



# CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD Clinical Review and Training

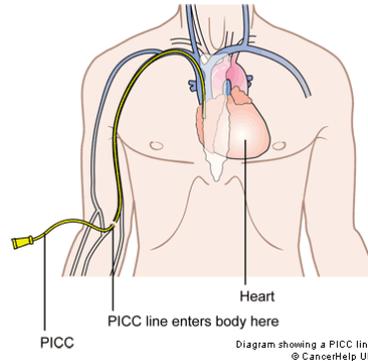
## PICC Line Access Guideline

### Purpose:

A peripherally inserted central catheter (PICC line) is used to obtain long-term central venous access in patients that are chronically ill and require frequent venous access. Patients that require prolonged IV antibiotic treatment and chemotherapy are candidates for PICC lines.

### Device:

The PICC line is usually inserted into the antecubital fossa and advanced until the catheter terminates in a large central vein near the heart. A PICC line can have a single lumen or multiple lumens, depending on its use. After use, the line is often locked with Heparin in order to ensure that the line does not clot off. Inadvertent administration of Heparin could cause dangerous hemorrhagic complications.



### Indications:

**Skill Level: I, P**

- Patient has an established PICC line and requires emergent vascular access for intravenous fluid resuscitation or medication administration. ***In order to access PICC lines, medics must have attended mandatory training.***
  - One peripheral IV attempt must be made prior to accessing PICC line except in cardiac arrest situations
  - Be cautious and recognize that PICC line could be a source of infection and could be contributing to patient's symptoms

### Contraindications:

- Unable to aspirate or flush fluid through the catheter
- Catheter is in location other than arm
- Any possibility that catheter to be accessed is for dialysis

### Procedure

- Observe BSI precautions and aseptic techniques.
- Clean the end of the catheter using three alcohol swabs. It is very important to ensure the line remains sterile to avoid a potential source of infection.
- If the cap is needleless, immediately attach 30 mL syringe to cap. If it is not, remove the cap and quickly attach the 30 mL syringe to the end of the catheter without touching any other surfaces
- Unlock the clamp.
- Aspirate 10 mL of blood from one port and discard in the sharps box. If the catheter has a volume printed on the side, only that amount of blood needs to be aspirated (Ex: PowerPiccs have a priming volume of about 1 mL)
- Flush port with 10 mL of normal saline and clamp. If there is resistance, inspect the catheter for kinks.
- Recap port after flushing. If there is no cap, ensure a new syringe is attached to port to preserve sterility.
- Repeat with other ports.
- If the line is patent, attach the IV line to the catheter and infuse medications as appropriate. If unable to obtain patent line, DO NOT use.
- Leave unused port clamped with PRN cap over the port.
- Never remove PICC line.
- Ensure you explicitly state PICC line was accessed during transition of care at the hospital. Any PICC line that is accessed in the pre-hospital setting must be removed within 48 hours.