocardiogram – heart monitoring) technology to confirm final placement. A chest x-ray maybe required if an accurate heart rhythm cannot be analysed during insertion.

Intended benefits

- o Successful placement avoids repeat venepuncture to maintain intravenous (IV) access and deliver prescribed therapy (medication).
- o Placement of the PICC should not interfere with activities of daily living (though **no swimming**).
- o Prevents complications associated with peripheral IVs (cannulas), such as vein inflammation.
- o Blood samples can be taken from the PICC, preventing further needle use.

Potential risks

- Infection or phlebitis – pain, redness or fever.
- Bleeding or clotting of the vein (thrombosis) – arm swelling, pain, redness.
- Inability to insert catheter due to size, condition or anatomy of vein.
- Inadvertent puncture of an artery.
- Nerve damage (temporary).

Possible alternatives

- Smaller peripheral device, e.g. cannula in lower arm, dependant on your treatment.
- Central venous access device inserted by a doctor using fluoroscopy (X-ray) guidance.
- Refusal of IV treatment.

Patient agreement signature: _____ Date: _____

Patient name: _____ Date: _____

Vascular Access Professional _____ Date: _____

Witness name _____ Date: _____

Relation to patient: _____ Date: _____

Patient signature of refusal: _____ Date: _____

Staff note: Document further in EPR if consent refused.