



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO9031



ADULT AMBULATORY INFUSION ORDER
PICC Placement

Page 1 of 2

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

PARQ: Required _____ (initials): I have discussed the risks versus benefits of a PICC line, as well as the risks and alternatives, with the patient/surrogate.

GUIDELINES FOR ORDERING

1. Send **FACE SHEET** and **H&P** or most recent chart note.

Insert PICC, Routine, ONCE

Applicable History:

- Hx of mastectomy with lymph node dissection
- Nephrology/Renal Transplant
- Previous existing history of DVT
- Other: _____

Indication for PICC:

- Antibiotics
- Blood Draws
- Blood Products
- Chemotherapy
- Fluids/Meds
- Inotropes
- TPN
- Other _____

PICC Nurse to determine catheter type unless otherwise specified:

- Single Lumen PICC
- Dual Lumen PICC
- Power PICC Dual Lumen (requires Heparin)
- Power PICC Triple Lumen (requires Heparin)
- Midline (not central)

Heparin allergy or intolerance?

- yes
- no

X-Ray Chest PICC Line Check, Routine, AS NEEDED

Reason for Exam/Referral Diagnosis: check PICC line placement

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____



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Please check the appropriate box for the patient's preferred clinic location:

Hillsboro Medical Center

Infusion Services
364 SE 8th Ave, Medical Plaza Suite 108B
Hillsboro, OR 97123
Phone number: (503) 681-4124
Fax number: (503) 681-4120

Adventist Health Portland

Infusion Services
10123 SE Market St
Portland, OR 97216
Phone number: (503) 261-6631
Fax number: (503) 261-6756

Mid-Columbia Medical Center

Celilo Cancer Center
1800 E 19th St
The Dalles, OR 97058
Phone number: (541) 296-7585
Fax number: (541) 296-7610