

PROTOCOL FOR: Peripherally Inserted Central Line Catheter (PICC): Care of Patient Receiving

DESIRED PATIENT

- OUTCOME:**
1. The patient will verbalize understanding of the process of inserting a PICC.
 2. The patient will be free of complications.
 3. The patient will experience minimal discomfort throughout the procedure.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Pre-procedure care per protocol for Interventional Radiology
 2. If patient receives conscious sedation, do so per HAM#08-013.
 3. Dressing and line maintenance per Central Line Protocol in Nursing Practice Manual.
 4. Patient's level of pain will be assessed and addressed as indicated in the policy titled: Pain Care of the Adult Patient With, located in the Nursing Practice Manual on-line.
 5. Post-procedure care per protocol for Post-Procedure Care: Interventional Radiology.

PATIENT TEACHING:

1. Explain to the patient that PICC is a Central Line that is inserted in their upper arm and that the tip of the catheter sits at the SVC/Right Atrium. The line will require frequent dressing changes and flushing as part of its maintenance.
2. Explain to the patient that the catheter will remain in their body until their physician decides it is no longer needed.

DOCUMENTATION:

1. Confirm the physician obtained informed consent from the patient or responsible party.
2. Conscious Sedation Flow Sheet will be used by the RN for documentation during the procedure.
3. RN will apply vendor's product label to the Progress Note as recommended by the vendor. The label information is for reference only and does not require a signature.
4. RN will complete the vendor's patient information card/booklet and place it in the patient's chart (In-Patient) or directly hand to patient/responsible party (Out-Patient).

APPROVAL: Pending

REFERENCES: Nursing Practice Manual

EFFECTIVE DATE: 11/94

REVISION DATES: 1/98, 6/00, 11/06, 03/08

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