

Clinical Competency: Removing Peripherally Inserted Central Catheter (PICC)

Name: _____ Dept: _____

Note, as with all patients, the expectation is that you perform hand hygiene and don gloves, introduce yourself and explain procedure to the patient (and or family). Always use two patient identifiers, verify your order, gather your supplies and check V/S on every patient, every time!

PS = Performed satisfactorily OR NP = Not Performed

Performance Criteria	CHECKOFF#1 Date:	CHECKOFF#2 Date:
Review/obtain MD order. Review the patient's medical history, current medications, and recent laboratory results to determine whether there are any contraindications present or precautions to consider. Notify the practitioner accordingly. Ensure the patient no longer needs IV access. If access is required, initiate peripheral IV access prior to pulling the PICC per the practitioner's order.		
Placed the patient supine, either flat or in the Trendelenburg position, with the catheter exit site lower than the heart.		
When removing the PICC line, asked the patient to take a deep breath and bear down, creating a Valsalva response. <ol style="list-style-type: none"> 1. If a Valsalva response was contraindicated, asked the patient to hold his or her breath or exhale instead, or placed the patient in the Trendelenburg position or the left lateral decubitus position. 2. If the patient was receiving positive-pressure ventilation, withdrew the catheter during the inspiratory phase of the respiratory cycle or while delivering a breath via a bag-mask device. 3. Instructed the patient to exhale after the catheter was removed 		
Using the dominant hand, gently withdrew the catheter, pulling it parallel to the arm with a constant, steady motion. (If resistance was met, did not continue to remove the catheter; notified the practitioner.)		
As the catheter exited the site, used two fingers of the non-dominant hand to apply firm, even, direct pressure on the exit site along with dry sterile gauze. Continued applying pressure over the exit site with sterile gauze until hemostasis was achieved.		
Covered the site with sterile petroleum-based ointment or petroleum gauze and applied a sterile transparent dressing.		
Evaluated the condition of the catheter, inspected the tip for integrity, and compared the length of the catheter to the original insertion length. If damage or fragmentation of the catheter was observed or suspected, notified the practitioner immediately. Did not discard catheter if it was broken.		
Maintained the patient supine on bed rest in a flat or reclining position for at least 30 minutes after catheter removal.		
Monitored the patient's vital signs, oxygen saturation, and level of consciousness. If signs and symptoms of venous air embolus were present, immediately placed the patient in the left lateral decubitus position and notified the practitioner.		
Documented the procedure in the patient's record.		
All above "note" expectations were performed?		

Date: _____

Date: _____

Evaluator Printed name: _____

Evaluator Printed name: _____

Student Signature: _____

Student Signature: _____