PICC’s Leading best practice for placement, care and maintenance

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May 2016
• Patient assessment
• Insertion of PICC’s using new technology
• Best practice for care and maintenance
Catheter Related Bloodstream infection

- Catheter-related bloodstream infections (CR-BSI)

- Intravascular devices can result in bloodstream infection. These are associated with the insertion and maintenance of intravascular devices and are potentially among the most dangerous complications associated with health care. 
  Epic 3 (2014)

Patient examination and assessment

- Underlying diagnosis, relevant past medical history
- Contraindications for placing PICC
- Intended duration of drug therapy
- Previous problems with venepuncture
- Patient preference
Insertion of PICC Devices; Best practice

- Specialist vascular access teams using evidence based care, adhering to relevant guidelines and competencies
- Use a catheter with the minimum number of ports or lumens appropriate for management of the patient. (Power, silicone, valve, non valved)
- Maximum sterile barrier precautions during PICC insertion. (Mermel 2007, Young 2006)
- Chlorhexidine for skin antisepsis
- The use of catheter insertion checklist /bundles
- Ultrasound for upper arm placement
- The use of tip confirmation technology
- Documentation of procedure
PICC Tip confirmation technology

- Is indicated for use as an alternative to chest x-ray and fluoroscopy for PICC tip placement confirmation in adult patients.
Best practice for care and maintenance of PICC’s

- Education of health care practitioners – use of competency framework
- The use of VIP score
- ANTT using 2% chlorhexidine in 70% isopropyl alcohol must be used when accessing any intravascular device and the disinfectant must be allowed to dry before and after accessing the intravascular device.
Best practice care and maintenance of PICC’s

- The use of needle-free infusion systems and connection devices have been widely introduced to reduce the incidence of sharp injuries and minimise the risk of transmission of blood borne pathogens to healthcare workers, they must be disinfected prior to use.
- The use of catheter securement devices i.e. 3M™ PICC/CVC Securement Statlock® or SecurAcath®
- Weekly dressing changes with semipermeable dressing
- Chlorhexidine sponges or chlorhexidine gel pad dressings
Best practice for care and maintenance of PICC’s

• Use of antibiotic/ anticoagulation locks
• Patient education, information leaflet, passport – care of line/risks/symptoms to recognise
• Remove PICC as soon as treatment finished
Conclusion: The Key Points

• Expert operator for insertion
• Education of healthcare practitioners and patients
• Following guidelines e.g. NICE, RCN Standards for IV Therapy
• Remaining up to date with new technology and innovations
References


