Appendix E: Care of Patient with PICC Line  
(PICC Lines are Central Venous Catheter)

| Recommendations for Use | 1. When greater than 6 days of therapy are anticipated, use of the PICC is strongly recommended  
2. PICCs labeled “power” and purple in color can be used for CVP monitoring and power injecting contrast media. Catheter can infuse 5cc/sec |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Insertion Considerations| 1. For PICC line placement, place order in POE or call 5-2568, PESS/VAT office, if non-POE unit.  
2. In Oncology, consult the Adult Oncology PICC Team  
3. Follow insertion guidelines as described in Adult Vascular Access Device (VAD) Policy and PICC insertion procedure.  
4. For PICCs, the total infusion rate shall not exceed the following:  
  Size of Catheter: 4.0 French  Infusion Rate: 700-750 cc/hr  
  Size of Catheter: 5.0 Frech  Infusion Rate: > 750 cc/hr |
| Dressing/Site Care      | 1. A semi-permeable polyurethane sterile transparent dressing in the appropriate size shall be used and is changed every 7 days or when it becomes damp, loose, soiled or if the patient develops problems at the site that require further inspection.  
2. Management of a Stat-Loc requires sepecialized skill competency  
  a. PICC line dressings and STAT-LOC device will be changed by the VAT team, where applicable, or by provider with documented competency every 7 days or when it becomes damp, loose, soiled or if the patient develops problems at the site that require further inspection. See **PICC with Statlock dressing change procedure**.  
3. Patients who have skin breakdown or oozing an occlusive gauze dressing may be used, and changed when soiled or every 24 hours. Gauze dressing may also be used for patients who do not tolerate a semi-permeable transparent dressing. Routine gauze dressing is changed every 48 hours.  
4. Dressing should be labeled with: Date of dressing change, initials of person performing the change, and PICC external measurement.  
5. Topical antibiotic ointment or cream shall not be used as prophylaxis on PICC insertion sites.  
6. For patient showering, the site, catheter and connecting devices shall be covered with an impermeable dressing and the dressing shall be changed immediately after the shower.  
7. Central VAD dressing change is a sterile procedure and is located in the Nursing Practice and Organization Manual, IV Therapy: **Central Venous Access Device, Procedure for changing dressing**.  
8. For patients who come from another hospital or home, the site will be assessed by VAT, where applicable, to assess the line and the manner of securement (x-ray required to verify placement). If PICC is sutured, dressing changes and site care are the responsibility of the bedside nurse. |
| Precautions             | 1. A syringe barrel size of 10cc or greater shall be used to flush any Central VAD to avoid excessive PSI and possible rupture of catheter or dislodgement of clot.  
2. Blood pressure cuffs or tourniquet should never be applied over or above the site of a PICC but may be placed distal to the catheter's location.  
3. PIVs should not dwell in the same arm as a PICC.  
4. Arterial catheters should be avoided in same arm as PICC but can be placed in same arm if medically indicated. |
## Blood Draws

1. Blood may be drawn from central VADs by individuals with specialized training.
   - On general care units (exception Oncology and Pediatrics) central line blood sampling should be performed by the VAT, whenever possible.
2. Blood cultures should NOT be obtained from central lines routinely. Central lines should be used for blood cultures only if adequate blood cultures cannot be obtained peripherally (see Blood Cultures: Ordering, Procurement and Transport in the Interdisciplinary Clinical Practice Manual).
3. Blood may be drawn from the distal port (largest) of central VADs, ensuring all other lumens are clamped.
4. The first 6cc of blood shall be discarded and the lumen shall be flushed with 10cc 0.9% Normal Saline Solution (NSS) after sampling.
5. After blood sampling, line should be flushed with NSS according to the flushing guidelines for PICCs.

## Flush Solution

<table>
<thead>
<tr>
<th>Flush for Peripherally Inserted Central Venous Catheter(s)</th>
<th>Volume</th>
<th>Frequency:</th>
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</table>
| NSS Flush                                                | 20 mL NSS each lumen | 1. After blood sampling  
2. Before and after administering incompatible medications or fluids  
3. When converting from continuous to intermittent use  
4. When a lumen is not in continuous use:  
   1. after administering fluids/medications  
   2. at least daily |
| Following NSS Flush and WHEN ORDERED BY MD: Heparin Flush: | 6 mL Heparin 10 units/mL each lumen | 1. After blood sampling  
2. When converting from continuous to intermittent use  
3. When a lumen is not in continuous use:  
   1. after administering fluids/medications  
   2. at least daily |

At discharge, if not used daily, instill PICC with: 2 ml heparin 1000 units/ml each lumen weekly.

## Removal

1. Nurses removing PICC must have documented competency. See Skills competency checklist for PICC removal procedure.
2. Patients must be in supine position.
3. See Removal section of VAD protocol.