



COMPETENCY STANDARD SKILLS CHECKLIST - PICC LINES

| Flushing the PICC Line | | MD | RN | LPN | RECOVERY COACH |
|------------------------|--|----|----|-----|----------------|
| 1 | Clean hands with antibacterial soap or alcohol-based hand rub and apply non-sterile gloves. | | | | |
| 2 | Scrub the top of the adapter of the PICC with alcohol swab for minimum 15 seconds with a juicing action. | | | | |
| 3 | Attach 10 mL prefilled syringe normal saline to the adaptor of the PICC; open clamp. | | | | |
| 4 | Determine patency by pulling gently on the plunger of the syringe to verify blood return. | | | | |
| 5 | Using push-pause-push flush, inject one 10 mL prefilled saline syringe; close clamp during the last mL; remove syringe from adaptor. | | | | |
| 6 | Clean hands. | | | | |
| 7 | Document in the EMR. | | | | |

| Administer Infusion using S-A-S-H | | MD | RN | LPN | RECOVERY COACH |
|-----------------------------------|--|----|----|-----|----------------|
| 1 | Wash hands with antibacterial soap or alcohol-based hand rub and apply non-sterile gloves and mask. | | | | |
| 2 | Place extended arm with the PICC at a 45- to 90-degree angle. | | | | |
| 3 | Thoroughly friction swab access site with alcohol for 15 seconds. | | | | |
| 4 | Attach 10 mL syringe of normal saline to access, and flush and aspirate to check for latency and blood return. | | | | |
| 5 | Administer infusion or medication as ordered. | | | | |
| 6 | After infusion is completed, flush port with 10 mL normal saline and 5 mL heparin and close catheter clamp. | | | | |
| 7 | Clean hands. | | | | |
| 8 | Document in the EMR. | | | | |

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| Changing the PICC Dressing | | MD | RN | LPN | RECOVERY COACH |
|----------------------------|--|----|----|-----|----------------|
| 1 | Wash hands with antibacterial soap or alcohol based hand rub and apply non-sterile gloves and mask. | | | | |
| 2 | Set up sterile dressing tray and add supplies. Or prepare equipment maintaining asepsis. | | | | |
| 3 | Remove old dressing; stabilize hub with one hand. | | | | |
| 4 | Assess insertion site for signs of inflammation or infection. | | | | |
| 5 | Remove securement device. | | | | |
| 6 | Perform hand hygiene and apply clean gloves. | | | | |
| 7 | Using swab sticks, clean the catheter with antiseptic solution. Clean the insertion site by scrubbing over the catheter in a horizontal pattern and then vertical pattern. Cleanse the skin beginning at the insertion site with a circular motion (middle to outward) extended to 5 cm diameter coverage. Repeat in the other direction. Minimum total of 1-minute cleansing. | | | | |
| 8 | Next clean the line to include the wings of the PICC. Beginning at the insertion site top of the catheter down the line. Then clean the back of the catheter from insertion site down. Keeping the catheter elevated from skin, allow for complete drying. | | | | |
| 9 | Perform hand hygiene and apply sterile gloves. | | | | |
| 10 | Apply skin protectant to securement site; allow to dry. Place catheter wings into posts of securement device, close retainer doors, and peel away paper backing. Then apply securement device to skin. | | | | |
| 11 | Apply a transparent dressing, ensuring the exit site and securement device is covered. | | | | |
| 12 | Clean hands. | | | | |
| 13 | Document in the EMR. | | | | |

stepworks

| Changing the PICC Adaptor | | MD | RN | LPN | RECOVERY COACH |
|---------------------------|---|----|----|-----|----------------|
| 1 | Wash hands with antibacterial soap or alcohol based hand rub and apply non-sterile gloves and mask. | | | | |
| 2 | Ensure lumen clamp is closed. | | | | |
| 3 | Prime new Adaptor. | | | | |
| 4 | Scrub connection of the PICC with alcohol swab and allow to dry without putting the line down once cleansed. | | | | |
| 5 | Remove old adaptor and immediately attach new adaptor tightly using sterile technique. Aspirate for blood return and flush using turbulent technique with two 10 mLs prefilled normal saline syringes. Close clamp during the last mL and disconnect syringe. | | | | |
| 6 | Clean hands. | | | | |
| 7 | Document in the EMR. | | | | |

I confirm that I have completed the training and have been allowed to observe and perform the tasks and feel competent in this procedure.

Team member Name (Print)

Signature

Date

Team member Category: MD RN LPN Recovery Coach

I confirm that the above team member has completed this training and I have observed the performance of the task and feel that he/she is comfortable in completing the tasks.

Trainer Name (print)

Signature

Date