

**REQUEST FOR
VENOUS ACCESS**

- INPATIENT
- OPD
- ED

NAME:

MEDICAL RECORD #:

BIRTHDATE:

PCP:

TYPE OF LINE

- PICC 4 Fr. Single Lumen.** For use for 5 days to 6 months for antibiotics, TPN, chemotherapy. Must be evaluated by PICC service prior to ordering. **Should not be used in patients with ESRD due to high venous thrombosis rate.**
- PICC 5 Fr. Double Lumen,** same as above, two lumens.
- 7 Fr. Non-tunneled Catheter with Antimicrobial Cuff, e.g. Hohn®.** Inserted in the central veins for antibiotics, nutrition and chemotherapy. For use up to 6 months.
- 12 Fr. Double Lumen, e.g. Hickman®.** Larger, longer term catheter for antibiotics, nutrition and chemotherapy. Tunneled catheter with antibiotic cuff. Lower rate of infection than a non-tunneled catheter.
- 12.5 Fr. Triple Lumen, e.g. Hickman®.** As above with a third port. Usually used for complex chemotherapy protocols.
- Single Lumen Medi Port.** Most invasive catheter. Requires a subcutaneous pocket. Lower rate of infection once the pocket has healed. Used for long-term venous access. Entire catheter is under the skin. Port gets accessed with a Huber needle. Has the lowest long-term maintenance requirement.
- Double Lumen Medi Port.** As above, although larger subcutaneous pocket.
- Dialysis Catheter.** 14 Fr. tunneled polyurethane catheter with polyester cuff. Highest flow rate catheter, 300-400 ml/min.
- Apheresis Catheter.** 13.5 Fr. tunneled silicone catheter with an antimicrobial cuff. Softer than the above catheter with flow rate of 250-350 ml/min.

SEND PHYSICIAN'S PERSONAL COPY TO:

NAME: _____ M.D.

FIRST LAST

ADDRESS

STREET CITY ZIP

ATTENDING (Print) _____ BEEPER _____

RESIDENT(Print) _____ BEEPER _____

PHYSICIAN'S SIGNATURE

SCHEDULED DATE:

FLOOR/CLINIC

WHEELCHAIR CART

ROOM TECHNOLOGIST

QUALITY CONTROL # OF FILMS

DIAGNOSIS OR CLINICAL SUSPICION (REQUIRED):

Rule out diagnosis not acceptable

HISTORY / CLINICAL INFORMATION (REQUIRED):

USE OF LINE:

PATIENT POTENTIALLY PREGNANT? NO YES IF YES, LMP

BUN Creatinine CAUTIONS/RISKS

INR PTT Plts

RADIOLOGY PRELIMINARY REPORT:

Initials _____

Report or Film Requests: (585) 275-5368
Angio/Interventional Scheduling: (585) 273-4080

Mailing Address: Strong Memorial Hospital
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Rochester, NY 14642-8648