

Sample Policy

Policy and Procedure for PICC Line or Midline Catheter Dressing Change

Purpose:

To prevent external infection of the peripheral or central venous catheter

Frequency:

Assess the dressing in the first 24 hours (change) for accumulation of blood fluid or moisture beneath the dressing. After the first 24 hours the frequency is every seven days and PRN (as needed) if dressing is loose, damp, or soiled.

Supplies:

Sterile dressing kit or sterile supplies:

- ❑ (3) Isopropyl alcohol swabsticks (Caution – do not use with polyurethane Per-Q-Cath® PICC Line or Midline catheters due to potential for catheter damage)
- ❑ (3) Providone-iodine swabsticks
- ❑ (2) 2 in. x 2 in. gauze – Optional
- ❑ (1) 10 x 12 transparent dressing
- ❑ (1) Pair sterile gloves / (1) Pair clean gloves
- ❑ (2) Masks (patient may wear mask if they can tolerate)
- ❑ (1) Protective eyewear or shield depending on hospital policy
- ❑ Sterile gown (optional – full barrier precautions)
- ❑ Stat-Lock® securement device (optional)
- ❑ Injection cap / extension set / T-Port (optional)

Procedure:

1. Identify patient assess patient's chart for any signs, symptoms of complications related to his/her vascular access device
2. Question patient about any concerns over their catheter or experience. Explain procedure to patient
3. Wash hands
4. Don clean gloves and carefully remove the old dressing and discard in accordance with blood and body fluids and universal precautions. Avoid tugging on the catheter, or use of scissors, or other sharp objects near the catheter.

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5. Inspect the exit site for swelling, redness, exudate. During all dressing changes assess the external length of the catheter to determine if migration of the catheter has occurred. Periodically confirm catheter placement, tip location, patency, and security of dressing. Notify physician if any problem observed.
6. Wash hands thoroughly
7. Put on new pair of sterile gloves
8. Using friction clean the catheter exit site with an alcohol swabstick starting at the exit site and spiraling outward until a circle at least 2 inches in diameter has been prepped (Caution do not use alcohol products on polyurethane Per-Q-Cath® products). Do not return to the catheter exit site with the same swabstick. Repeat with the remaining two swabsticks. Allow antiseptic to air dry (i.e. do not blow or blot dry)
9. Using friction clean the catheter exit site with a providone-iodine swabstick starting at the exit site and spiraling outward until a circle at least two inches in diameter has been prepped. Do not return to the catheter exit site with the same swabstick. Repeat with the remaining two swabsticks. Allow providone-iodine to dry at least two minutes.
10. Optional if used – Change Stat-Lock®, injection cap, extension set, T-Port when dressing is changed
11. Apply transparent dressing according to manufacturer's recommendations
12. Position sterile dressing over insertion site, catheter tubing and hub. Tape over the winged connector for added securement, if desired.
13. Gently smooth dressing from center toward edge; do not apply excessive tension to skin shearing may result
14. Avoid sealing transparent dressing edges with tape
15. Do not cover dressing with roller bandage
16. Change dressing immediately if integrity is compromised, and / or if there is excessive drainage or moisture
17. Note: When a transparent semipermeable membrane is applied over gauze, it is considered a gauze dressing in accordance with the Intravenous Nursing Society Standards and must be changed every 48 hours,