Dear Provider,

Specialty therapies can be complex, and complete information is essential to help ensure timely access to care.

The following prescriber order form is designed to capture the necessary clinical and patient information the dispensing pharmacy requires to begin the applicable prescribed therapy.

If your patient has elected to use Option Care Health, please fax completed form and required clinical documentation to _____XXX-XXX-XXXX_____.

Sincerely,
Option Care Health

PICC or Midline Insertion Orders NURSING ORDER FORM

Patient Name:	**DOB:**	**Gender:**
Address:	**Phone:**	

Clinical Information

Primary Diagnosis Description/Reason for IV ACCESS:	**ICD-10 Code:**

Arm Restrictions/Special Considerations: _____
(e.g., dialysis access, mastectomy/lymph node dissection, pacemaker, etc.)

Nursing Orders

THIS IS NOT A DRUG ORDER

Allergies: _____ or ☐ NKA

Type of Line Requested:

- ☐ Single Lumen Peripherally Inserted Central Catheter (PICC)
- ☐ Single Lumen Midline Catheter
- ☐ Extended Dwell Peripheral Intravenous Catheter (PIV)

Additional Orders:

- ☐ RN may place a short Peripheral Intravenous Catheter (PIV) if PICC or Midline placement is unsuccessful and the prescribed therapy can be administered peripherally and is clinically appropriate
- ☐ RN to administer Lidocaine 1% (10mg/mL) 0.5 mL-3 mL intradermally to insertion site for pain control per insertion attempt (limit 2 attempts)

PICC Verification and Use:

- Once ECG tip verification confirms PICC tip location in the Cavoatrial Junction (CAJ), the PICC is ready to use. Tip verification is only required for PICC insertion.
- If the patient is not a candidate for ECG tip verification, obtain outpatient chest x-ray (PA and lateral) for PICC tip verification.
- Fax chest x-ray results to _____ and call wet read to _____
- Once the Radiologist confirms PICC tip location in the Cavoatrial Junction (CAJ), the PICC is ready to use.

Nurse to assess catheter patency using up to 20mL of 0.9% sodium chloride.

Nurse to cleanse the insertion site with chlorhexidine gluconate. If chlorhexidine is contraindicated, cleanse the site with 70% alcohol or povidone-iodine. Allow the site to dry completely and apply a transparent semi-permeable (TSM) dressing. RN to add initials, date and time to dressing once applied.

Prescriber Information

Prescriber Name:	**Phone:**	**Fax:**
Address:		**NPI:**
City, State:	**Zip:**	**Office Contact:**

