

PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) CHECKLIST

| SIGN IN <i>To be completed by the individual conducting the procedure prior to scrubbing</i> | TIME OUT <i>To be read out loud by the assistant before invasive part of procedure is commenced</i> | SIGN OUT <i>To be read out loud by the assistant before anyone leaves the procedural area</i> |
|--|---|--|
| <input type="checkbox"/> Confirm all individuals have introduced themselves. <input type="checkbox"/> Confirm patient identity and procedure. | <input type="checkbox"/> Confirm the operator is wearing hat, gown, mask, goggles and gloves after full 'scrub'. | Number of PICC line packs used: <i>Note: if >1 pack used, check for multiple guidewires.</i> |
| Clinical setting: <input type="checkbox"/> Elective <input type="checkbox"/> Emergency | Skin cleaned with 2% Chlorhexidine in 70% alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No, give reason: | Confirm: <input type="checkbox"/> Guidewire removed (should be witnessed by assistant). <input type="checkbox"/> Operator disposes all sharps safely. <input type="checkbox"/> All lumens aspirated and flushed. <input type="checkbox"/> Caps/needle free connectors placed on all lumens. <input type="checkbox"/> Post-insertion observations performed and recorded. |
| Check consent: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision. | Confirm: <input type="checkbox"/> Sterile drapes in place. <input type="checkbox"/> PICC and equipment open and sterile. <input type="checkbox"/> Sign on the door/screen to prevent interruptions. | |
| Does the patient have a known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: | Assistant to: <input type="checkbox"/> Apply tourniquet when required. <input type="checkbox"/> Give patient reassurance throughout procedure. | Confirm: <input type="checkbox"/> PICC line secured with StatLock®. <input type="checkbox"/> PICC line secured with SecurAcath®. |
| Full Blood Count (FBC) reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No, give reason: | Ultrasound with sterile sheath being used? <input type="checkbox"/> Yes <input type="checkbox"/> No, give reason: | Confirm: <input type="checkbox"/> Tegaderm CHG (or equivalent) dressing applied. <input type="checkbox"/> Documentation/pathway initiated. |
| <input type="checkbox"/> Confirm optimum insertion site selected (inspection and/or ultrasound). | Plans to confirm venous placement of introducer needle or guidewire before dilatation: <input type="checkbox"/> Venous return. <input type="checkbox"/> Ultrasound. | Chest X-ray requested? <input type="checkbox"/> Yes <input type="checkbox"/> No, give reason: |
| Appropriate staff available: <input type="checkbox"/> Trained operator OR <input type="checkbox"/> Supervised <input type="checkbox"/> Trained assistant present. | | Confirm: <input type="checkbox"/> PICC is secure. <input type="checkbox"/> Patient has information relating to caring for their PICC. |
| Confirm: <input type="checkbox"/> Observations performed and recorded. <input type="checkbox"/> All equipment including ultrasound (if being used) available. <input type="checkbox"/> Patient positioned appropriately. | | |
| AFFIX BAR CODED PATIENT LABEL HERE | Signature and printed name Operator: _____ Date: _____ Assistant: _____ Time: _____ Supervisor (if present): _____ Location: _____ | |
| | Specialty Documents  | |

PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) CHECKLIST

This LocSSIP applies to all PICC line insertions undertaken in Chemotherapy Day Unit, UHND and Ward 42, DMH.

Must-do procedural steps

1. To ensure compliance with best practice:
 - a. CDDFT's PICC insertion pathway and procedural checklist **must** be used.
 - b. The *operator* **must** dispose of all sharps before leaving the procedural area.
2. To eliminate the risk of guidewire retention (**A NEVER EVENT**):
 - a. When the needle, dilatator or catheter is being inserted or manipulated, part of the guidewire, if present, **must** be visible and held by the individual performing the procedure.
 - b. Confirmation of guidewire removal **must** take place and be recorded at the SIGN OUT.
3. To reduce the risk of catheter-related infections:
 - a. The insertion site **must** be cleaned with 2% chloraprep in 70% alcohol.
 - b. Sterile drapes and a sterile ultrasound probe sheath **must** be used.
 - c. The operator **must** fully 'scrub' and **must** be wearing a hat, gown, mask, goggles and sterile gloves throughout the procedure.
 - d. Needle-free connectors **must** be placed on all catheter lumens.
 - e. A Tegaderm CHG dressing **must** cover the catheter at the insertion site.
4. To reduce the risk of arterial puncture and other sources of bleeding:
 - a. Blood results **must** be checked and abnormalities (e.g. thrombocytopenia) corrected if indicated.
 - b. If available, an ultrasound guided method **must** be used to visualise the vascular structures, needle, guidewire and catheter position.
5. To reduce the risk of unrecognised cardiac arrhythmias:
 - a. ECG monitoring is **recommended** during insertion. This will be in the form of the ***Sherlock 3CG Tip Confirmation System***.
6. To minimise the risk of the PICC line being accidentally dislodged:
 - a. The PICC **must** be secured to the patient using StatLock/SecurAcath.

Associated guidelines: Care Group Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.