

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

NICU PICC Insertion

Version 2 02/13/19

General

- Order for procedure Specific Procedure: Peripherally Inserted Central Catheter Placement
Date of Procedure: _____
Time of Procedure: _____
Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology
- Order for procedure Specific Procedure: Cut down for Peripherally Inserted Central Catheter Placement
Date of Procedure: _____
Time of Procedure: _____
Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology

Nursing Orders

- Peripherally inserted central catheter (PICC) care and maintenance

Medications

- lidocaine 1% 2 mL PF vial
 - 1 milliliter subcutaneously once as needed procedure
- heparin sodium, porcine/PF (heparin neonatal Hep-lock)
 - 5-10 unit IV injection ONCE

Radiology

- XR Chest Single, portable
 - now Reason for exam: confirm PICC line placement
 - in AM; Reason for exam: confirm PICC line placement

Provider Signature: _____ Date: _____ Time: _____