

Midline Consent Form

First Response Clinical Service, LLC
Placement Of Peripheral Inserted Midline Catheter

Patient Sticker

I, _____, agree to have a peripherally inserted Midline catheter (MIDLINE) inserted through a vein in my arm.

I understand my physician, Dr. _____ has ordered this catheter

I understand that a MIDLINE is not the only way I can receive my medication(s). I understand that my health care team has determined that, at this time, a MIDLINE would be the safest and most effective means of giving my medications. The other types of catheters available have been explained to me and I agree that the MIDLINE is the preferred method.

I understand that only a nurse who has been specially trained to insert MIDLINE will perform the catheter insertion procedure. My MIDLINE will be inserted by _____ .RN.

I realize that this is an invasive procedure and has certain risks, such as:

1. Air embolism – air entering the catheter and traveling to my lungs
2. Catheter fracture – a break in the catheter wall
3. Catheter embolism – a piece of the broken catheter moving to my heart or lungs
4. Catheter rupture – a hole in the catheter
5. Arterial puncture - penetration of an artery close to the insertion site on my arm
6. Fibrin sheath – a sleeve surrounding the catheter in the vein composed of protein found in the blood.
7. Nerve damage – piercing a nerve located close to the insertion site
8. Catheter occlusion – the inability of the catheter to yield a blood return and/or allow for infusion
9. Hematoma – a collection of blood in the tissue under the skin
10. Phlebitis – inflammation of the vein wall
11. Catheter migration – movement of the catheter tip from the original location to another vein
12. Catheter dislodgement – movement of the catheter into or out of the insertion site
13. Catheter infection – infection at the insertion site
14. Bloodstream infection – infection in my bloodstream
15. Infiltration - leakage of fluid out of the catheter and into the tissue surrounding the vein
16. Vein thrombosis – a blood clot inside the vein near the catheter

All appropriate measures will be taken to reduce the chances of these occurring.

This procedure will be attempted because I appear to be a good candidate. I realize there is a chance that it may not be successful on me. If attempts to place a MIDLINE fail, my physician will be notified for further options.

The risks and benefits of a MIDLINE have been explained to me. The alternative methods for infusing medications have also been explained to me.

I have the right to ask any questions I may have about this procedure and I can expect knowledgeable answers.

I confirm that I have read or have had read to me and understand the information above and that all blank spaces have been completed prior to signing.

Patient/authorized representative's printed name: _____

Patient/authorized representative's signature _____

Relationship if signed by person other than patient: _____

Witness' printed name _____

Witness's signature _____

Date _____ Time _____

