



Safe PICC Plus, Inc.

Guaranteed Safe Services

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Informed **Consent** for Placement of Peripherally Inserted Central Catheter/Mid Line

I, _____, have read and understand the following:

My Physician, Doctor _____, has ordered the insertion of a Peripherally Inserted Central Catheter (PICC) for the administration of intravenous medications. I understand that the catheter will be inserted into my upper arm and advanced through a vein until the tip of the catheter resides in a large vein in my chest; the Superior Vena Cava (SVC). This vein is located directly above my heart.

A Registered Nurse who has been specifically trained and certified to place PICCs will perform this procedure. The Registered Nurse performing the procedure is a representative of **SAFE PICC PLUS, INC.** I understand that this is an invasive procedure and there are risk factors that include catheter embolus, arterial puncture, infection, deep vein thrombosis. Measures will be taken during and after the procedure to prevent any complications. I realize my physician is aware of the possible risk factors associated with this procedure and at this time believes the benefits of PICC placement take precedence to any and all risk factors. The benefits include: secure intravenous access, timely administration of IV medications and blood sampling and reduction of needle sticks. Information related to alternative therapies such as peripheral IV and other types of IV access have been discussed. PICC, maintenance and discontinuation will be performed by qualified nursing staff at your facility.

I understand this procedure may not be successful for me. This procedure will only be performed after thorough evaluation of my present and past medical history is completed and I qualify as a good candidate for PICC placement. Should the PICC placement fail, other options will be explained to me.

If I have questions regarding this procedure, I reserve the right to ask questions and expect knowledgeable answers. I have been aware of my right to refuse this and any medical treatment.

I have read the above and have been offered an opportunity to discuss any concerns I have related to the placement of the PICC. By signing this document I offer my permission for PICC placement.

Patient/Legal Guardian: Signature Date

Witness Print and Sign Date

Witness Print and Sign Date