PICC RN

Pertinent Policies: For additional information, review the following policies once you are ON-SITE (these require a PSJH login to access):

Peripherally Inserted Central Catheter (PICC) and Midline Insertion, Adult & Pediatric

PH&S Oregon Nursing IV Maintenance Standards: Adult & Pediatrics

PH&S Oregon Nursing Peripherally Inserted Central Catheter (PICC) Consent

PH&S Oregon IV: Peripheral Access Insertion with Ultrasound Guidance - Adult & Pediatric

PH&S Oregon Peripherally Inserted Central Catheter Insertion (PICC) Credentialing for Inserting Adult PICCS

GOP: Patient Identification and Verification

PSJH-CLIN-1209 Central Line Associated Blood Stream Infection (CLABSI) Prevention

Lippincott Procedure: Peripherally inserted central catheter (PICC) flushing and locking

Lippincott Procedure: Peripherally inserted central catheter (PICC) flushing and locking, pediatric

Lippincott Procedure: Midline catheter insertion

Lippincott Procedure: Midline catheter flushing and locking

PICC Indications

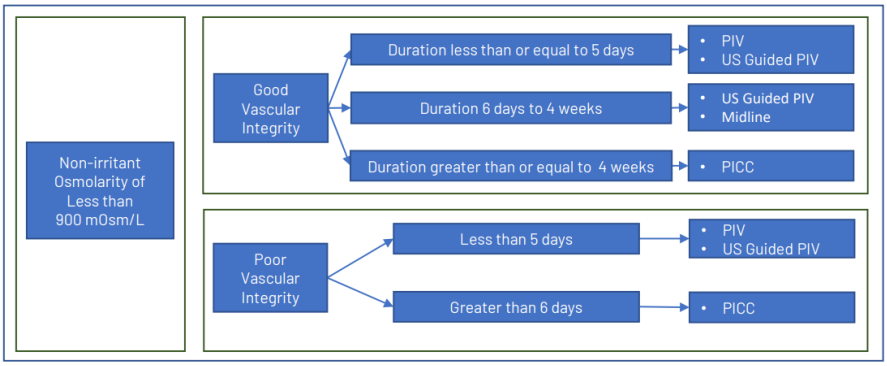
- Central access needed for > 5 days for:
    - High glucose concentration (> 10%)
    - Osmolarity > 900 mOsm/L
    - Hemodynamic monitorin
    - Long term IV antibiotic therapy
    - Vesicant drug infusion such as chemotherapy or vasopressors,
    - TPN
    - Concentrated electrolytes
    - Difficult intravenous access (DIVA)

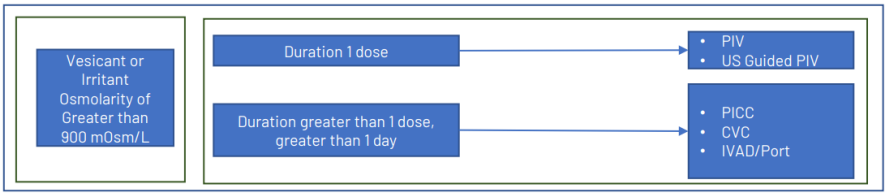
Must have a provider order to place a PICC line, a PARQ for PICC placement, and a signed consent

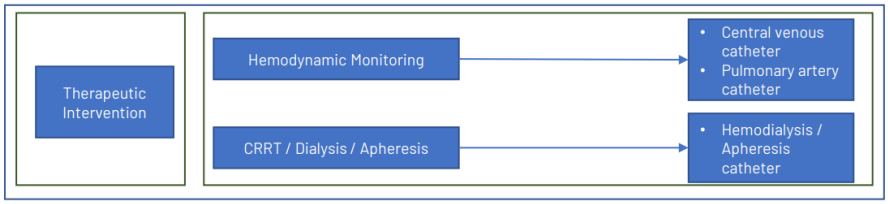
1. **NOTE*:*** PICC RN may perform PARQ if not completed by provider. Refer to Peripherally Inserted Central Catheter (PICC) Consent

Providence Vascular Access Device (VAD) Selection Algorithm (Adult)

Last updated: 10/2022
Next Review: 01/2024







VAD Algorithm, v.1, slide 1 of 1

Abbreviations:
- IVAD- Implanted Vascular Access Device

Vascular Access Practice Considerations & Key Definitions:

- VAD assessment should occur at a minimum q shift
- Goal of VAD placement should be vein preservation and the best access device to meet the patient's treatment plan
- Avoid lower extremity placement
- Place and maintain device(s) with the least number of lumens for prescribed therapy
- This is not a comprehensive list; additional factors may need to be considered when selecting a VAD (e.g., future need of hemodialysis)
- Placement of an US guided PIV should be completed only by trained individuals
- When available, please consult the Vascular Access Team (VAT) or equivalent with questions and refer to local policy
- **Good vascular integrity-** skin is moist, without edema or bruising evident. Good turgor. Veins are visible and/or palpable. Limited comorbidities.
- **Poor vascular integrity-** skin is thin and fragile, without visible and/or palpable veins. Multiple venous access cannulation/device placements. Significant edema, obesity (>35 BMI), comorbidity. History includes comorbidity, IVDU, CKD, lupus.

Low dose vesicant/irritant peripheral infusion best practices:

- **Refer to local policy to validate approved practice, medication, and dose**
- Review vesicant/irritant properties and ensure antidote (if any) and extravasation medications are readily if available
- Assess site prior to administration, Use PIV or US guided PIV placed by the VAT (if available)
- Avoid sites with impaired circulation and, hand, wrist or AC placement.
- Ensure clear visualization of the site throughout the infusion.
- Maintain free- flowing IVF to dilute the medication
- Ensure good blood return from the line
- Use a large vein for PIV administration with an appropriately sized cannula
- Insert a new line if more than 24 hours old
- Do not infuse via midline catheters

Infection Risk Based on Vascular Access