



**UNIVERSITY MEDICAL CENTER  
LUBBOCK, TEXAS  
UNIVERSAL PROTOCOL CHECKLIST  
BEDSIDE PROCEDURE**

PLEASE ATTACH PATIENT LABEL OR PROVIDE:  
NAME \_\_\_\_\_  
MRN \_\_\_\_\_ FIN \_\_\_\_\_

(MUST BE COMPLETED AT LOCATION OF PROCEDURE)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Procedure: \_\_\_\_\_

Location: \_\_\_\_\_

<b>Brief</b>	<b>Time Out</b>
<p style="text-align: center;">Before Procedure</p> <p><b>Patient Identification</b> (2 identifiers per P &amp; P):</p> <p><input type="checkbox"/> Name  <input type="checkbox"/> Patient Birth Date  <input type="checkbox"/> Medical Record Number  <input type="checkbox"/> Admission Date &amp; Visit Number</p> <p><b>Verified by:</b></p> <p><input type="checkbox"/> Patient  <input type="checkbox"/> Family/Guardian  <input type="checkbox"/> Chart  <input type="checkbox"/> Care Provider: _____</p> <p><b>Consents Available:</b> (check all applicable)</p> <p><input type="checkbox"/> Procedure  <input type="checkbox"/> Anesthesia  <input type="checkbox"/> Blood  <input type="checkbox"/> Other: _____</p> <p><b>Code Status:</b></p> <p><input type="checkbox"/> Full Code  <input type="checkbox"/> DNR  <input type="checkbox"/> If DNR, "ANES" band attached to DNR band.  <input type="checkbox"/> Care limitations</p> <p><b>Correct Site Verification:</b></p> <p><input type="checkbox"/> Site marked prior to procedure/draping with permanent marker.</p> <p><b>Site/Side:</b> <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Hand/Arm <input type="checkbox"/> Foot/Leg  <input type="checkbox"/> Trunk <input type="checkbox"/> Head/Neck  <input type="checkbox"/> Eye <input type="checkbox"/> Ear  <input type="checkbox"/> Other: _____</p> <p><b>Witness Signature:</b></p> <p>_____                      (to neonate site marking if applicable)</p> <p>_____                      Date/Time of Signature</p>	<p><b>**Time Out Verification:</b></p> <p><input type="checkbox"/> Patient Name  <input type="checkbox"/> Procedure  <input type="checkbox"/> Consent for Procedure  <input type="checkbox"/> Site/Side <input type="checkbox"/> N/A</p> <p><b>Active Participation by:</b></p> <p><input type="checkbox"/> Physician: _____  <input type="checkbox"/> Nurse: _____  <input type="checkbox"/> Anesthesia: _____  <input type="checkbox"/> Other: _____</p> <p><b>Person(s) filling out form:</b></p> <p style="text-align: right;"><u>Section</u> <input type="checkbox"/> I <input type="checkbox"/> II</p> <p>_____                      PRINTED NAME AND SECTION</p> <p>_____                      SIGNATURE, DATE &amp; TIME</p> <p style="text-align: right;"><u>Section</u> <input type="checkbox"/> I <input type="checkbox"/> II</p> <p>_____                      PRINTED NAME AND SECTION</p> <p>_____                      SIGNATURE, DATE &amp; TIME</p> <p style="text-align: right;"><u>Section</u> <input type="checkbox"/> I <input type="checkbox"/> II</p> <p>_____                      PRINTED NAME AND SECTION</p> <p>_____                      SIGNATURE, DATE &amp; TIME</p>





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 MRN \_\_\_\_\_ FIN \_\_\_\_\_

## PICC Line Checklist

RN Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

	<u>Item to Check</u>	<u>Yes/No</u>	<u>Nurse Initials</u>
1.	Patient has appropriate GFR for PICC placement. -eGFR 30-60 Consult physician		
1A	Mastectomy		
1B	Pacemaker/AICD		
2.	Physician order for PICC present:		
3.	Patient Pre-procedure education completed:		
4.	Consent obtained:		
5.	Central line checklist completed and documented:		
6.	Universal Protocol Completed.		
7.	Radiology communication form completed		
8.	PICC charge documented		

**DO NOT PLACE IN PATIENT CHART**



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MRN _____	FIN _____

## PICC Line Patient Education Sheet

- While in the hospital, nurses will care for the PICC line. If discharged home, a home care service provider will assist with care and maintenance of the PICC.
- Your arm may be tender and a little uncomfortable for 1-2 days. Rest your arm for one day after the insertion.
- The arm with the PICC line must not be over protected. Normal use, in fact increases blood circulation in that arm. This aids in carrying medications to the heart for systemic circulation. However, strenuous work, lifting objects greater than ten pounds, or repetitive motion should all be avoided.
- It is normal to see a small amount of blood leaking from the insertion site the day after the procedure. There may also be some bruising. Call physician if blood is present.
- The catheter must be flushed every 12 hours and after each use.
- The dressing should be changed every 7 days or as needed. If it is wet or soiled, it must be changed.
- The PICC dressing should not get wet. It must remain dry to prevent infection. During bathing, the likelihood water will come in contact with the dressing is greatly increased. Therefore, the PICC should be covered with a waterproof covering such as plastic wrap and tape to prevent this from occurring.
- No swimming. No hot tubs.
- Never pull on the catheter. Protect the lumens so they do not inadvertently get caught or tugged on. An example is an over the calf sock pulled up over the upper arm. Remove the foot portion of the sock.
- Inspect the site daily for any irregularities, such as swelling, redness, warmth, leakage or pain. If any irregularities or complications are noted, report them to a healthcare professional immediately.

**DO NOT PLACE IN PATIENT CHART**