



Vascular Access Facility Instructions

PICC line placement with Kansas Mobile Solutions requires the following:

- Signed Consent Form (attached)
- Completed Lab Request Form (attached)
- Demographic Sheet
- Physician order for line placement

Order must include:

- ✓ Ordering physician (printed and signed)
- ✓ Diagnosis/Reason for the procedure being requested/Medication being administered
- ✓ Procedure requested

MIDLINE placement with Kansas Mobile Solutions requires the following:

- Demographic Sheet (face-sheet)
- Physician order for line placement

Order must include:

- ✓ Ordering physician (printed and signed)
- ✓ Diagnosis/Reason for the procedure being requested/Medication being administered
- ✓ Procedure requested

This form must and following forms must be completed and returned to KMS for procedure to be dispatched: Fax- 316-440-3344

*Questions and concerns can be directed to Tonya Powell, Director of Mobile Operations 620-213-0684
Or Lachelle Peterson, Director of Business Development 316-722-3957*



Consent Form for PICC or Midline Placement

My physician/his or her designee has informed me that

I, _____ need/may need a PICC line or Midline.
(Patient)

I understand that this procedure is sterile and supplies are not reusable.

I understand that there is a small chance of infection, bleeding into the tissue, and/or pain, as a result of this procedure.

The risk and benefits of having this PICC Line or Midline have been explained to me.

The alternatives to the PICC or Midline, including the alternative treatments, have been explained to me verbally and I have read a description of this information.

I understand that I may ask questions and that any questions will be answered by my physician or his/her assistant

Patient or DPOA Signature

Date

Witness

Date



LAB REQUEST Information to accompany Order

Patient name _____

Diagnosis: _____

REQUIRED: is patient:

- Skilled
- MCR Part B

Allergies: _____

Ordering Physician: _____

Pt Anticoagulated? Yes | No

Renal Failure? Yes | No

Pt suspected of having CRBSI? Yes | No If yes, is a central line required for infusates? Yes | No

INR/PT/PTT: _____

Creatinine/GFR: _____

Reason for IV Access:

- | | |
|--------------------------------|--|
| ___ Total Parenteral Nutrition | ___ Previous Access Infected |
| ___ Long-Term IV Therapy | ___ Previous Access Fractured/Pulled-out |
| ___ Frequent Lab Draws | ___ Difficulty IV Access |
| ___ Chemotherapy | ___ Vesicant/Irritant Infusion |

Verified by: _____

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