**PICC- Peripherally Inserted Central Catheter**

**A. Interpreter / cultural needs**

An Interpreter Service is required?  □ Yes □ No
If Yes, is a qualified Interpreter present?  □ Yes □ No
A Cultural Support Person is required?  □ Yes □ No
If Yes, is a Cultural Support Person present?  □ Yes □ No

**B. Procedure**

The following will be performed (Doctor/doctor delegate to document – include site and/or side where relevant to the procedure)

Peripherally Inserted Central Catheter (PICC) is a long, narrow tube (catheter) about the same size as a strand of long spaghetti. It is used to give you medication directly into your blood stream without having to repeatedly insert a needle into your vein. Using ultrasound as a guide the needle will be inserted into your vein.

Once the catheter has entered into your vein, it is passed along the vein using X-ray guidance. The tip of the PICC will be positioned in one of the major blood vessel next to the heart. When the catheter is in the correct place a chest x-ray will be taken to confirm its placement.

This procedure will require the injection of a local anaesthetic. A sedative injection is rarely given.

**C. Risks of the procedure**

In recommending the PICC, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure and with having a PICC can include but are not limited to the following.

**Common risks and complications include:**
- Minor pain, bruising and/or infection at the insertion site. This may require treatment with antibiotics.
- Bleeding or bruising may occur. This is usually stopped by applying pressure and/or ice to the puncture site. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Liscove) or Dipyridamole (Persantin and Asasantin).
- The PICC may become kinked or blocked. The PICC may need to be re-positioned and/or medication given to unblock the catheter.
- The PICC may become accidentally removed if pulled or tugged on. The PICC may need to be re-inserted.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

**Less common risks and complications include:**
- Infection at the skin puncture site, requiring antibiotics and/or further treatment.
- Infection in the catheter, requiring the removal of the PICC.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Irritation and pain in the vein from the PICC, the medications injected or from infection. The PICC may need to be removed.
- Blood clot blocking the vein may require medication to treat.
- An allergy to injected drugs, requiring further treatment.
- Difficulty or inability to advance/insert the PICC may be due to small vessels, vasospasm, stenosis or difficult anatomy.
- The procedure may not be possible due to medical and/or technical reasons.

**Rare risks and complications include:**
- Injected medications may leak outside of the vein, under the skin and into the fat tissues, this may require treatment.
- A fast or irregular heart beat. Usually resolves on its own but sometimes may need further treatment.
- The tip of the PICC may move from the original placement, this will require repositioning or removal.
- An air bubble enters the blood stream. This can travel to the heart causing a heart attack or to the brain causing a stroke.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.
D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

I have been given the following Patient Information Sheet(s):
- PICC- Peripherally Inserted Central Catheter
- Ultrasound

I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,
1. What is a PICC?
Peripherally Inserted Central Catheter (PICC) is a long, narrow tube (catheter) about the same size as a strand of long spaghetti. It is used to give you medication directly into your bloodstream without having to repeatedly insert a needle into your vein. Blood samples can also be taken through the PICC for testing.
A PICC can be left in place for weeks or months depending on your treatment.
This procedure is performed in medical imaging with guidance from imaging machines such as ultrasound and x-ray. For more information on these imaging methods and the risks involved in their use, please read the Ultrasound Patient Information Sheet (if you do not have this information sheet please ask for one).

2. Will there be any discomfort, is any anaesthetic needed?
This procedure will require an injection of a local anaesthetic. It is used to prevent or relieve pain, but will not put you to sleep.
You should feel no more than mild discomfort.

3. Preparation for the procedure
The medical imaging department will give you instructions on how to prepare for your procedure.
- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.
- If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.

4. During the procedure
Ultrasound will be used to look at your veins and a suitable vein for the catheter will be selected.
Local anaesthetic will be injected into the skin around the selected vein.
Using ultrasound as a guide the needle will be inserted into your vein.
You must remain as still as possible.
Once the catheter has entered into your vein, it is passed along the vein using X-ray guidance.
At this time, you may be asked to turn your head to face the arm where the PICC is being inserted. This helps guide the catheter into the right place.
The tip of the PICC will be positioned in one of the major blood vessel next to the heart. The catheter does not go into your heart. You will not feel the catheter inside your body.
When the catheter is in the correct place a chest x-ray will be taken to confirm its placement.

5. After the procedure
At the end of the procedure, a dressing will be applied to your arm where the catheter exits your vein. There are usually no stitches holding the catheter in place.
You must be careful not to pull or tug the PICC.
Once placement of the PICC has been confirmed by a Radiologist (x-ray doctor), it can be used straight away.
Following your PICC insertion it is normal to experience some redness and tenderness in the area of the insertion for about 24 to 48 hours.
You will be educated about your PICC, how to take care of it and the recommended level of activity advised while it is in place.

6. What are the risks of this specific procedure?
The risks and complications with this procedure and with having a PICC can include but are not limited to the following.
Common risks and complications include:
- Minor pain, bruising and/or infection at the insertion site. This may require treatment with antibiotics.
- Bleeding or bruising may occur. This is usually stopped by applying pressure and/or ice to the puncture site. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- The PICC may become kinked or blocked.
- The PICC may be accidentally removed if pulled or tugged on.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.

Taken from CancerHelp UK, the patient information website of Cancer research UK: www.cancerhelp.org.uk
Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:
- Infection at the skin puncture site, requiring antibiotics and/or further treatment.
- Infection in the catheter, requiring the removal of the PICC.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Irritation and pain in the vein from the PICC, the medications injected or from infection. The PICC may need to be removed.
- Blood clot blocking the vein may require medication to treat.
- An allergy to injected drugs, requiring further treatment.
- Difficulty or inability to advance/insert the PICC may be due to small vessels, vasospasm, stenosis or difficult anatomy.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:
- Injected medications may leak outside of the vein, under the skin and into the fat tissues, this may require treatment.
- A fast or irregular heart beat. Usually resolves on it’s own but sometimes may need further treatment.
- The tip of the PICC may move from the original placement, this will require repositioning or removal.
- An air bubble enters the blood stream. This can travel to the heart causing a heart attack or to the brain causing a stroke.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

7. What are the safety issues when you leave the hospital?

Take care not to pull or tug the PICC. Notify your nurse or clinic immediately if your PICC has been tugged or has fallen out.

Go to your nearest Emergency Department or GP if you become unwell or have;
- pain, unrelieved by simple pain killers
- continuous bleeding or swelling at the skin around the catheter
- redness or inflammation on the skin around the catheter
- a fever
- swelling in the arm the PICC is inserted in
- other warning signs you may have been asked to be aware of.

Notes to talk to my doctor/ health practitioner about:

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1. **What is an Ultrasound?**

Ultrasound scans assess internal organs and help to diagnose a variety of conditions. They are also performed to assess disease in the arteries or veins. An Ultrasound machine is made up of a console containing a computer, a display screen and a probe (transducer). The probe is a small hand-held device that resembles a microphone.

Ultrasound pictures are produced by passing ultrasonic (high frequency) soundwaves into the area being scanned. Ultrasound does not use x-rays.

2. **Will there be any discomfort, is any anaesthetic needed?**

An Ultrasound is a painless procedure. No anaesthetic is required. If scanning is performed over an area of tenderness, you may feel pressure or minor discomfort from the probe.

3. **Preparation for the procedure**

There are different preparations required depending on the area of the body being scanned. The medical imaging department will give you instructions on how to prepare for your scan.

4. **During the procedure**

The lights in the room will be dimmed so that the pictures on the screen can be seen more clearly. A gel will be applied to your skin over the area to be scanned. The gel allows the probe to slide easily over the skin and helps produce clearer pictures. The probe will be moved back and forth slowly over the area of interest until the area is completely examined.

You could be asked to hold you breath or roll into different positions during the scan. Once the scan is complete, the gel will be wiped off your skin.

The Ultrasound will take between 15 and 60 minutes. This timeframe is dependent on what body part is being scanned and the type of investigation is required.

In some ultrasound studies, the probe is inserted into a natural opening in the body.

These procedures include:
- Transrectal Ultrasound where the probe is inserted into a man’s rectum to view the prostate.
- Transvaginal Ultrasound where the probe is inserted into a woman’s vagina to view the uterus and ovaries.

These procedures may cause minimal discomfort.

If you are having an intimate examination the staff will describe the procedure to you, and your verbal consent for this will be obtained.

A second staff member may also be in the room during these procedures.

5. **What are the risks of this specific procedure?**

There are no known risks from an ultrasound. It is considered to be a very safe procedure.

Notes to talk to my doctor/ health practitioner about:

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