

The Royal Marsden NHS FT – PICC care guidelines: a real world example
This local guideline is an example used in the NICE medical technology guidance adoption support resource for SecurAcath for securing percutaneous catheters, and was not produced, commissioned or sanctioned by NICE.

The ROYAL MARSDEN

NHS Foundation Trust

Guidelines for Care of a Peripherally Inserted Central Catheter (PICC) by Community Staff/Practice Nurses

A peripherally inserted central catheter (PICC) is a catheter (either single or double lumen) which is inserted via a vein in the upper arm and advanced until the tip is located in the superior vena cava. The catheter is graduated in 1cm markings with numbers indicated every 5cms. It is not sutured and there is no cuff to hold it in place as there is with a skin tunnelled catheter. It is held in place by a SecurAcath securing device and a transparent dressing. The PICC **does not** require any other securement e.g. statlock and should be taped as shown in the picture below to ensure it is not left over the bend of the arm. The Zonis patch (small silver alginate sponge) at the insertion site **MUST** be removed at the first dressing and does not need to be reapplied.

N.B. The Securacath does not need to be removed and changed as it remains in situ for the life of the PICC.

Name:

Hospital number:

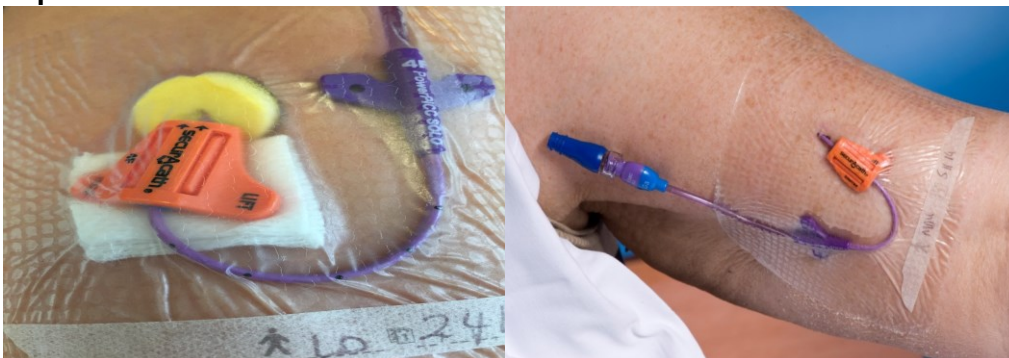
Relevant Allergies:

Insertion date

Brand, type and size of catheter BARD SOLO 4fr single **Location:** Left/right

Length of catheter inserted.....cm **Measurement at exit site**.....cm

Tip Location.....



We would like you to carry out the care listed below. If you have any problems what so ever, please do not hesitate to phone us on the numbers overleaf. The patient has been given a comprehensive booklet on CVADs and a pack containing all the equipment you will require in order to carry out the dressing and flushing procedures.

General Care – patients should be encouraged to shower or wash every day. The transparent dressing is waterproof, but the patient should attempt to protect the arm when showering and a protective sleeve has been provided.

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To Prevent Movement – ensure the SecurAcath securing device is in place at all times. It does not require removing and replacing and can remain in situ for the life of the PICC. The catheter can move out up to 3cm before a chest X-ray is required.

To Maintain Patency – flush the lumen with 10ml 0.9% sodium chloride once a week (see Patient Information Booklet). If it is a double lumen catheter each lumen will need to be flushed as a separate unit and both should be flushed even if one is not used. The PICC has a valve in the hub which helps to prevent occlusion and does not require a clamp.

To Prevent Infection – Change the dressing once a week remove the transparent dressing and clean the site with 2% chlorhexidine (Chloraprep 'Frepp' sponge) as follows:

1. Gently lift the catheter hub to clean around the catheter site.
2. Do not twist or rotate the hub of the catheter while cleaning the insertion site
3. Flood insertion site area and SecurAcath device with cleaning agent. Ensure the cleaning agent is applied to all exterior surfaces of the device.
4. Scrub skin around entry site. Use repeated back and forth strokes of the applicator for a minimum of 30 seconds. Completely wet the area with cleaning agent.
5. Allow area to air dry. Do not blot or wipe away.
6. Then apply an Opsite IV3000 (10x12cm) dressing supplied. The transparent dressing must cover both the SecurAcath and insertion site (see Patient Information Booklet). **Apply a date label.** Please do not place large pieces of gauze under or over the SecurAcath. This prevents inspection of the site and also makes removing the transparent dressing very difficult. A small square of gauze (2 x 2cm) can be cut (using sterile scissors) and placed directly under the SecurAcath if required.
7. Clean the junction between the needlefree cap and the hub, then remove the old cap and replace with a new cap each week at same time as the dressing change.

To Prevent Damage – please apply the dressing to the PICC as per picture – this will prevent the catheter from getting pinched and becoming damaged.

Possible Complications

1. **Phlebitis**: Erythema around insertion site, slight swelling, and no signs of infection – this is common in the first 72 hours following insertion. Apply heat, rest the arm and observe. If it does not respond or becomes worse – contact the hospital.
2. **Catheter movement**: If there has been any movement more than stated overleaf then do not attempt to reinsert catheter, stop any medication and contact hospital.
3. **Occlusion**: If the catheter will not flush easily, do not apply pressure when flushing, contact hospital.
4. **Leakage of fluids under the dressing**: The catheter could be damaged, stop any medication and contact hospital.
5. **Damaged Catheter** : If the catheter splits or becomes damaged, clamp above damage, stop medication and contact hospital.
6. **Thrombosis**: Pain and swelling along arm and into shoulder, across chest and neck – contact hospital.
7. **Infection**: Redness tracking from insertion site, tenderness along vein, discharge from insertion site, pyrexia – contact hospital.

