

File within 3rd spine

NHS number: _____
 Name: _____
 Address: _____

 Date of birth: _____
 CR number: _____

Affix patient label

PICC / Midline / Central Line and Hickman Line Insertion and Removal Record

<input type="checkbox"/> Midline / Portacath	For use: Mid to long term antibiotics / IV therapy. Parenteral nutrition N4 / Starter / Cytotoxic drugs
<input type="checkbox"/> Central line / PICC	For use: Cytotoxic drugs. Parenteral nutrition N5 or above.

Insertion Record

Activity / Action			
Date and time of insertion:	Signature of person inserting line:	Print	
Designation			
Site used (please circle): <i>Upper arm placement - Midline / PICC line</i> <i>Subclavian or internal jugular - Central line</i>		State site of insertion:	
Size of the line (Gauge). Please state:		Number of lumens. Please state:	
Length of exposed line. Please state:			
Radiological check - (Central line & PICC): CXR requested		Y / N	
TIP position confirmed before use:	Date Time	Sign Print	Designation

Midline / PICC line	Dressing changed within 24 hours of insertion. Gauze removed, site cleaned with 2% chlorhexidine and replaced with semi permeable dressing (please circle) Y / N	Sign Print Designation	Date
----------------------------	--	------------------------------	------

Removal record - Indication for removal (please circle)

Therapy completed <input type="checkbox"/> Patient request <input type="checkbox"/> Other <input type="checkbox"/> Please state:			
Short term central line must be removed after 7 days			
Length of catheter removed		ANTT followed (please circle): Y / N	
Date and time of removal:	Sign Designation	Print	

PLEASE TURN OVER FOR ON-GOING CARE RECORD

