



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) and MIDLINE CATHETERS

Policy No.: B876
Supersedes: 09/05/18
Revision Date: 03/03/22
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PURPOSE

To outline the policies and procedures for safe placement of Peripherally Inserted Central Catheter (PICC) and Midline Catheters.

DEFINITIONS:

1. **PICC** is a central venous access device inserted into the basilica, cephalic or median cubital veins for the purpose of providing long term intravenous access. The tip of the PICC is positioned in the superior vena cava, above the right atrium. A chest x-ray is required to verify the tip placement of the catheter. An order must be written prior to the use of the PICC.

PICC INFUSATES: Any IV infusion that is acceptable for use in a Central Line Catheter may be infused through a PICC.

PICC CAUTION:

- Verify manufacturer's guidelines or contact PICC certified personnel for advice prior to using power injection of radiological contrast through the PICC.
- Procedure note must include original length of catheter and if trimmed, the length of the catheter removed.

MIDLINE CATHETERS are peripheral venous access device inserted into the basilica, cephalic or median cubital veins for the purpose of providing short term intravenous access. The tip of the Midline ends below the level of the axillary line. A chest X-ray is not a requirement to verify the tip placement of the catheter.

MIDLINE INFUSATES: Any IV infusion that is acceptable for use in the peripheral IV or angiocatheter may be infused through a midline.

2. MIDLINE CAUTION:

- It is NOT recommended to infuse vesicants, corrosives, or IV fluids with pH<5 or >9 or hyperosmolar IVs>500mOsm through the midline. It is recommended to notify pharmacy of Midline insertion so that pharmacist may recommend appropriate pH or osmolarity of IV fluids or infusates administered through Midlines.

EFFECTIVE DATE: October 2012

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

- The catheter must be clearly labeled as a midline. Procedure note must include original length of catheter and if trimmed, the length of the catheter removed.
- Midlines can be used for blood draws.

TRAINING AND COMPETENCY:

The insertion of Peripherally Inserted Central Catheter (PICC) and Midlines are performed by trained Physicians, Radiologists, Physician Assistants (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Nurse Anesthetist (CRNA), and Registered Nurses (PICC Nurse) qualified or certified for such procedure.

All personnel must follow facility/departmental bylaws in earning privileges to perform procedures at Rancho including PICC and Midline insertion.

Registered Nurses must pass a PICC certification written exam; 10 hours of proctoring by a PICC qualified or certified personnel; and demonstrate three successful PICC insertions to earn the designation of certified PICC Nurse. Any certified PICC personnel may also insert Midlines. PICC nurses may insert, or remove, PICCs or Midlines independently. The physician or radiologist has medical oversight of the PICC Nurse. Additionally, PICC Nurses must pass an annual PICC skills validation review by the physician or radiologist to retain PICC certification at Rancho.

Registered nurses with outside PICC certification must demonstrate clinical competency by performing three successful and safe PICC insertions under the supervision of Rancho PICC certified personnel.

PROCEDURE:

A. Insertion:

1. Insertion of the PICC requires the patient's (or surrogate's) informed consent and physician order. The physician is responsible for obtaining informed consent for the PICC line procedure performed by the PICC nurse. PICC-certified personnel must adhere to Central Venous Catheter Protocol, Universal Protocol, and Infection Control measures including hand hygiene and maximum sterile barrier.
2. In the event that the patient's anatomy or other circumstance does not allow for a PICC line to be inserted and the patient does not have any other peripheral access for needed treatment, a midline may be placed by the PICC certified personnel. Midline catheters must be clearly labeled as "Midlines."
3. The personnel who inserted the PICC or Midline must document the procedure in the medical record, including but not limited to the line measurement from insertion point, type of catheter, lot number, arm circumference, number of attempts, and site details.

B. Removal:

1. Any physician or a trained registered nurse may remove a PICC line when ordered by a provider.

2. The person removing the PICC line must document in the medical record the integrity and the length of the catheter removed.
3. The physician must be notified immediately to assess patient and consider ordering chest x-ray if there is suspicion that a portion of the catheter was retained during removal of PICC line.

C. Care, Maintenance, and Complications:

1. Care and Maintenance of PICCs and Midlines are the responsibility of the primary nurse assigned to the patient. Central Venous Catheter protocol shall be utilized for PICC lines.
2. An RN or physician may perform declotting of PICC lines. Alteplase is not to be used in midline catheters
3. The physician must be notified immediately of cardiac arrhythmias, respiratory distress, catheter or wire emboli, catheter malposition, excessive bleeding/redness/swelling at insertion site, hyperthermia, numbness or tingling sensation in arm/hand, pain in the chest, neck or ear, following a PICC or Midline insertion.

REFERENCES: Rancho Policy B845: Central Venous Catheter Insertion and Management Guidelines
Rancho Policy B504.5: Universal Protocol
Website: www.CDC.gov: Guidelines for the Prevention of Intravascular Catheter Related Infections, 2011
AACN Procedure Manual for Critical Care (7th ed). Philadelphia: Saunders

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