

## DRESSING CHANGES

### Frequency of dressing changes:

- Gauze and tape dressings - Clean the skin and change the dressing **every 2 days**
- Clear dressings - clean the skin and change the dressing **every 7 days**
- All dressings - change the dressing **as soon as possible** if it becomes dirty, wet, or loose

### Dressing change steps:

1. Establish a clean work area
2. Wash your hands or use hand sanitizer
3. Put on gloves and mask
4. Place supplies on your work area, **ensuring supplies remain sterile on top of your sterile drape**
5. Carefully remove the old dressing and throw away, **ensuring you do not touch the PICC insertion site and surrounding area while the dressing is off**
6. Wash your hands or use hand sanitizer
7. Put on sterile gloves
8. Carefully clean the area around the PICC with chlorohexidine and **allow the area to completely air dry**
9. Apply skin prep around the catheter site and let dry (optional - per hospital policy)
10. Apply the dressing
11. Secure PICC using device provided in kit (Note: some catheter securement devices are placed prior to applying the dressing. Follow manufacturer recommendations.)

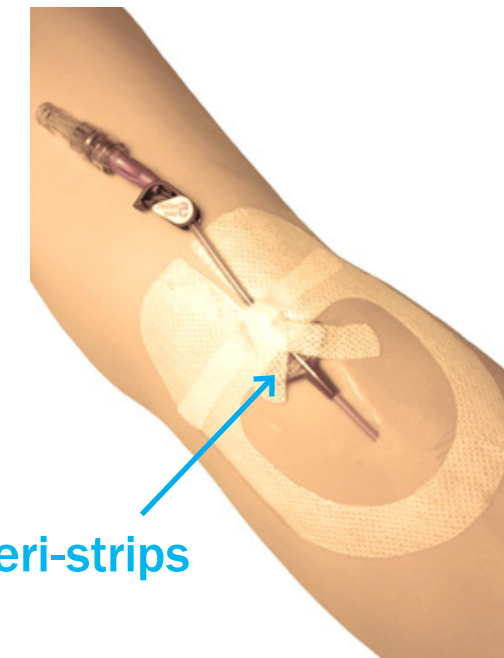


Step 8: Clean the area with chlorohexidine

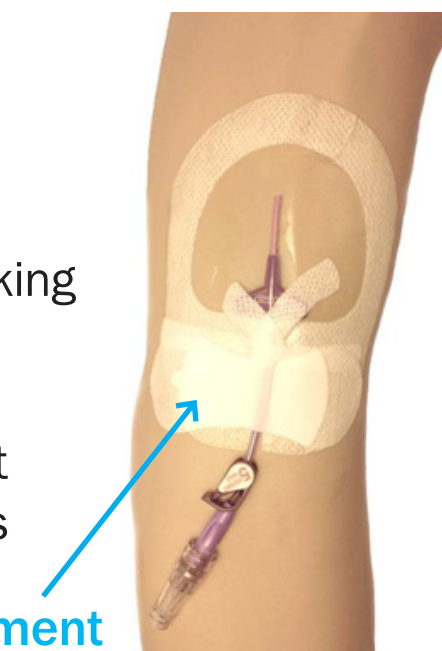
## SECUREMENT

### How to Appropriately Secure a PICC after Applying Dressing:

1. Take one steri-strip from the frame of the dressing and crisscross or “butterfly” it around the catheter and attach it over the dressing
2. Place the other steri-strip over the butterfly to hold it in place



3. Open the securement device (i.e. Grip-Lok, WingGuard, etc.)
4. Place the device under the catheter on the split area of the dressing
5. Lift the top flap and remove the backing
6. Place catheter tubing on bottom adhesive strip
7. Place top flap over the tubing so that it is between the two adhesive strips and the top flap is secured



## MAINTENANCE

### Maintenance Frequency:

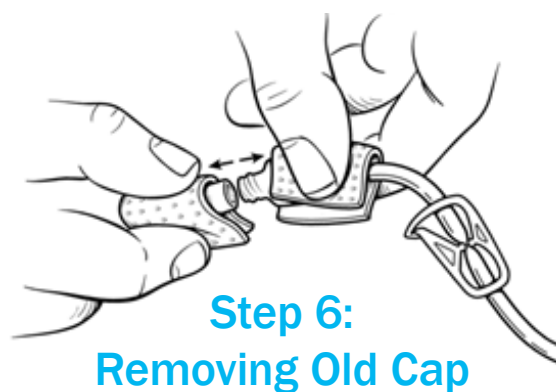
- Flush each catheter with saline **at least once daily**
- Change each cap per manufacturer recommendations, when administration set is changed, and no more often than every 72 hours

### Flushing the PICC Catheter:

1. Vigorously scrub the end of the cap with an alcohol pad for 15 seconds and **let dry for 15 seconds**
2. Flush catheter with 10ml saline flush syringe or according to hospital policy
3. Clamp PICC and remove the syringe

### Changing the PICC Catheter Cap:

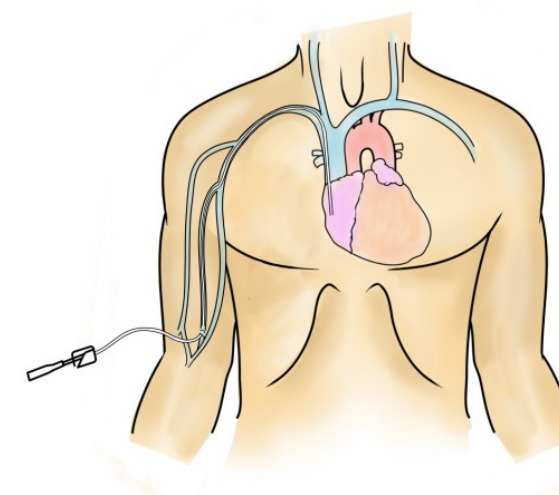
1. Gather supplies and establish a clean work area
2. Wash your hands or use hand sanitizer and put on gloves
3. Open the sterile PICC cap package and **leave cap in package without touching it**
4. Clamp the PICC
5. While holding the PICC lumen with an alcohol swab in one hand, **vigorously clean the PICC/cap connection** with a second alcohol swab for 15 seconds
6. Carefully remove the old PICC cap and throw away, **being careful not to touch the open end of the PICC**
7. Unscrew the protective covering on the new PICC cap, **without touching the protected area**
8. Screw on new cap



## REMOVAL

### When to Consider PICC Removal:

- If PICC has not been used for > 48 hours
- If the patient could be effectively managed with a less invasive device (i.e. Midline, PIV)
- If the patient is no longer receiving TPN, chemotherapy, medications requiring central access, or having frequent blood draws ( $\geq 3/\text{day}$ )



### How to Assess PICC Necessity:

- Use the I-DECIDED PICC Assessment and Decision Tool for Nurses, which focuses on the usefulness, effectiveness, and safety of current PICC lines
- Discuss line necessity as a part of the treatment plan with provider and multi-disciplinary team
- Conduct line necessity and de-escalation rounding on all patients who have PICC lines on a regular basis