

## ***El Paso - Ambulatory Clinic Policy and Procedure***

Title: <b>REMOVAL OF A PICC (PERIPHERALLY INSERTED CENTRAL CATHETER) LINE</b>	Policy Number: <b>EP 3.18</b>
Regulation Reference:	Effective Date: <b>11/2013</b>

### **Policy Statement:**

This policy serves as a guide for the removal of PICC lines as ordered by the physician or a mid-level practitioner in the clinic setting.

### **Scope and Distribution:**

This policy applies and will be distributed to all Texas Tech University Health Sciences Center at El Paso (TTUHSC at El Paso) Ambulatory Clinics.

### **Procedure:**

To reduce catheter related blood stream infections and the potential for foreign body embolus, PICC lines should be removed by a physician, mid-level practitioner, or trained licensed nurse.

#### **I. Supplies:**

1. Standard precautions Personal Protective Equipment including mask and possibly eye protection, gown, and cap
2. Sterile gloves
3. Suture removal kit with scissors and forceps if needed
4. 70% alcohol pads and swabs
5. Chlorhexidine skin prep applicator
6. Sterile container if sending PICC line tip for culture and sensitivity
7. Sterile towel pack
8. Tape measure
9. Occlusive dressing

#### **II. Procedure for discontinuing PICC line:**

1. Verify physician order to remove PICC line
2. Explain procedure to patient: turn head away, keep arm still, draping, cold solutions, etc.
3. Prepare work area: disinfect work surface, position waste containment, etc.
4. Open sterile towel pack on work area using aseptic technique
5. Open sterile supplies on to the towel using aseptic technique
6. Position the patient for comfort, with the insertion arm extended 45-90 degrees
7. Apply standard precautions
8. Wash hands



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9. Don sterile gloves using aseptic technique
10. Cleanse transparent dressing with alcohol pad to release
11. Carefully remove the old dressing lifting distal edge toward proximal edge
12. Moisten securing device with alcohol if needed to release (do not force removal)
13. Dispose of old dressings
14. Remove gloves and re-wash hands
15. Don sterile gloves – aseptic technique
16. Assess insertion site
17. Clean around the insertion site with alcohol swab to remove blood or residue
18. Prep insertion site and at least 3 inches around with chlorhexidine skin prep
19. Drape or towel off un-prepped skin of lower arm
20. Grasp catheter near the insertion site. Keep catheter parallel to the arm and withdraw about one inch (2.5 cm)
21. Continue this procedure, pulling with a firm, gentle motion (do not apply pressure near the exit site or along the course of the vein) until the catheter is removed
22. Confirm that the tip is intact
23. Hold gentle pressure on site a few minutes to promote hemostasis as needed
24. Apply a sterile occlusive dressing (just like a central line)

### **III. Culture and Sensitivity:**

1. Using aseptic technique cut a section of catheter equal to about half the length of sterile specimen container. Place specimen in sterile container
2. Specimen should include the distal end
3. Label with patient name, source, site, date, time
4. Package specimen for safe transport

### **IV. Trouble shooting:**

1. *Resistance – STOP!!! NEVER pull against resistance*
  - i. Release any pressure along catheter path
  - ii. Venous spasm may cause resistance, waiting a few minutes may allow the vein to relax
  - iii. Warm packs placed proximal to the insertion site may help relax the vein walls
  - iv. Reposition the limb and try again after 20 minutes
  - v. Continued resistance: STOP, clean, re-prep, secure the catheter, re-dress, and notify the physician

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### 2. *Non-intact Catheter – THIS IS AN EMERGENT SITUATION!!!*

#### i. Catheter breaks while withdrawing:

- a. Clamp catheter if enough projects from the insertion site
- b. CAREFULLY consider the option to continue withdrawal

#### ii. Retained catheter or fragments:

- a. Immobilize the limb, explain the need to remain still
- b. Carefully apply dressing, avoid dislodging fragments
- c. Trendelenburg position only if patient does not have to move
- d. Measure removed catheter to determine how much is retained (save all catheter pieces for subsequent report of medical device failure)
- e. Notify physician of potential embolus
- f. Prepare patient for transport

### V. **Documentation needs to include the following:**

1. Description of the procedure: patient position, aseptic technique, standard precautions, draping, safety measures
2. Patient tolerance of the procedure
3. Insertion site
4. Homeostasis
5. Dressing
6. Condition and disposition of the removed catheter
7. Patient response to teaching and follow up instructions

Policy Number: <b>EP 3.18</b>	Original Approval Date: <b>11/2013</b>
Version Number: <b>1</b>	Revision Date: <b>11/2013</b>
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