DEFINITIONS

Client: term used to refer to a client, patient or resident

Peripherally Inserted Central Catheter (PICC): A central venous access device inserted into a peripheral vein whose tip dwells in the superior vena cava and is used in acute care, long term care or home care.

ROLES:

Grad Nurse (GN) - who has the knowledge and skill may remove a PICC line under direct supervision by an RN supervisor until deemed competent to complete procedure autonomously.

Graduate Licensed Practical Nurses (GLPNs) – GLPNs identified by their manager in targeted practice settings will be certified in this LPN Additional Competency Central Venous Catheter - PICC - Removal. Following certification, GLPN may perform removal of a PICC line only with the direct supervision of an RN or LPN who is certified in the procedure.

Licensed Practical Nurses (LPNs) – LPNs identified by their manager in targeted practice settings will be certified in this LPN Additional Competency Central Venous Catheter - PICC - Removal. Prerequisite: LPN must have completed SaskPolytechnic IV Therapy/Blood & Blood Products Completer Course or equivalent.

Registered Nurse (RN) who has the knowledge and skill can remove a PICC line.

1. PURPOSE

   1.1 To remove the peripherally inserted central catheter safely.

2. POLICY
2.1 A physician’s order is required to remove a PICC.

2.2 Never stretch the PICC or use excessive force to remove the catheter as this tension could cause the catheter to break.

3. **PROCEDURE**

3.1 Supplies:
- protective pad
- Chlorhexidine/alcohol - swabstick
- dressing tray/set
- disposable stitch cutter or suture scissors
- sterile gauze
- bandaid
- clean gloves
- face mask/ shield
- sterile scissors, sterile specimen container, requisition and labels (if tip is to be cultured)
- Alcohol based hand sanitizer

3.2 Perform hand hygiene.

3.3 Verify client identity and explain the procedure.

3.4 Position client supine and position the arm with the PICC at a right angle to the body. Place protective pad under arm. Avoid handling the upper arm, which may stimulate venous spasm.

3.5 Perform hand hygiene.

3.6 Place sterile field to receive catheter if tip culture is planned.

3.7 Turn off IV infusions.

3.8 Apply face mask/shield and clean gloves.

3.9 Remove dressing and stabilization device if present.

   **Note:** remove stabilization device using alcohol swabs to loosen.

3.10 Cleanse insertion and suture sites with Chlorhexidine swab or swabstick. Using friction clean around the catheter in a back and forth motion for 15 seconds, then in the opposite direction for 15 seconds. Allow to dry.

3.11 Remove sutures if present.

3.12 Grasp the PICC near insertion site and pull with gentle, constant traction. There should be little resistance. As the PICC is removed, regrasp near the insertion site for better control and to minimize stretching of the catheter. Avoid handling upper arm.
Note: If resistance, reposition arm and reattempt removal.

Note: Although not common, basilic or cephalic venous spasm may cause resistance to PICC removal. Secure PICC with tape to maintain gentle traction. Apply warm compresses to the entire arm and attempt removal again in 30 minutes. If unable to remove after 30 minutes, contact the physician. A referral to Medical Imaging may be required.

3.13 After PICC is removed, apply gentle pressure with sterile gauze over insertion site to control bleeding.

3.14 Apply bandaid over the insertion site.

3.15 Check catheter to ensure entire length has been removed and that tip is intact.

3.16 If catheter infection is suspected notify physician. Send catheter tip for culturing. Use sterile scissors to remove distal 5 cm of CVC. Place in sterile container.

Home Care: transportation of specimens to lab may occur by a family member or nurse who is certified in the transportation of hazardous materials.

3.17 Remove gloves and face mask/shield and perform hand hygiene.

3.18 Document on appropriate record:
- condition of insertion site
- cleaning of site
- suture/securement device removal
- ease of removal
- condition of PICC (tip intact)
- whether PICC tip sent for culture
- client’s response to procedure

3.19 Report to physician:
- complications during removal
- if tip not intact
- any bleeding or drainage from removal site

4. REFERENCES


