

APPENDIX

PICC/Midline Follow-Up Assessment

A. Are you currently residing in [fill in discharge location or last location], and if no, where are you currently living?

- Own Home
- Home of family member or friend
- VA nursing home/community living center
- Community based nursing home
- VA domiciliary
- Rehab facility
- Hospital
- Other

1. Our records indicate that you had a PICC or midline (a longer, more permanent IV line) placed during your hospital stay at the [insert facility name]. Is this correct?

- YES
- NO [End interview]

2. Is the same PICC or midline still in place in one of your veins?

YES → How many days has it been in place?

→ Is it still being used? Yes
 NO

NO → When was it removed? [prompt to enter day/month]

Has another PICC or midline been placed since being discharged from the hospital?

- YES → Which type of device was placed?
 - PICC Line (1)
 - Midline (2)

→ Is that PICC or midline still in place in one of your veins?

Yes → How many days has it been in place?



→ Is it still being used?

Yes

NO

No → When was it removed? [prompt to enter day/month]

NO [Skip to Question 4]

If the PICC or midline is still in place or patient is using a subsequent PICC line or midline: During the past [7 days, 30 days] have you experienced any of the following? [At the 14 day call ask about the past 7 days, at the 30 and 70 day calls ask about the past 30 days.]

| <i>If patient answers yes to any questions below, please ask the patient to describe.</i> | YES 1 | NO 2 |
|--|--|-----------------|
| Redness around the site where the PICC or mid line enters the skin? | | |
| Redness, pain or swelling in the hand, arm or shoulder in the arm where the PICC or mid line is inserted? | Did you see a doctor? Did you receive any treatments or medications? Were you admitted to the hospital? | |
| Chest pain, shortness of breath or difficulty breathing that required you to seek emergency care (or go to an emergency room for evaluation)? | Did you see a doctor? Did you receive any treatments or medications? Were you admitted to the hospital? | |
| Pain, swelling, redness or tenderness in either of your legs or calves?) | Did you see a doctor? Did you receive any treatments or medications? Were you admitted to the hospital? | |
| Fevers, chills or other symptoms suggestive of an infection that required you to see a doctor? <input type="checkbox"/> Please check if patient reported symptoms but did not see a doctor. | Did the doctor indicate that the fever or symptoms might be due to an infection related to your PICC or mid line? Were you prescribed antibiotics for the infection? Were you admitted to the hospital due to the infection? | |
| Difficulty flushing, accessing or otherwise | | |

| | | |
|---|--|--|
| operating the PICC or mid line? | | |
| Restrictions in your activities of daily living related to having the PICC or mid line? | | |
| Restrictions in your social activities related to having the PICC or mid line? | | |
| Any other problems associated with the PICC or mid line that we did not discuss? | | |

4. If PICC or midline has been removed: During the past [7 days, 30 days] have you experienced any of the following? [At the 14 day call ask about the past 7 days, at the 30 and 70 day calls ask about the past 30 days]

| <i>If patient answers yes to any questions below, please ask the patient to describe.</i> | YES 1 | NO 2 |
|---|--|-----------------|
| Redness around the site where the PICC or mid line entered the skin? | | |
| Redness, pain or swelling in the hand, arm or shoulder in the arm where the PICC or mid line was inserted? | <p>Did you see a doctor?</p> <p>Did you receive any treatments or medications?</p> <p>Were you admitted to the hospital?</p> | |
| Chest pain, shortness of breath or difficulty breathing that required you to seek emergency care (or go to an emergency room for evaluation)? | <p>Did you see a doctor?</p> <p>Did you receive any treatments or medications?</p> <p>Were you admitted to the hospital?</p> | |

| | | |
|---|---|--|
| <p>Pain, swelling, redness or tenderness in either of your legs or calves?</p> | <p>Did you see a doctor?</p> <p>Did you receive any treatments or medications?</p> <p>Were you admitted to the hospital?</p> | |
| <p>Fevers, Chills or other symptoms suggestive of an infection that required you to see a doctor?</p> <p><input type="checkbox"/> Please check if patient reported symptoms but did not see a doctor.</p> | <p>Did the doctor indicate that the fever or symptoms might be due to an infection related to your PICC or mid line?</p> <p>Were you prescribed antibiotics for the infection?</p> <p>Were you admitted to the hospital due to the infection?</p> | |
| <p>Were you told you have a bloodstream infection?</p> | <p>Did the doctor indicate that the infection might be related to your PICC or mid line?</p> <p>Were you prescribed antibiotics for the infection?</p> <p>Were you admitted to the hospital due to the infection?</p> | |
| <p>Any other problem associated with having had the PICC or midline that we did not discuss?</p> | | |