

## Advanced Venous Access Service Referral (AVAS)

### Instructions for Completion on page 2

Patient label place here (if applicable) or if labels are not used, minimum information below is required.		
Name ( <i>last, first</i> ) _____		
Birthdate ( <i>yyyy-Mon-dd</i> ) _____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
PHN # _____		

Patient Telephone _____	Cell _____	Translator Required <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes Please indicate which language _____
Alternate Decision Maker Required? <input type="checkbox"/> No <input type="checkbox"/> Yes		Goal of Care Designation _____
Allergies _____	Medical History _____	
Axillary Node Dissection <input type="checkbox"/> Yes R or L <input type="checkbox"/> No	Pacemaker/ICD <input type="checkbox"/> Yes R or L <input type="checkbox"/> No	Shoulder, Arm or Chest Surgery <input type="checkbox"/> Yes R or L <input type="checkbox"/> No
Mastectomy <input type="checkbox"/> Yes R or L <input type="checkbox"/> No	Chronic Renal Failure <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Referral (Physician Order)</b>		
<input type="checkbox"/> Assess for and insert PICC - Includes the administration of Lidocaine 1% (intra-dermal) and CXR post procedure. Indication for PICC _____		
<input type="checkbox"/> Optional - Ativan 1mg SL PRN pre-PICC insertion. May repeat x 1 ( <i>patient needs to be accompanied by a responsible adult if sedation is required</i> )		
<input type="checkbox"/> Assess venous access occlusion: Please describe: _____		
<input type="checkbox"/> Assess and manage PICC complications Please describe: _____		
<input type="checkbox"/> Repair venous access device Please describe: _____		
<input type="checkbox"/> Instill Cathflo (Alteplase) 2 mg into occluded PICC. May repeat x 1 Please describe: _____		
<input type="checkbox"/> Remove PICC		
<input type="checkbox"/> Initiate Peripheral IV Reason: _____		

Referring Physician _____	Phone _____	Fax _____	Pager _____
Physician Signature _____		Date ( <i>yyyy-Mon-dd</i> ) _____	
<b>AVAS Clinics Contact Hours of Operation: Monday to Friday (<i>excluding Statutory Holidays</i>)</b>			
<input type="checkbox"/> FMC Phone: 403-944-8116 Fax: 403-944-4727	<input type="checkbox"/> PLC Phone: 403-943-5973 Fax: 403-943-4867	<input type="checkbox"/> RGH Phone: 403-943-8842 Fax: 403-212-1052	<input type="checkbox"/> SHC Phone: 403-956-3825 Fax: 403-956-4026

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### Instructions for Completion

#### 1. Privileges and Most Responsible Physician

- The order for a PICC insertion or other AVAS intervention must be ordered by a physician with hospital site privileges. To obtain the appropriate privileges Physicians can contact:

**Medical Education Office (MEO)**

Email: CAL Medical Education Office [CAL.MedicalEducationOffice@albertahealthservices.ca](mailto:CAL.MedicalEducationOffice@albertahealthservices.ca)

#### 2. Documentation to be faxed to AVAS

- Completed referral form with appropriate reason for referral selected (Physician Order)

#### 3. Other required information

1. If isolation precautions are necessary, notify AVAS team, including the type of precautions needed (i.e. contact, droplet or airborne)
2. If there is a language barrier and a translator is necessary (e.g. for patient education and/or to obtain consent), indicate language spoken.
3. A home care referral for care and maintenance of the PICC must be initiated prior to the PICC placement.

#### 4. Once completed referral is received, AVAS staff will contact referring party with appointment date and time.