

## I-240 PICC Line Dressing Change

### Purpose

Prevent infection.

Stabilize catheter position.

Monitor site and assure catheter integrity.

### Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): \_\_\_\_\_

### Equipment/Supplies

- 4 alcohol swab sticks.
- 3 Povidone-iodine Swabstix.
- Skin prep packets.
- Sterile 2 x 2 gauze dressings.
- Transparent dressing.
- 1 pair sterile gloves.
- 1 pair non-sterile gloves.
- Masks (per agency protocol).
- Heparin flush 100 units per ml (2ml).

### Special Considerations

- PICC line dressing changes will use sterile technique.
- The initial dressing (after first 24 hours) should have a gauze dressing just above the insertion site to wick away any drainage.
- The entire hub and extension set should be covered by the dressing.
- If no drainage after the first 24 hours, a transparent, permeable membrane dressing will be used to prevent migration of the catheter from the exit site.
- Dressings must be changed more frequently for clients who are very active or perspire profusely.
- Dressing changes will be done weekly or per agency protocol and as needed if dressing becomes loose or soiled.

### Procedure

1. Obtain physician orders.
2. Explain the procedure to the client.
3. Wash hands. Refer to Hand Washing Procedure.
4. Assemble equipment.
5. Don mask per agency protocol.

6. Don non-sterile gloves.
7. Loosen edges of transparent dressing and carefully remove. Note drainage and appearance of the catheter.
8. Inspect catheter insertion site for signs of redness, swelling, inflammation, tenderness, or exudate.
9. Inspect catheter and hub for any kinked or weakened areas. Note length of catheter exposed.
10. Discard old dressing; remove non-sterile gloves and dispose of as outlined in the Agency Waste Disposal policy.
11. Don sterile gloves.
12. Clean exit site with 3 alcohol swab sticks, starting at exit site and moving outward in a circular fashion, maintaining strict aseptic technique. Cleanse a 5-10 cm area.
13. Repeat procedure, using Betadine swab sticks.
14. Let Betadine solution dry. Do not wipe off.
15. Cover site with sterile transparent dressing, making sure to cover the extension set.
16. If drainage is present, cover site with a sterile gauze dressing under the transparent dressing for 24 hours. *Routine use of gauze on PICC may cause migration of the catheter. Therefore, it will not routinely be used.*
17. If any tubing extends from where the transparent dressing ends, tape the tubing to anchor the catheter.
18. Use heparin flush to heparinize the new clave connector.
19. Cleanse end of the extension set and old connector with alcohol.
20. Close clamp on the extension set.
21. Remove old clave connector; cleanse end of extension set with alcohol swab for 30 seconds.
22. Replace clave connector to end of the extension tubing and secure connection.
23. Flush the catheter vigorously with 2 ml of heparin solution 100 units per ml.
24. Dispose of soiled equipment and supplies as outlined in the Agency Waste Disposal policy.

### Documentation Guidelines

Document in the clinical record:

1. Appearance of the site.
2. Patency of line and flush solutions used.
3. Date and time of the dressing change, and type of dressing applied.

4. Length of catheter visible at exit site.
5. Any physician notification.
6. Plan for next dressing change.
7. Any client/caregiver education and their response.

**Related Procedures**

Flushing Central Venous Access Devices

**Policy History**

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