**A close up of a logo

Description generated with very high confidence**We are asking for your support in relation to a short survey about ‘central venous catheters (CVC)’ insertions, positions and care. We are looking for an overview of the initial aspects in relations to these aspects. Sadly, we don’t have time in this short survey to cover it in-depth, possibly this is a project for another time.

You may wish to talk about your/your child’s first CVC insertion, or a subsequent one; if you can, please draw out all key messages for any line insertion procedure you’ve experienced, ensure we hear about the aspects you feel you’d like a healthcare professional to know. The findings of this survey will be presented at a professional meeting in November.

If you would kindly respond to the following, we’d be most grateful. Please feel free to provide extra information for each question but do please keep it brief, thank you.

**To complete the survey and how to return it:**

* Fill it in on the computer, save and return it via email: [comms@pinnt.com](mailto:comms@pinnt.com)
* Print it off, complete and return to: PINNT, PO Box 3126, Christchurch, Dorset BH23 2XS
* Print it off, complete it, scan and return by email: [comms@pinnt.com](mailto:comms@pinnt.com)
* Ring 01202 481625 or 07971 571709 and request a copy be sent to you by post, subject to GDPR regulations. Use the same number for any enquiries about the survey.

**All completed forms must be back with PINNT by Tuesday 23rd October 2018**.

**Q1 Prior to the CVC line insertion procedure, were you given the opportunity to discuss the procedure and ask questions?**

1. Yes **b.** No

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**Q2 Prior to the CVC line insertion procedures, was the position of the line discussed with you? Where it would exit and how this may impact on you?**

1. Yes **b.** No

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**Q3 Prior to the CVC line insertion procedure, were you given any indication about how long you may need the CVC for (short or long term, weeks / months / years)?**

1. Yes **b.** No

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**Q4 Was the type of CVC discussed with you; position, number of lumens?**

1. Yes **b.** No

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**Q5 Were you given a choice about a CVC with an external segment (Hickman® / Broviac® / Groshong®) type of line verses an implanted port (portacaths or subcutaneous ports)?**

1. Yes **b.** No

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**Q6 Prior to having the CVC was it explained that there were relevant procedures for the care and management of the CVC once it was put in:**

1. Yes **b.** No

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**Q7 Following the insertion of the CVC, was the CVC where you’d expected it to be?**

1. Yes **b.** No

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**Q8 Did you feel the CVC was in a position where you could manage it without any difficulties?**

1. Yes **b.** No

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**Q9 Did / does the CVC pose any problems for you in terms of clothing, comfort, unwelcomed visibility etc?**

1. Yes **b.** No

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**Q10 If you had 3 key messages you would like a healthcare professional to know about the placement procedures and where the line is sited what would they be?**

**1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete before returning to PINNT:**

**Name:**

**Phone No:**

**Email:**

* **By returning this form you give consent for your feedback to be collated and used during a presentation being given by PINNT in November.**

**All completed forms must be back with PINNT by Tuesday 23rd October 2018**.

**Email:** **comms@pinnt.com**

**Post:** **PINNT, PO Box 3126, Christchurch, Dorset BH23 2XS**

* **Feedback will be anonymised.**