

Barcode



# Peripheral Inserted Central Catheter (PICC) referral form

Patient Label

Name: \_\_\_\_\_

NHI: \_\_\_\_\_ DOB: \_\_\_\_\_  
dd/mm/yy

Address: \_\_\_\_\_

Sherlock PICC service mobile number: 021 926 272  
 For referrals: Fax number 94456

Patient information		Laboratory results			
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No	INR :	Date: <small>dd/mm/yy</small>	APTT:	Date: <small>dd/mm/yy</small>
Interpreter needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Platelets:	Date: <small>dd/mm/yy</small>	Prothrombin:	Date: <small>dd/mm/yy</small>
		Creatinine:	Date: <small>dd/mm/yy</small>	Hb:	Date: <small>dd/mm/yy</small>

**Patient referral criteria:**

- ≥ 16 years of age  Yes  No
- Alert and orientated  Yes  No
- Artificial and/or pacemaker wire present  Yes  No
- Atrial fibrillation (AF) or Paroxysmal AF  Yes  No
- Able to lie still in enclosed spaces  Yes  No

- Preprocedure bloods done  Yes  No
  - Platelets ≥20  Yes  No
  - Coagulation screen INR ≤1.5  Yes  No
    - Inpatient within last 3 days  Yes  No
    - Outpatient on any anticoagulant therapy within last week  Yes  No
- If yes, name of medication: \_\_\_\_\_

- Clotting screen done within 1 week prior to PICC insertion  Yes  No

**PICC triage score below:**

	Score 5	Score 3	Score 1	
IV Chemotherapy – Date treatment begins	0 - 2 days	3 - 7 days	1 or more weeks	=
Or Community IV antibiotic therapy – treatment begins	0 - 2 days	3 - 7 days	1 or more weeks	=
Or IV nutrition	<input type="checkbox"/> Yes		<input type="checkbox"/> No	=
Has nutrition support team accepted patient?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Difficult venous access	<input type="checkbox"/> Yes		<input type="checkbox"/> No	=
<b>Total score</b>				<b>= /10</b>

<b>Allergies / Alerts:</b>	<b>Infection status:</b> MRSA      ESBL      VRE
	Other: _____

**Relevant clinical history** (including any cardiac conditions, previous central venous access devices) and treatment plan.

**Referring doctor MUST sign Lignocaine 1% prescription to provide local anaesthesia.**

Date: dd/mm/yy Time: 24 hour Lignocaine 1% subcut 0.5 – 3 ml for PICC insertion

Prescribers name (Print): \_\_\_\_\_ Prescribers signature: \_\_\_\_\_

Contact details: \_\_\_\_\_