

**Standardized Procedure for
Peripherally Inserted Central Catheter-Qualified
Registered Nurse**

I. Policy:

- A. This standardized procedure was developed collaboratively and approved as below and conforms to all 11 steps of the Standardized Procedure Guidelines as specified in Title 16, CCR Section 1474.
 - 1. Nursing Management Council
 - 2. Professional Staff Committees, as appropriate
 - 3. Pharmacy and Therapeutics Committee
 - 4. Interdisciplinary Practice Committee (IDPC)
 - 5. Professional Staff Executive Committee
 - 6. Quality Committee of the Board of Directors
 - 7. Board of Directors
- B. Initial and all changes or additions to this standardized procedure will be approved by the IDPC, Professional Staff Executive Committee and Board of Directors and accompanied by a dated and signed approval sheet (Addendum A).
- C. This standardized procedure will be reviewed every two (2) years and as practice changes by the IDPC.
- D. This standardized procedure will be kept in the nursing office and include a dated list of Registered Nurses covered by this standardized procedure (Addendum B).

II. Functions:

The PICC-Qualified Registered Nurse (hereinafter referred to as PICC nurse) may perform the following independently but under the supervision of the ordering physician, viewing radiologist and other members of the medical team involved in the care of the patient undergoing the procedure:

- A. Procedure may be performed in the following: Peninsula Medical Center; Dorothy Schneider Cancer Center and Mills Peninsula Extended Care.

Setting: This only covers the adult patient population. This procedure may not be done whenever a patient needs emergency medical attention; a sterile field cannot be established or whenever placement of the device is contraindicated.

Supervision: For the following insertion complications, management options need to be communicated by phone or in person to the ordering MD and then to Interventional Radiology if necessary: patient was assessed as not a candidate for PICC placement (dialysis patients and or candidates); unable to access vein; unable to advance PICC; traumatic insertion; hematoma with insertion; persistent bleeding greater than two (2) hours after insertion; persistent tip malposition and any other adverse event.

Patient Condition: Therapies appropriate for PICCs include vesicant chemotherapy, parenteral nutrition, infusates with pH less than 5 or greater than 9, and infusates with an osmolality greater than 600 mOsm/L. PICCs can be used for short, intermediate or long-term intravenous access needs.

B. Specific functions:

1. Explain the procedure to the patient, family members and or responsible person(s) involved and to document such explanations in writing (PICC Consent Form, Attachment A) including but not limited to: risks, benefits and alternatives to the procedure. Also to address any questions or concerns related to the device.
2. Administer anesthetic such as **Lidocaine 1%** (without epinephrine) intradermally (**dose not to exceed 0.2 mL or 2mg of a 10 mg/mL concentration**) prior to venous access unless with known allergy or sensitivity to the medication.
3. Order a chest x-ray to verify PICC tip location post placement which also includes subsequent chest x-rays in cases of tip malposition and migration.
4. Release the PICC line for use once chest x-ray has been confirmed that the PICC tip is located at the cavoatrial junction or distal SVC and necessary adjustments were made to the line in collaboration with the viewing radiologist.

III. Protocol:

1. The PICC nurse will evaluate all PICC orders from physicians for appropriateness of the device, intended use, and length of therapy.
2. The PICC nurse will then explain the procedure including but not limited to: risks and benefits to the patient and or responsible persons.

3. Prior to venous access, the PICC nurse will administer **Lidocaine 1%** (without epinephrine) intradermally (**dose not to exceed 0.2 mL or 2mg of a 10 mg/mL concentration**) to promote patient comfort and prevent potential venospasm related to pain.
4. The PICC nurse can then place an order for a chest x-ray which can be a single view or with lateral view if necessary to confirm PICC tip location. Subsequent chest x-rays may be necessary in cases of tip malposition and migration.
5. Once the PICC tip location is confirmed by the radiologist, the PICC nurse may release it for use.
6. If tip migration is suspected, hold the use of the PICC until another chest x-ray can be done and released for reuse.
7. The PICC nurse will complete the PICC Documentation Record (Attachment B, **31 MIC-01**) and place the original in patient's medical record (progress notes section of chart).

IV. Minimum Requirements:

- A. Must maintain an active licensure in the State of California
- B. Successful completion of the following or its equivalent:
 - *Basic PICC/VAD Nursing Management*
 - *Advanced PICC Insertion Using Ultrasound*
 - *Vascular Access Device Selection, Insertion, Care and Maintenance*
 - *Nursing Performed Radiographic Confirmation of Peripherally Inserted Central Catheter*

C. Initial Competency

Perform actual insertions under the direct observation of another PICC qualified RN or equivalent until competency is assured as documented on Insertion of PIC and Midline Catheters Competency Checklist. A minimum of five successful PIC Catheter insertions must be observed and documented.

1. Completion of the PICC Ultrasound Competency Checklist in order to insert a microintroducer using ultrasound.
2. Completion of PICC Insertion Competency Checklist

3. Completion of PICC Tip Location System Competency Checklist
4. Documentation of PICC competency will be kept in the RN's personnel file and in the PICC Program Coordinator records.

D. Ongoing Competency

1. To validate competency, the RN must insert a minimum of four PIC Catheters during the year.

If the RN has not performed at least four insertions, competency must be reconfirmed by appropriate insertion technique as observed by a PICC-qualified RN.