Infusion Care, LLC – Patient PICC/ CVC Referral Form

Fax Completed form to (702) 998-4445

Patient Name: _____ Date of Birth: ____/____/_____

SSN: _____ - ____ - _____ Primary Phone: (_____) _____ - _____

Address: _____ Secondary Phone: (_____) _____ - _____

_____ Insurance Provider: _____

(PLEASE ATTACH COPY OF INSURANCE)

Diagnosis: _____ ICD 10 Code (s) : _____

Section 1 – Clinical (*Must be completed to initiate services with Vegas Valley Infusion Centers, LLC and facilitate insurance authorization.)*

☐ NKDA Allergies: _____

Height: _____ cm / inches Weight: _____ kg / lbs ☐ Male ☐ Female

Last infusion date: ____/____/_____ Next dose due: ____/____/_____ (IF APPLICABLE or KNOWN)

EXISTING Line Type: ☐ PICC ☐ Port ☐ Midline ☐ Other _____

☐ PICC placement required ☐ Indication for new PICC _____ ☐ Indication for replacement _____

Section 2 – PICC/CVC ORDERS

PICC (Peripherally Inserted Central Catheter): New insertion/Replacement/Maintenance of existing **(circle one please)**	**CVC (Central Venous Catheter) – existing line ONLY orders:**
Directions: ☐ Insertion via Bard Sherlock 3CG Tip Confirmation System: ☐ Double Lumen 5 french ☐ Single Lumen 4 french ☐ Lidocaine 1% subcutaneous injection of 5mL(max 20mL) into tissue around insertion site prior to insertion ☐ Dressing changes, per protocol weekly ☐ Heparin flushes, per protocol, for patency ☐ NS 10 cc flushes, per protocol daily ☐ Removal of existing PICC per protocol **(MUST BE CHECKED IF REPLACEMENT REQUIRED)** ☐ OK to utilize as midline catheter if advancement of PICC unsuccessful	**Directions:** ☐ Access implanted port- specify Huber needle size: ☐ 22G - ¾ inch ☐ 22G - 1 inch ☐ 20G - ¾ inch ☐ 20G – 1 inch ☐ Administer Lidocaine1% cream 15 minutes prior to accessing port ☐ Dressing changes, per protocol weekly ☐ Heparin flushes, per protocol weekly, for patency ☐ DE-access implanted port Huber needle (in between infusion dates)

Section 3 – PICC LABS (values must be within 7 days of procedure – OTHERWISE CAN BE DRAWN BY RN AT CENTER DAY BEFORE

INR level: _____ Date drawn: _____ **OR** ☐ Draw INR (Must be < or = 3.0)

PT level: _____ Date drawn: _____ **OR** ☐ Draw PT (Must be within 11-13)

PTT level: _____ Date drawn: _____ **OR** ☐ Draw PTT (Must be within 20-30)

Platelet count: _____ Date drawn: _____ **OR** ☐ Draw Platelets (Must be > or = 50)

Creatinine: _____ Date drawn: _____ **OR** ☐ Draw Creatinine (Must be less than 2.0 or nephrologist clearance required)

(PLEASE ATTACH COPIES OF LABS IF DRAWN ALREADY)

Section 4 – RN Complication(s) Management *(The following orders will be followed, and physician will be notified immediately.)*

☐ Discontinue insertion attempts immediately if difficulty placing PICC or accessing implanted port

☐ Place tourniquet above PICC insertion site immediately if suspected breakage of catheter in vein *(Call 911 immediately afterwards)*

☐ If patient short of breath or anxious during insertion, administer O2 supplement at 100% and place patient on left side

☐ Confirmation of PICC placement WITH CHEST X RAY if patient has atrial fibrillation during insertion or has history of arrythmias

☐ Monitor for allergic reaction and if noted administer Benadryl ____ mg PO x 1 dose *(911 emergency medical services will be contacted if used)*

Section 5 – Provider Information

Referring Physician: _____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Address: _____ City: _____ State: ☐ Nevada ☐ Other _____ Zip: _____

License Number: _____ DEA Number: _____ NPI Number: _____

Physician Signature: _____ Date: _____/_____/_____

Infusion Care, LLC

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