



Vascular Access Team

424 Savannah Rd. Lewes, De 19958

Office: (302)645-3500

VAT Fax: (302) 645 3672

Patient Name: _____ DOB: _____

Phone: _____

Address: _____

Insurance: _____

Allergies: _____

ICD-10 Code/ Diagnosis: _____

Purpose of Device Placement: _____

When is device placement needed? _____

Vascular Access Insertion Order Form

****Please include copies of patient demographics, current lab results, current medications and medical history.**

Nursing:

Vascular Access Team (VAT) RN to assess vasculature and if appropriate, insert:

- Ultrasound Guided Peripheral IV Catheter
- Midline IV Catheter
- Peripherally Inserted Central Catheter (PICC)
 - Single Lumen
 - Double Lumen
 - Triple Lumen

Medication:

- Lidocaine (1% injectable) 1mL to 5mL intradermal at insertion site for procedural pain control prior to Midline or PICC insertion

Communication Orders:

- Refer to Vascular Access Insertion Power Plan/ Protocol
- If VAT RN unable to insert ordered vascular access device, please notify ordering physician/provider

Licensed Physician/Provider (Printed)

Date

Time

Provider's Signature

Date

Time

Office Address

Office Phone

Office Contact (Printed)

Office Fax

For Internal VAT Use Only:

Scheduled Appointment Date & Time: _____

- Patient Notification Notes: _____
- Entered into Schedule Maximizer Date/Time: _____
- Scanned to Pre-Registration
- Completed by: _____