

## Education Checklist

- ☐ Watch Get Well Network Videos on PICC line care
- ☐ Review handout on PICC line care
- ☐ Attend PICC class in the Family Resource Center
  - Thursdays 12pm-2pm (English), 2pm-4pm (Spanish)
- ☐ Each caregiver demonstrates proficiency with PICC care
  - Infection control, flushing, S-A-S-H, troubleshooting
- ☐ Vendor and pump teaching
- ☐ Complete 24-48 hours (decided by medical team) total care of patient

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**This is what is taught to caregivers in the Family Resource Center PICC Class. Please use this as a guide when teaching at the bedside. Do not print and give to your patients and families.**

## Goals for Home Teaching

- Safe effective care, infection control should be goal
- Ensure families are confident, comfortable
- Consistent teaching is key to prevent confusion
- The class is just the start. Mastery of care is the clinical nurse's responsibility at the bedside.
- Home care is different than hospital care.

## Tips to Remember

- Teach proper handwashing
- Hand washing/hand sanitizing is key in between tasks
- Clean area to work on, free of pets/other children
- Turn off overhead fans, close windows, A/C

- Encourage making supply “kits”, including an emergency kit
- “If in doubt, throw it out” if unsure if something was contaminated.
- Have caregivers watch the PICC video in GetWellNetwork

### **Home Care Instructions**

#### **What **NOT** to Teach**

- Use of Gloves
- Use of Sterile Fields
- Drawing back blood to check patency
- Priming our hospital lines
- Using our hospital pumps (pump teaching is done by the vendor)
- Flushing caps when performing a cap change; do teach to do daily flush after new cap placed

### **After FRC Class Teaching**

- Follow up teaching/practice needs to be done on the patient with nursing supervision
- RN teaching plans available to assist with teaching at bedside if caregiver unable to come to PICC class in the FRC.
- Add “Plan” in Patient Education to ensure continuity; note what is next step
- Go to Discharge Menu→Education Notes and see if a note has already been started.
- For patient education, don’t start a new note if one is already started. Just add to the existing note. Add “rows” at the bottom of the existing note if more space needed.
- Be consistent: Safety, Infection Control
- Make an emergency kit for your patient to take home: blue clamp, gauze, 2 alcohol pads, silk tape

**PICC Class Objectives**

- The purpose and location of the PICC
- PICC line care
- Flushing and giving medications
- Common problems and trouble shooting
- When to contact health care provider
- Hands on practice (using models or at bedside with patient)

**What is a PICC line?**

- Peripherally Inserted Central Catheter (PICC)
- Soft catheter, long lasting catheter
- Either single or double lumen
- Purpose:
  - to give medications, fluids, blood or nutrition
  - to draw blood samples

**How is the PICC placed?**

- Placed by specialists in sedation unit, at bedside, in treatment room, or operating room
- Numbing cream or spray may be used to prevent pain
- Other medicine may be given by mouth or IV to lessen pain or fear
- May use general anesthesia
- Child Life may assist in coping

**Where is the PICC placed?**

- Through a vein in the upper arm (or leg)
- End of PICC end in a large vein near the heart
- X-ray confirms correct placement
- May be sore

- May use mild pain medicine (If onc, caregivers need to take daily temps and before giving acetaminophen)
- May be taught range of motion movements to help soreness go away
- Help caregivers fill out the last page of the class handout “Caring for your PICC at Home”.

### Parts of PICC

- Dressing-important it remains clean, dry & intact (prevent infection, accidental removal); changed every 7 days or sooner if wet, loose or dirty
- Biopatch- used to clean the skin to prevent infection
- Catheter-either single or double
- Clamp-always important to keep closed when not using, dirty (wash hands after touching)
- Hub-cap is attached to the hub; cleaned during a cap change
- Cap-needs to always stay on and tight, cleaned each time it is used

### What is StatSeal?

- StatSeal may be used to help prevent bleeding
  - Used at time of PICC insertion
  - It is either a powder or disc
  - It is brown and looks like sand
- After 7 days, a dressing change will be done, most will be wiped away
  - The nurse will perform dressing change

### Risk of Infection:

- Increased risk due to opening in skin but there are many things we can do to help decrease the chances of getting an infection.
  - **HANDWASHING** before you get started-30 seconds with soap and warm water, paper towel to dry and use paper towel to turn the

faucet off. Don't use hand towels in the bathroom or kitchen to dry hands.

- **HAND SANITIZER**-to be used in between tasks when you think your hands are dirty (don't be shy about using this, a lot of hand sanitizer use=clean/safe hands)
- PICC line will be removed by health care provider when no longer needed
- Weekly sterile dressing changes to be done only by home health nurse or clinic nurse.
- Notify nurse if dressing is dirty, wet or loose
- Caps must be cleaned with every use (20/10)

## Hygiene

- Good hand washing-30 seconds scrub with soap and water, paper towel, turn faucet off with paper towel. Friction, not soap, kills germs.
- Remove artificial nails-germs can hide under the nails
- Nail polish and gels are ok if not chipped
- For the child:
  - Daily shower (keep the line dry)
  - Oral care twice a day (caregivers should brush their teeth 2x/day too)
  - Change bed linens at least weekly (earlier if visibly dirty)

## Environment

- Choose the cleanest area in your home for PICC care
  - Avoid the bathroom and kitchen
  - Turn off air conditioning, ceiling fans and close windows just while connecting the line/during care.
  - Keep pets and other children away while connecting/during care

- Use a non-porous surface for PICC care (ex: new plastic cutting board, metal or plastic tray)
  - Clean with antibacterial wipes, soap and water, vinegar or alcohol wipes before and after each use.
  - Let **air dry** (this part of the process is really important-this is where bacteria is killed)

### Supplies

- Supplies will be delivered
- Create supply kits (labels given in class for kits)
- Give supplier at least a 3-day notice if more supplies needed
- Storing PICC supplies
  - Avoid kitchen and bathrooms
  - Keep supplies in a plastic container with a lid
  - Store in clean, dry space
  - Keep out of reach of children
  - Some medication may need to be refrigerated, keep separate from food items (in a ziplock bag or plastic bin inside fridge)

### Safety tips

- Keep PICC line dressing clean, dry, intact
- No swimming or submerging site in water
- Showers ok with PICC covered (we recommend Saran wrap or Glad Press 'n Seal plastic wrap, tape edges with medical tape)
- Wrap line with a washcloth & tape edges then wrap in Press 'n Seal™.
- Only use medical tape!
- Do not reuse supplies
- Cover PICC line with long sleeve, loose clothing
- Two caregivers may be needed to give meds (small children)
- Inform school nurse if your child has a PICC line in school

- Carry an emergency kit (RN please prepare before DC home)
  - gauze, alcohol, blue clamp, tape

### **Problem Solving**

There is a table for reference in the PICC Home Care handout on SharePoint (APPLE).

### **Infection**

- Check skin around PICC line at least once a day
- Signs of infection: fever, chills, soreness, redness, swelling, pus at site
- Take child's temperature (If onc, take temperature before giving acetaminophen & daily temps may be necessary)
- Call the doctor or go to the ED

### **Phlebitis**

- Red or tender upper arm
- May see a streak of red on the upper arm
- Child may be unable to move arm or leg
- Apply warm packs for comfort 3 to 5 times a day
- DO NOT USE HOT PACKS
- Call the doctor or go to the ED

### **Tape Allergy**

- Red skin or rash around dressing
- Irritated skin under dressing, may be itchy
- Notify nurse to check skin
- May need a different type of tape/dressing



**PICC will not flush**

- Check line → may be clamped, twisted, or bent
  - Move clamp location slightly with each use to prevent breakdown of the line
- Line may be clotted
- NEVER USE FORCE
- Call the doctor or go to the ED

**PICC is leaking**

- Make sure cap is tightened
- Check line for tears
- If you find a leak:
  - Wrap in sterile gauze
  - Use blue clamp to clamp line or fold line in half and tape to skin
- Call the doctor or go to the ED

**What happens if the PICC comes out?**

- If partly out:
  - DO NOT PUSH BACK IN!
  - Tape in place, come back into the hospital to check placement. Do not use!
- If completely out:
  - Put sterile gauze over the site, tape
  - Put pressure until bleeding stops
- In both cases call the doctor or go to the ED
  - If PICC completely out, bring PICC line to ED with patient (place in ziplock bag)



**Cap comes off**

- **NEVER** replace dirty cap
- Clamp line right away
- Wash hands and clean hub with alcohol pad for 20 seconds/dry for 10 seconds
- Cover hub with sterile gauze and tape to secure
- Call doctor/nurse or go to the ED-you need a cap change

**Flushing**

- PICC line flushed at least once a day, before and after medication
  - Preferably in the morning so problems can be fixed early
  - If the child has 2 lumens, make sure to flush both daily
- Saline flush 10 ml (or less depending on size of child, usually 5-10ml)
- Heparin dose based on weight
  - Heparin flush 30 units/3ml child <12kg/26lbs
  - Heparin flush 300 units/3ml for >12kg/26lbs
- Heparin syringe comes with 5 ml → only need 3 ml, teach caregivers to push out 2 mL before giving the heparin.

**S-A-S-H**

A way to remember the steps of giving medications:

**S** = Saline

**A** = Antibiotic or administer medicine

**S** = Saline flush

**H** = Heparin flush

**FLUSHING THE PICC LINE**

1. WASH HANDS
2. Gather supplies.

3. Clean work area with alcohol, antibacterial wipes, alcohol wipes or vinegar and allow to **air dry**.
4. Open packages and place supplies on clean work area
5. Open PICC clamp
6. WASH HANDS or use hand sanitizer
7. Clean cap with alcohol for 20 seconds and air dry for 10 seconds
8. Without letting go off the PICC, pick up the **saline** syringe and with the cap on, pump the barrel of the syringe
9. Take off the cap and push the air gently out of the syringe
10. Attach the syringe, flush with 5-10ml saline, and remove empty syringe
11. Clean cap with a new alcohol pad, pick up the heparin syringe and with the cap on, pump the barrel of the syringe.
12. Remove the air from the syringe. Discard 2mL heparin. Flush 3ml heparin. Remove the syringe.
  - a. **Reminder:** discard 2ml of heparin prior to flushing (only 3ml needed)
13. Clamp the PICC line.

Feel free to contact the nurses in the Family Resource Center  
for any questions or concerns (x17698):

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