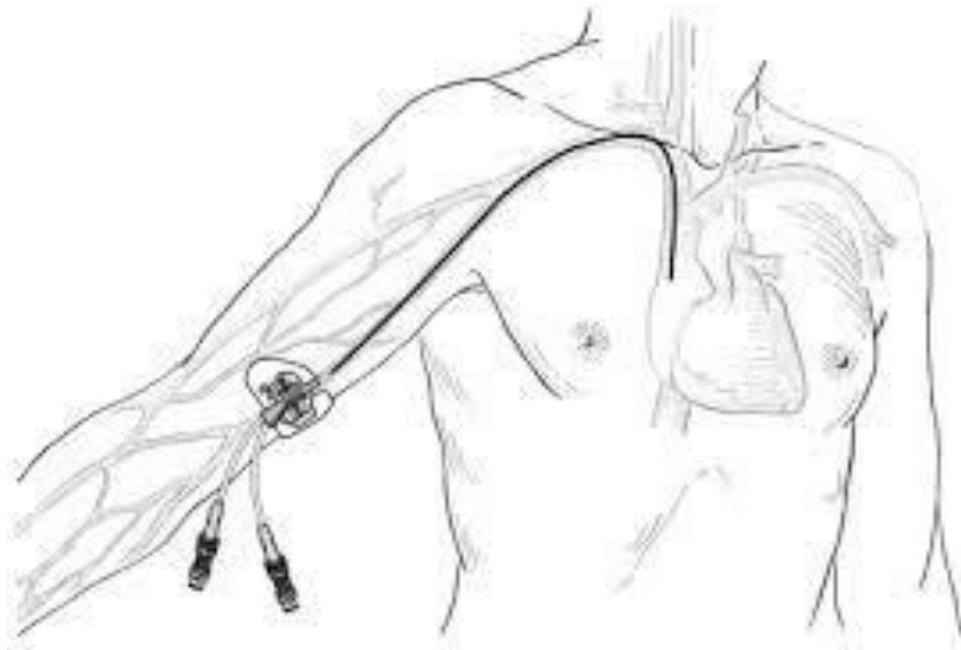


Peripherally Inserted Central Catheter - PICC



Patient Information



Please make this booklet available to the nurses who care for your line so they can complete the care record.

Please take this booklet when you visit a hospital or a community nursing team.

Patient details

Name: _____

Address: _____

Postcode: _____

Telephone number: _____

GP name: _____

GP practice: _____

GP contact: _____

Community Nurse: _____

Contact number: _____

Vascular Access Nurse: _____

Contact number: _____

**If you have any problems with PICC lines
please contact your Community Nurse**

The nurse will escalate to the hospital if necessary.

**Unless out-of-hours or/and assessed as an emergency
do not send the patient to A&E with PICC related
problems without contacting the teams above.**

PICC INFORMATION

Insertion date:

Removal date:

Reason for removal

Decision for removal made by:

Device:

Total length:

External length:

Reason for insertion:

Chest XR/ VPS rhythm:

Tip location:

Securement device: Secur-A-Cath

Grip-Lock



(If the securement device is a secur-a-cath, it stays in for the duration of the PICC and doesn't require changing. If it is a Grip-Lock, this is changed weekly with the dressing change.)

CT compatible: YES NO

Valved: YES NO

What is a PICC Line and what is it used for?

A PICC Line is a flexible hollow tube that is threaded through an introducer into a blood vessel. This allows drugs or fluids to be given directly into the bloodstream in a big central vein. The PICC Line is usually placed in veins around the inside of your upper arm. Your PICC Line can stay in place for as long as you need it. The PICC Line will be inserted at your local hospital and if it needs replacing, you will have to go back to have a new line inserted using ultrasound by a specialist nurse.

How should I look after my PICC line?

- Keep the dressing clean and dry and try not to touch it. Tell the nurse if the dressing becomes wet, dirty, loose or falls off.
- Protect it from knocks.
- Taking extra care when dressing and undressing. It is advisable to wear clean, loose-fitting sleeves.
- **Report any problems such as pain, redness or swelling to the nurse looking after you.**
- **Tell the nurse if you feel hot, cold or shivery.**

If you think you do not need the PICC Line any more or have any other queries please ask the nurse when they come to administer treatment.

Bathing and showering

Please try to keep your PICC Line as clean and dry as possible. If it gets a bit wet but the dressing remains in place, don't worry; just inform the nurse on their next visit.

If you are worried "shower sleeves" are available from most chemists.

When can my PICC Line be removed?

Your PICC Line can normally stay until the treatment is finished. It will be re-sited if it occludes, dislodges or becomes infected. When the treatment is finished a nurse will remove the PICC Line which comes out easily, and applies pressure with some gauze until it has stopped bleeding. A dry sterile dressing will be placed over the PICC line exit site and this dressing can be removed after 24 hours.

How will my PICC line be held in place?

Your PICC Line will have been fixed to your skin with a special “transparent” dressing and a securement device (see PICC information page).

This dressing should be changed if soiled or loose. Additional dressings such as bandages may be used and staff will remove these on a regular basis to check the site of the PICC Line.

How should the PICC line be cared for?

A special transparent dressing will be placed by nursing staff over the PICC Line to keep the site clean. Staff will observe this on a regular basis. Before staff use your PICC Line they must clean their hands. They will then clean any connectors that they use to join up drugs and fluids. Before they administer any drugs or fluids they will use a small syringe of saline to flush and check the PICC Line.

Are there any risks or side effects?

The insertion of a PICC Line is normally a safe procedure; however as with all invasive procedures, there are some risks:

- Failure to insert: On some occasions it may be difficult to insert the PICC Line, and may require several attempts.
- Bruising or bleeding: as with any procedure that involves the insertion of a needle into a vein, some bruising or bleeding may occur. The degree of bruising or bleeding may be affected by your medical condition, or by the medication you are taking.

If you are taking any anti-coagulation medication the Vascular Access Nurse will advise you if it is necessary to omit or not any doses.

- Infection: The PICC Line is a direct route into your body and the blood stream. Sometimes the PICC Line site may become infected. This may result in additional medical treatment or the removal of the PICC Line.

- Blood clot (thrombosis): on rare occasions, a blood clot can form around the end of a PICC Line, or within the vein it which it sits.
- Blocked PICC line: Your PICC line may become blocked; this will prevent the PICC from being used. We may be able to unblock it but if it cannot be unblocked, it will need to be replaced.
- Mechanical Irritation of the vein (phlebitis): Some patients experience pain and redness along the length of the vein in which the PICC line sits.
- Nerve, tendon and artery injuries: On very rare occasions during insertion, contact may be made with a nerve, tendon or artery near to a vein causing various degrees of injury. As previously mentioned, this is very rare indeed.

What happens if my PICC line falls out?

First don't panic! This is very rare.

There will most likely be some bleeding from the site. Apply a piece of gauze, cotton wool or tissue to the site and press. It will take a few minutes for the bleeding to cease completely. When the bleeding has ceased, apply a plaster over the site. Call the team on the number below and inform them what has happened.

If the bleeding does not stop:

Keep applying pressure to the area; raise your arm above your head and telephone the nursing team involved in your care.

Overview of care of PICC lines

Please note patients may be sent home with provisional supplies, however, it is the responsibility of the district nurses to supply replacement bungs, dressings etc.

The patient's GP or hospital team needs to prescribe the 0.9% sodium chloride flushes following the initial supply that is sent out.

All care of PICC lines should be done using sterile technique and sterile gloves

Flushing

- Draw 2x10mls 0.9% sodium chloride into 2 x 10ml syringe without handling ampoule
 - Holding line with sterile gauze, either
 - Remove needle free device (if it has been in situ for more than one week)
 - Clean end of line with 2% chlorhexidine in 70% alcohol wipe for 30 seconds and allow to dry. Apply new sterile needle free device
- OR**
- Clean needle free device with chlorhexidine 2% in 70% alcohol wipe for 30 seconds and allow to dry.
- Flush with 2x10mls 0.9% sodium chloride **using a push pause technique**. On the last "push" of sodium chloride, clamp the device, in order to maintain a positive pressure. Repeat with the second 10 ml syringe.

Blood Sampling

- Draw up 2x10mls 0.9% sterile saline solution into 2 x 10ml syringe without handling ampoule.
- Insert empty 10 ml syringe into end of line or needle free access device and gently aspirate, **allowing a few seconds for valve to open (if applicable)**. Withdraw 5-7 mls blood and discard.
- Withdraw the amount of blood required using either: a blue vacutainer adapter and required bottles; or a syringe of the correct volume for the blood to be transferred into the correct bottles with a needle free transfer system after flushing the PICC.
- Flush with 2x10mls normal saline 0.9% **using a push pause technique**. On the last "push" of sodium chloride, clamp the device, in order to maintain a positive pressure.

Dressing PICC lines

Please take care not to pull on the PICC line when removing the dressing

- Observe external measurements of PICC (cm markings on PICC)
 - Remove transparent semi-permeable dressing **CAREFULLY from the bottom upwards to uncover exit site, making sure the dressing is removed and the PICC is not pulled out**
 - If statlock securing dressing requires changing do so extremely carefully using a Chlorhexidine solution to remove statlock if required
 - Carefully clean exit site using 3ml ChloraPrep with a back, forth, up and down technique and allow to dry for 30 seconds
 - Apply statlock dressing if necessary and new transparent semi-permeable dressing, making sure the exit and the whole of the line insertion site is covered
- If a secur-a-cath is in place, there is no need of a statlock dressing.

Any problems with PICC lines please contact your Community Nurse or team providing your infusion therapy.

The nurse will escalate back to the hospital if needed.

CNS Vascular Access contact:

Bleep 1154 via Watford General Hospital switchboard

Working hours: Monday to Friday 08:00 –16:00 excluding bank holidays

Unless out-of-hours and assessed as an emergency do not send the patient to A and E with PICC related problems without contacting the above teams, unless of severe signs and symptoms of infection.