

**Table 2**

**Peripherally Inserted Central Catheter**

**Assessment Record**

**Date Inserted:** \_\_\_\_\_ **Central Tip**  **Peripheral Tip**   
**Catheter Tip Location:** \_\_\_\_\_ **Amount of Catheter External:** \_\_\_\_\_

			Dressing			Insertion Site/Area										Tubing		Comments	
Date	Time	Initials	External Length cm.	Kinks, breaks	Leak	Flushes	Withdraws	Intact	Dry	Drainage	Blood- clots	Erythema	Edema	Tender on palpation	Vein cord palpable	Red streak	Hub secure		No precipitate

**Legend: Y = Yes, N = No, N/A = Not applicable**

**Signatures:** \_\_\_\_\_  
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