


<b>Name of Policy:</b> <u>Peripherally Inserted Central Catheters</u> <b>Policy Number:</b> 3364-110-05-11 <b>Department:</b> Nursing Service <b>Approving Officer:</b> AVP Patient Care Services/Chief Nursing Officer (CNO) <b>Responsible Agent:</b> AVP Patient Care Services/CNO <b>Scope:</b> The University of Toledo Medical Center (UTMC)	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
<b>Effective Date:</b> 3.15.21 Initial Effective Date:  8/1994	

**(A) Policy Statement**

Peripherally Inserted Central Catheters (PICC) offer an alternate method of vascular access for short and intermediate length therapy to certain patient populations. Because of the complexity of the insertion procedure, only Registered Nurses (RNs) trained in PICC insertion technique are permitted to perform this procedure.

**(B) Purpose of Policy**

To establish a uniform procedure for insertion, repair, care, declotting, and removal of PICC lines.

**(C) Procedure**

1. The responsible physician should write an order for placement of PICC line per protocol. The physician or PICC RN may order a chest x-ray to confirm placement in the superior vena cava. The order should also include 1% Lidocaine for local anesthesia if needed. All PICC lines for chronic renal patients must be approved by a nephrology attending.
2. Insertion, repair or removal of PICC line may only be performed by a PICC qualified RN or physician.
  - a. The inserter will have completed an 8hour course and demonstrate competency.
  - b. The inserter will be part of the PICC Line Team and demonstrate leadership skills.
3. PICC maintenance care may be provided by any RN trained in the PICC line maintenance procedure.
4. Patients may be selected for placement of a PICC line based on the following criteria:
  - a. Intravenous therapy for (at least) 5 days to 12 months duration, or at physician discretion.
  - b. Intravenous therapy requiring:
    - (1) Continuous infusion of vesicant chemotherapy or irritating drugs.
    - (2) T.P.N.
    - (3) Antibiotics, antivirals, etc.
    - (4) Frequent administration of blood products or blood drawing.
  - c. Patient must have adequate antecubital or another upper arm vein to be accessed by qualified PICC RN.
  - d. For patients with severe coagulopathies, such as hemophilia or thrombocytopenia, the qualified nurse and physician should thoroughly evaluate the patient’s clinical condition and administer appropriate therapy before PICC line insertion.
  - e. Lack of short term peripheral venous access.
  - f. Patient and clinician preference.

- Nursing Service practice guidelines must be followed for the insertion, repair, de-clotting and removal of a PICC line, which include guidelines for appropriate documentation.

<b>Approved by:</b>  /s/ _____ Monecca Smith, MSN, RN AVP Patient Care Services/Chief Nursing Officer Review: Policy & Standard Committee, 7/11, 5/13, 3/15, 3/18, 3/21 Revision Completed By: Nancy Gauger, MSN, RN	<b>Review/Revision Date:</b> 1/1995    3.15.21 9/1996 6/1999 2/2002 6/2005 8/6/2008 7/2011 5/13 3.27.15 3.15.18
<b>Next Review Date: 3/2024</b>	
<b>Policies Superseded by This Policy: 5-11</b>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*