

**PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) REMOVAL  
PROCEDURE**

**PURPOSE:**

To outline nursing responsibility in the safe removal of PICCs.

**SUPPORTIVE DATA:**

PICCs are removed by providers or certified RNs approved by the Department of Nursing Services upon provider's order. This procedure pertains to removal of PICCs only.

**EQUIPMENT LIST:**

- Eye protection
- Gloves (1 pair)
- Clean 2x2 gauze pads (2)
- Transparent Dressing (1)
- Chlorhexidine scrub (1)
- Povidone-iodine swab (1) only if allergic to chlorhexidine

**STEPS**

**KEY POINTS**

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|---|--|
| 1. Verify provider's order for removal.   |  |
| 2. Explain procedure and encourage patient to relax.  | When relaxed, there is less risk of vasospasm, which contributes to the difficulty in removing PICCs.  |
| 3. Perform hand hygiene and put on gloves.  |  |
| 4. Place patient in a semi-fowlers position with arm at a 45-90° angle from body.               |  |
| 5. Ensure all intravenous (IV) fluids infusing into PICC line have been discontinued.           |  |
| 6. Carefully remove dressing from insertion site.   | If signs and symptoms of infection are present, notify provider. Provider may request cultures of catheter and site.   |
| 7. Clean insertion site vigorously with chlorhexidine scrub for a <b>minimum</b> of 30 seconds. | If allergic to chlorhexidine, clean insertion site vigorously in a circular motion with povidone iodine swabstick. Allow to air dry for approximately 2 minutes. |
| 8. Place 2x2 gauze over insertion site without applying pressure to site.                       |  |

### STEPS

9. Withdraw catheter slowly using short (2-3 cm), gentle strokes without applying any pressure to the cannulated vein or upper arm.
  - Closely observe the insertion site and upper extremity throughout procedure
10. STOP at the first sign of resistance.
  - Do not apply tension
  - Stabilize catheter
  - Apply warm compress over the catheter track until the catheter can be removed (usually 15-30 minutes)
  - Reposition the extremity, keeping the patient comfortable and relaxed, and attempt to remove catheter
  - Notify provider if resistance is met during second removal attempt
11. Apply digital pressure until bleeding stops.
12. Place second gauze over site and apply a transparent dressing.
13. Check the catheter length and compare to length during insertion (PICC procedure note). Also check for any damage to the catheter.
14. Notify provider if catheter has broken off inside patient or if any of the following symptoms occur:
  - Respiratory distress
  - Increased anxiety
  - Hypotension
  - Cyanosis
15. Do the following if any of the above occur:
  - Place patient in left lateral Trendelenburg position
  - Provide oxygen and monitor pulse oximeter (as ordered)
  - Place on cardiac monitor
  - Start intravenous access (as ordered)
16. Monitor patient closely for change in condition a minimum of 5 minutes.

### KEY POINTS

Catheter may rupture if excessive tension is applied. Excessive tension and stretching may also damage the vessel wall.

Applying a warm compress should cause the vein to relax and release the catheter.

Lines that have been in place for approximately 9 months or longer may be difficult to remove due to adhesion to the vessel wall.

Observe site for 5 minutes for any further signs of bleeding.

The power PICC (purple) catheter is an open-ended catheter and will not have an identifiable tip. Review Central Line Insertion Procedure (CLIP) note to identify the length of the catheter that was inserted, and compare it to the length of the catheter removed.

**STEPS**

**KEY POINTS**

17. Document the procedure, noting the following:
- Length of catheter that has been removed
  - Length of time digital pressure applied
  - Application of dressing
  - How patient tolerated the procedure

18. Inform primary nurse to remove dressing 24 hour after removal

For outpatients, instruct the patient to remove dressing 24 hours after the PICC removal

Initial date: 09/06	Reviewed and approved by:	Revision date: 1/20
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