

Aintree University Hospital FT – PICC Booklet: a real world example This local booklet is an example used in the NICE medical technology guidance adoption support resource for SecurAcath for securing percutaneous catheters, and was not produced, commissioned or sanctioned by NICE.

Peripherally Inserted Central Catheter (PICC) Booklet

*A guide for patients receiving intravenous
therapies*



Getting it right
for every patient
every time

PICC Passport

Patient details:

Insertion details:

Insertion date _____

Insertion by _____

Brand of PICC _____

Lumens: single dual triple

Size of catheter (French): 4 5 other

Tip location: _____

Arm used: left right

Vein used: _____

Length of catheter inserted _____ cms.

External markings on catheter showing _____ cms.

Catheter use (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Blood sampling |
| <input type="checkbox"/> CVP monitoring | <input type="checkbox"/> Blood products | <input type="checkbox"/> Power-injection |
| <input type="checkbox"/> TPN (nutrition) | <input type="checkbox"/> Other: _____ | |

CVAD Access Record

Date: _____ Accessed by: _____

Procedure: _____

Comments: _____

Date: _____ Accessed by: _____

Procedure: _____

Comments: _____

Date: _____ Accessed by: _____

Procedure: _____

Comments: _____

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CVAD Access Record

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PICC Care Record

Date	VIP Score	Dressing Change	Needle Free Device Change	Staff Initials

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Introduction

Some of the treatment you require will need to be given directly into your bloodstream. In order to do this, we will place a device into your vein, called a PICC. This enables us to have access to your venous system to give your therapy.

What is a PICC?

A peripherally inserted central catheter (PICC) is a tube, which is inserted into a vein in the upper arm, usually in the middle part. It is moved up into the large vein leading to your heart. A PICC can be placed in either arm.

A PICC is made of a non-irritant material, for example, silicone, which means it can be left in place for several weeks or months. The PICC may contain one or two tubes. When a PICC contains two tubes, it is called a double or dual lumen catheter.

What are the advantages of a PICC?

It can be used to give fluids and drugs. It may be used to take blood samples. The PICC will save you from having repeated needle pricks from blood taking or insertion of cannulas during treatment.

Also, you do not have to go to theatre to have it inserted. Furthermore, you do not need a surgical procedure to insert or remove it. It does not leave any scars.

What are the disadvantages of a PICC?

There is a risk of infection and a clot forming around the catheter (thrombosis). If you are at risk of developing a thrombosis you may be given a blood thinning agent to reduce the risk of this occurring. There may also be times when it is not possible to take blood samples.

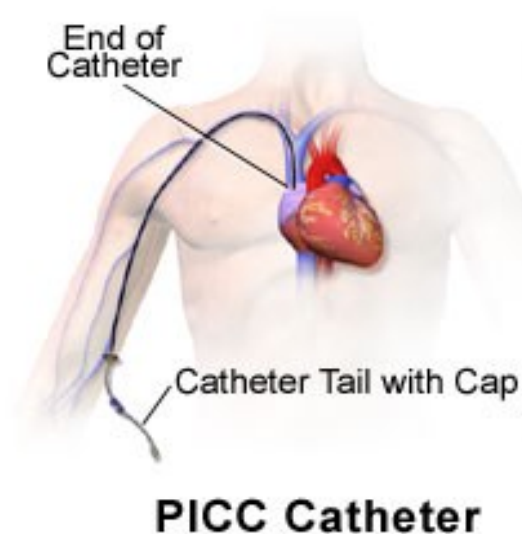
The dressing needs to be changed once a week by a competent nurse or carer/relative. You can't go swimming with a PICC and it may restrict you continuing with other vigorous sporting activities.

Also, it cannot be used for any nuclear medicine test injections and may only be used for CT or MRI scan injections in certain circumstances.

The table below shows at a glance, the main features of a PICC. More detailed information about the device follows afterwards.

How long can the device stay in place for?	12 months
Do I have to go to theatre and have an anaesthetic?	Yes but only a local anaesthetic
Will it leave any scar when removed?	No
Can I bath and shower with it in?	Yes, but you can't submerge your arm in the bath (Limbo water proof protector available on prescription)
Will I still have to have needles inserted for my treatment?	No
Can I swim with it in?	No
Do I need to have the dressing changes?	Yes, once a week and as needed
Does it need to be flushed?	Yes, once a week and every after use
Can it be used for blood sampling?	Yes
Who is responsible for the dressing changes and flushing?	Nurses and other clinicians involved in your therapy

How is the catheter inserted?



A nurse or doctor will locate your vein using an ultrasound machine and then inject a local anaesthetic to remove the sensation from the skin over the vein. A small cannula is inserted into the vein and then an introducer is inserted through which the catheter is threaded until the tip is in the correct position. The introducer is then removed and only the catheter is left. A special device is clipped to the PICC to secure it in place on the skin.

A dressing and some extra padding are placed over the catheter. This is to reduce any bleeding which may occur in the first 24 hours. In most cases, the PICC tip can be ascertained with ECG (electrocardiogram) confirmation; unless you have a heart condition. In this case a chest x-ray will be taken to check that the PICC is in the right place.

Before using the PICC Nursing and Medical Staff MUST:

Wash their hands, put on gloves, clean the end of the line for 30 seconds, and allow it to dry for 30 seconds, use the PICC, remove gloves and wash hands.

How does the PICC dressing get changed?

The dressing change is performed by the nurse using a method called Aseptic Non-Touch Technique (ANTT). Basically, ANTT is to protect you from getting infection when procedure is performed. This includes Nursing and Medical staff washing their hands, putting gloves on, scrubbing the skin with Chloraprep™ for 30 seconds and waiting to dry for another 30 seconds. Dressing is changed every 7 days or if it becomes soiled or loosen.

How do I flush the catheter?

The catheter must be kept clear by injecting it (flushing) with heparinised saline. The nurse will use 5ml (50 IU) of heparinised saline every after use of the PICC. If you have a dual lumen catheter the nurse must inject both tubes in the way described. The needle free device (bung) will need to be changed once a week at the time of dressing change.

How is the catheter removed?

Taking out a PICC is not a special procedure. It will be similar to having a cannula removed. The nurse will place your arm on a pillow and then remove the dressing. Then s/he will gently pull the catheter out of the vein and apply a dressing to the site. This dressing can be removed after 24 hours.

Potential problems with having a PICC

Thrombosis

Having a catheter sitting in a vein does mean there is a risk of causing a blood clot. This sounds very alarming but when it does happen it's very unlikely to cause a serious problem. Patients who develop a clot due to their catheter are usually given medications to dissolve the clot. There is often no need to remove the line.

Infection

Great care is taken when the catheter is being inserted and when cleaning and flushing the catheter. Even so, infections can happen at any stage. Often infection can be treated with antibiotics, but sometimes the catheter will need to be removed to prevent the infection from getting worse.

In what circumstances should I contact the hospital?

Although you should not expect to experience complications with your PICC, there are some problems you may encounter.

Signal or symptom	Issue	Action
Shortness of breath, coughing or chest pain	Air enters the bloodstream	IMMEDIATELY notify emergency medical services. Clamp the catheter; lie on your left side with your head down.
Fever, chills, excessive pain, redness, swelling, warmth, drainage at insertion site.	Infection	Call your clinician IMMEDIATELY
Leaking or bleeding from catheter	Break in the catheter or injection cap comes off	Clamp the catheter above the damaged site, tape securely. Replace cap. Call your clinician IMMEDIATELY
Swelling around arm or neck	Thrombosis (blood clot in vein)	Call your nurse or physician immediately. A blood clot may have formed in the vein and around the catheter. Your physician may infuse a drug to dissolve the clot or remove the catheter.
Blood is noticed inside the needleless injection cap or blood is dripping from the hub area of the catheter	Needleless connector cap accidentally disconnects	Call your nurse or physician immediately. Replace needleless connector cap with a new one.
Resistance is met when infusing drugs into the catheter.	Occluded (blocked) catheter	Stop infusion and call your nurse or physician. Forcing infusion into an obstructed catheter can damage it. This may occur when a catheter has a blood clot inside it or at its tip, preventing fluid from passing. Your physician may infuse a drug to dissolve the clot, or remove the catheter.
External length of the catheter has increased or CVAD has accidentally come out	Catheter migration	Do not push line back in. Cover site with gauze and secure with tape. Call your clinician immediately.
Whooshing sound in ear. Discomfort in the jaw, ear or face	Catheter may have moved position	Stop medication and contact clinician immediately.

Commonly used terms:

Catheter	A soft, hollow tube that is inserted into the body.
Catheter hub	The external portion of the catheter where the injection cap, IV tubing, and syringes are attached.
Dressing	A sterile, protective covering placed to keep an area clean.
Exit site	The place where the catheter comes out of your body.
Extension set	Additional tubing that can be attached to the catheter hub.
Locking solution	A solution used to prevent blood from clotting inside the catheter.
Injection cap	A device placed on the catheter hub to protect the hub and prevent blood from coming out of the catheter
Insertion site	The place where the catheter goes into your body.
Intravenous (IV) therapy	The administration of medications and fluids through the veins.
Lumen	The space inside the catheter

Notes/Questions

You may like to use this space to make notes or write questions as they occur to you, to discuss with your specialist nurse or doctor.

Where can I get help?

If anything unusual occurs, if you have any problems or are worried about any aspects of your CVAD, please contact:

IV Nurse Specialist: Chris O'loughlin / Roy Ventura

Telephone number: 0151 529 8406/6781/0521

Consultant Anaesthetist: Dr. Neil Mercer

Telephone number: 0151 529 5152/3

Pressure Injectible PICC Injection Log

	Date	Lumen	Contrast Media	Volume	Flow Rate
1					
	Notes:				
2					
	Notes:				
3					
	Notes:				
4					
	Notes:				
5					
	Notes:				
6					
	Notes:				
7					
	Notes:				
8					
	Notes:				
9					
	Notes:				
10					
	Notes:				

PICC removal with a SecurAcath securement device

Step 1 for removing a Securacath

- Remove cover by placing finger under the device to stabilise
- Grasp tab on cover with other hand



Step 2

- Lift tab to completely detach cover from anchor base



Step 3

- Gently and steadily remove the catheter while covering the site with gauze to prevent splashes to the face of the practitioner with blood products



Option 1 - Fold Base

- Fold edges of anchor base downward
- Place third finger under back edge of device to help begin folding motion



- Place a piece of gauze near the insertion site to stabilize the tissue
- Hold folded anchor base horizontal to the skin, then simultaneously lift the anchor

out of the insertion site using a swift, deliberate upward tug to remove the anchor as downward pressure is put on the piece of gauze at the exit site to remove the anchor

Option 2 - Cut Base



- Use blunt sterile scissors to cut the anchor base in half lengthwise along the groove



- Place one hand near the insertion site to stabilise the tissue

- Then either gently remove each separate half from the skin maintaining the natural angle of each side out of the skin or use a swift, deliberate tug to remove each half of the anchor base separately
- The flexible anchor will straighten as it is pulled out and will not cause tearing or trauma to the tissue
- Place a clean small occlusive dressing i.e., Opsite to cover the exit site
- Remove dressing towel and discard. Remove gloves.
- Wash hands
- Clear away equipment disposing of waste as per organisational policy.
- Document care in patient's records.