

PICC LINE DRESSING CHANGES

Indications and Procedure Guidelines for PICC
Line Dressing Changes in the UNC NCCC

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PERFORMED BY:

- The PICC team
 - Nurse Practitioner
 - PICC RN
 - Neonatal Fellow
 - Neonatologist

IMMEDIATE INDICATIONS FOR DRESSING CHANGE

- Non occlusive dressing
- Soiled, damp, or wet



IF THERE IS BLOOD UNDER AN OCCLUSIVE DRESSING:

- Only change if non-occlusive or reinforced
- Change within 7 days if hemostatic product (Statseal) has been used



DRESSINGS SHOULD NOT BE...

- Reinforced with tape
- Submerged under water



PICC TEAM RESPONSIBILITIES

- Coordinate timing of PICC dressing change with infant's nurse
- Infant's nurse is to be available at the bedside during the procedure
- Identify the safety bubble area for the procedure
 - Any staff within 3 feet of area will need to wear a hat & mask
 - Trash and cleaning will need to be postponed by environmental services until after the procedure

PICC TEAM RESPONSIBILITIES

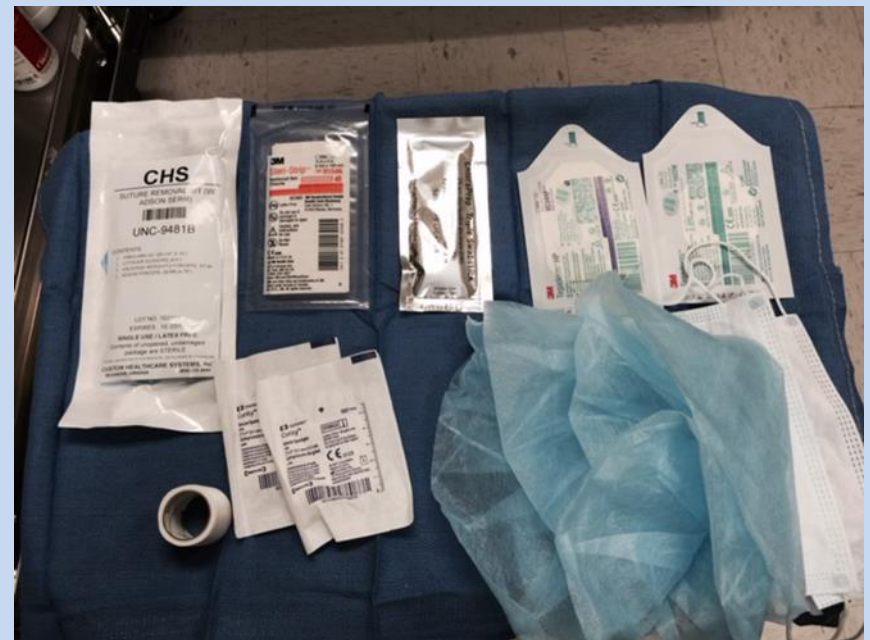
- Determine which RN will be your sterile assistant and guide the RN with his/her role
 - The sterile RN can be an additional PICC team member, the bedside RN, or a RN in the pod.
- Arrange for an additional RN to hold the patient and/or to grab additional supplies.

BEDSIDE RN/RNs RESPONSIBILITIES DURING PROCEDURE

- Available to assist with dressing change
 - May be the additional sterile person
- Gather extra supplies if needed
- May need to hold extremity or pacifier in place
- Notify PICC team member of break in sterile technique

PICC TEAM MEMBER GATHERS SUPPLIES

- PICC line dressing kit (if available)
 - Suture removal kit
 - Steri Strips
 - Tegaderm (adequate size)
 - Chloraprep or Betadine (4)
 - One for outside of current dressing
 - Three for dressing change
- Disposable masks/hats
- Sterile gloves
 - Two pairs for PICC RN (double gloving)
 - *Current size glove for inner glove and one size larger glove for outside glove*
 - Additional pair for sterile RN
- Securement device (if available)
- Sterile field
 - Blue drapes or sterile towels



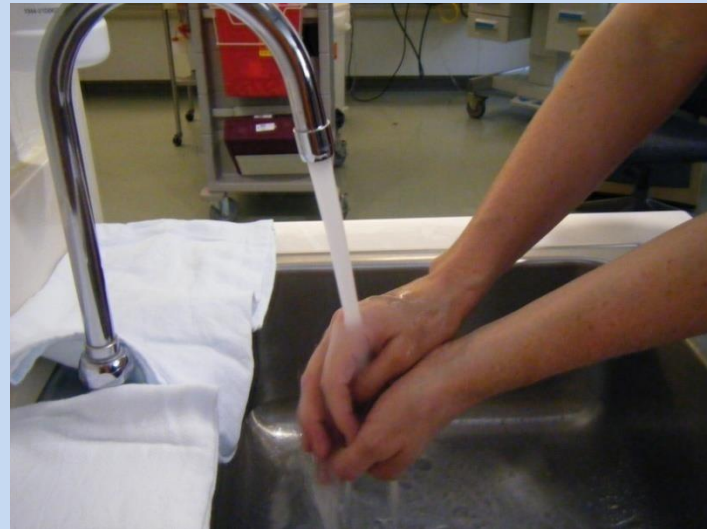
PRIOR TO PROCEDURE

- Provide comfort measures to infant (swaddle/oral sucrose)
- Remove extraneous items from bed which could contaminate sterile field
- Coordinate with pod mates timing of dressing change
- Determine additional sterile RN and need for additional RN to hold
- Don hat and mask and perform hand hygiene
 - Have additional sterile RN and holder do the same

PUT ON MASK AND HAT

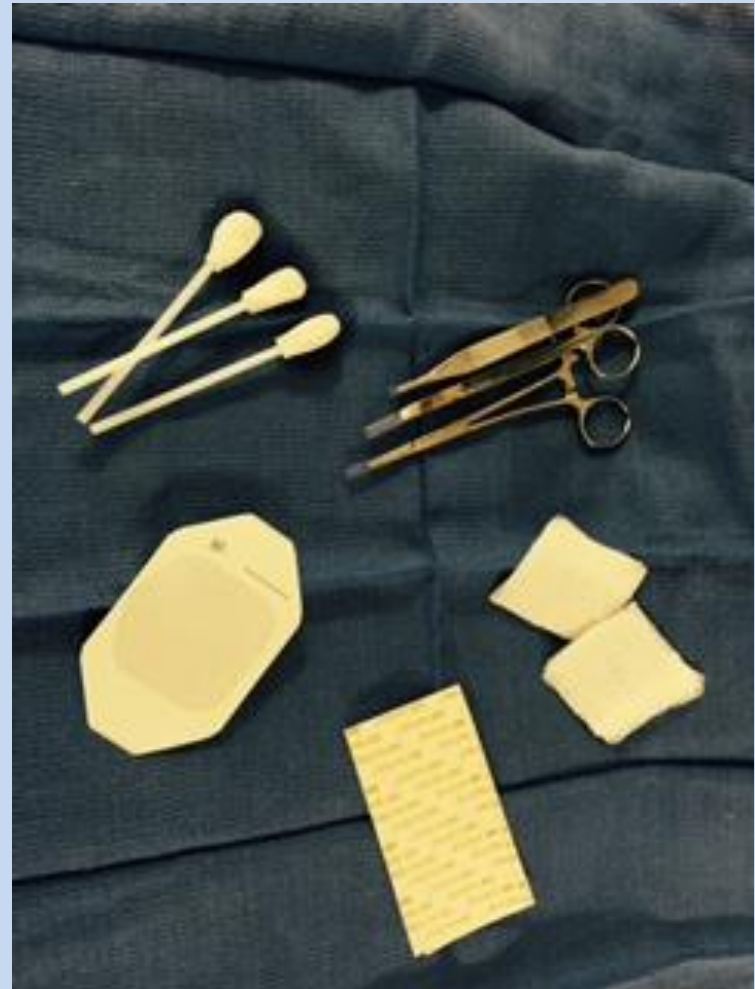


PERFORM HAND HYGIENE



PLACE EQUIPMENT ON STERILE FIELD

- Chloraprep (3)
- Suture removal kit
- Steri-strips
- Tegaderm



PREPARING THE DRESSING FOR REMOVAL

1. Use 1 Chloraprep over dressing. This will clean the outside of the dressing and also loosen the steri-strips and edges.

2. Remove outer steri strips



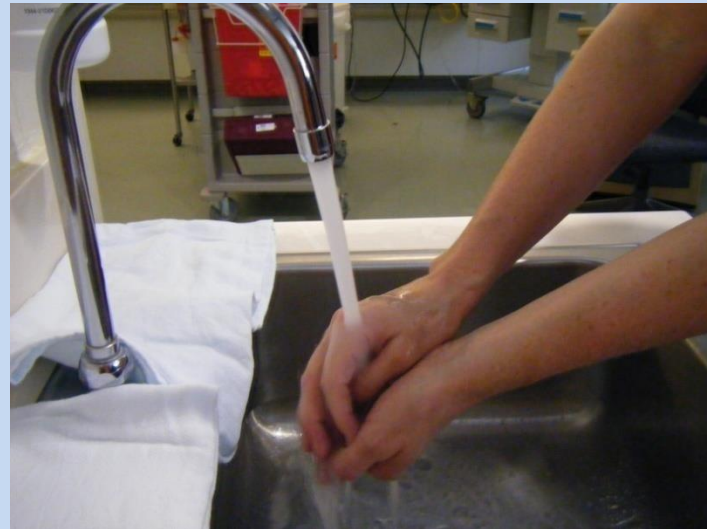
3. Loosen the Tegaderm dressing



Stretch the edges of the Tegaderm for easier removal!

* Assistant should hold extremity and PICC after Tegaderm is loose while PICC team member washes hands and becomes sterile

PERFORM HAND HYGIENE



PUT ON DOUBLE GLOVES

Inner Gloves:

Place current size gloves on hands using sterile technique.



Outer Gloves:

Place larger size gloves over inner gloves using sterile technique.



REMOVE THE OLD DRESSING

1. Lift the bottom of the Tegaderm to expose the PICC flange, take off the old steri-strips, and then place your sterile thumb on the flange while your assistant dons sterile gloves. This will allow you to have a nice hold on the line and extremity.
2. As you remove the Tegaderm towards the insertion site, the sterile RN will place their finger on the line to prevent catheter migration.
3. Stabilize line with non-dominant hand.



CLEANSING THE SITE

- **Discard outer glove**
- **Cleanse site with:**
 - **Betadine** if <1000 grams and < 1 week of age
 - **Chloraprep** if >1000 grams and < 1 week of age
 - **Chloraprep** regardless of weight if > 1 week of age
- **Cleanse the skin** around and at the insertion site
- **Allow to air dry** - this can take up to 1-3 minutes.
- **Do not blot or blow dry!**



REMEMBER: Your sterile assistant should still have a sterile hand/finger if you need it during this time. Just be sure he/she doesn't use the same one from prior to cleaning.

APPLY TRANSPARENT DRESSING

- Place 2 Steri-strips over hub
- Place a transparent dressing (Tegaderm) over the insertion site and the “hub” of the catheter
- If possible, make sure there is a slight curve in the catheter under the dressing (decreases tension)
- May need to move “hub” of catheter for different pressure point on extremity (may use forceps in suture removal kit)



SECURING CATHETER OUTSIDE DRESSING

- Using a chevron technique, place a Steri-strip (adhesive side up) under the extension tubing next to the “hub,” crossing over the “hub” and on top of the transparent dressing.
 - *Do not place over insertion site.*
- Place two Steri-strips on top of chevron cross area
 - *Slightly lower than in the picture.*



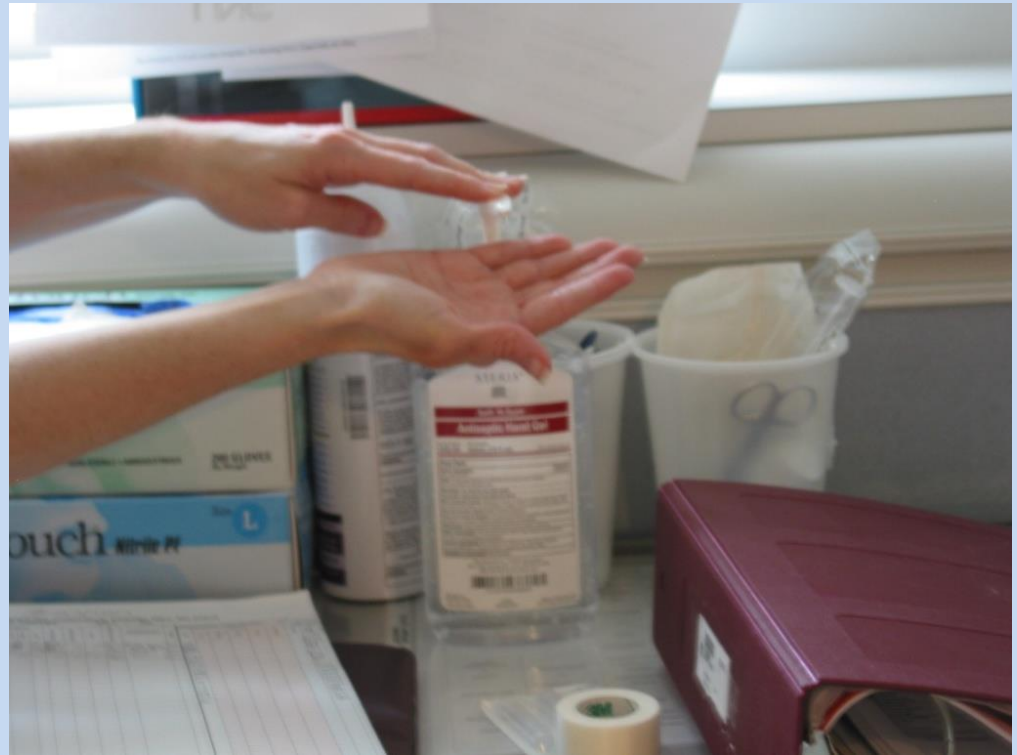
DO NOT EVER!!

- Place tape (including Steri-strips) over the catheter. This will compromise the strength and integrity of the catheter.
- Loop the catheter over itself whereby one section is resting on another section of the catheter.



HAND HYGIENE

- Remove gloves
- Wash hands



DOCUMENT DRESSING CHANGE

- In Epic click Notes, click procedure tab and new note.
- Once in the note, type “Neo PICC” in the smart text box and click on dressing change option.
- Note appears with text F2 thru choices.
- Add documentation regarding placement of the line prior to and after dressing change.
- Sign note.

The screenshot displays the Epic EMR interface for creating a procedure note. At the top, the 'New Note' window is open, showing the service as 'Neonatology (PI, O)', the date as '11/19/2014', and the time as '1533'. Below this, there are tabs for 'My Specialty', 'Associated Orders', and 'Order Report'. A table lists associated orders with columns for 'Order Name', 'Provider', and 'Status'. The 'Procedure Name' field is currently empty, and there are 'Pre-procedure Diagnoses' and 'Post-procedure Diagnoses' sections. The main text area contains the following information:

Procedure Note- PICC DRESSING CHANGE

Day of Life: 9 days

Indication: Replacement of [PICC Dressing Desc:23205] dressing

Time out: Performed with the bedside RN by utilizing two of the JCAHO approved patient identifiers.

Procedure: The [PICC Dressing Desc:23205] dressing was removed. The patient was prepped with [Cleansing solution:24386] solution and draped in sterile fashion and the procedure was performed utilizing sterile technique. The insertion site and surrounding tissue were without evidence of an infectious process. The PICC was cressed according to the manufacturers recommendations.

Complication: [Procedure Complications:22063]