



FAX: 888.723.8422

**Consent Form
Peripherally Inserted Central Catheter (PICC)/Midline**

I, (Print Patient Name) _____, voluntarily request to have a peripherally inserted central catheter (PICC)/Midline inserted in my arm to treat my medical condition(s).

I understand that Dr. _____, my attending physician, has given the order for the placement of the PICC/Midline.

- Alternate methods of administering my medication(s) have been fully explained to me and my healthcare team has determined that a PICC/Midline would be the most effective means of administering medication(s).
- I understand that no warranty or guarantee has been made to me as to the result or cure.
- I understand that the insertion of a PICC/Midline is an invasive procedure which is accompanied by certain risks which include but are not limited to: bleeding at the insertion site, possible nerve damage, unsuccessful placement, local and/or systemic infection, irregular heartbeat, catheter embolism, air embolism, hematoma at the insertion site, catheter tip malposition, phlebitis, and thrombophlebitis. I further understand that all appropriate measures will be employed to reduce or eliminate the chance of these occurrences.

I have been informed of my right to voice any questions or concerns and have asked about the procedure and received satisfactory answers to my questions.

Patients' Signature _____ Date & Time _____

Witness' Signature _____ Date & Time _____

If patient is unable to sign, patients' Medical Power of Attorney or Assigned Designee may give verbal consent. Verbal consent should be documented and observed by two (2) witnesses. Relationship to patient should be documented.

Patient Designee _____ Relationship to patient _____ Date & Time _____

Witness' Signature _____ Date & Time _____

Witness' Signature _____ Date & Time _____

OR

If no responsible party available (per above), two (2) MD's may sign consent for emergency treatment with rationale.

MD Signature _____ Date & Time _____

MD Signature _____ Date & Time _____

MD Rationale: _____

Please feel free to contact **VIC the PICC** with any questions, comments or concerns.

Toll Free: 866.971.8422