Caring for your Child’s PICC

Your child is going to have a Peripherally Inserted Central Catheter (PICC) inserted into a vein in the arm. This handout is to teach you about getting ready for placement and care of the PICC. If you have any questions or concerns, please feel free to ask your child’s doctor or nurse.

What is a PICC?

A PICC is a flexible hollow tube placed in a vein in the arm, most often above the elbow. The PICC is about 18 to 24 inches long and extends into the large vein towards the heart. A PICC can be left in for a longer period of time than a peripheral catheter (IV). There are one, two, or three lumens at the end of the PICC where medicine and fluids can be given and labs can be drawn.

The PICC can be secured in place by two different devices. One device is called a Statlock® and the other is called a SecuraCath®. When planning to place your child’s PICC, the team will discuss the two devices with you. A Statlock® is a device that clips around the catheter and sticks to the arm with adhesive. The Statlock® is changed with every dressing change. SecuraCath® is a device that is placed under the skin to secure the line in a different way. This device stays in place for as long as the PICC stays in and can be easily lifted to be cleaned during dressing changes.

Who decides if or when a PICC is needed?

Your child’s doctor will decide if a PICC is needed based on the therapy your child needs. A PICC is often used for children who need long term antibiotics, chemotherapy, fluid or Total Parenteral Nutrition (TPN) given at home.

What are the benefits of a PICC?

- **Comfort:** When your child has a PICC, it takes away the need to be stuck for frequent IV changes or most lab draws.
- **Independence:** The PICC may allow your child be treated at home instead of the hospital.

What is the process?

After the doctor decides that a PICC is the best course of therapy for your child, a child life specialist may come to your child’s room to talk with you and your child about getting a PICC. This specialist will also work with you and your child to decide a developmentally appropriate distraction method. At this time, parents should also think about if they would like to be present with their child for the procedure. Then, a PICC team nurse comes to your child’s room. This nurse is specially trained in placing PICC lines. The nurse will look at your child’s arm and decide on one or two veins that will work best.

How can I best comfort my child?

There is some discomfort having a PICC placed, similar to an IV placement. Even though the catheter sits in the vein near the heart, your child should not have any chest pain. Distraction methods such as listening to music, singing, breathing exercises, and watching TV may also be helpful.

Will my child be asleep?

With the help of numbing and relaxing medicines, and preparation from the child life specialist, most children do not need sedation. Small children may need to be sedated. After the child life specialist,
nurse, and doctor talk with you and your child, the best choice is made based on the situation. If it is decided that sedation is the best option for your child, the doctor will go over the risks and benefits and types of sedation.

Can you explain the procedure for placing a PICC?

Just to remind you, every situation will be a little different. Not all children want to use topical creams and not all children need medicine to help them stay calm. Your child is evaluated and a personalized plan is created. Below is one example of what might happen:

If needed, about 30 minutes before the PICC is placed the nurse may have your child take an oral medicine called midazolam for relaxation. Other methods of pain relief and distraction include I Spy books, iPad games, and stress balls.

The person placing the PICC sets up while a child life specialist or another member of our staff distracts your child. The nurse cleans your child's arm with antiseptic soap and puts drapes over the area. PICC placement is a sterile procedure, so it is very important that your child does not touch the area where the nurse is working. You and your child will be asked to wear masks in the room.

After everything is set up, a small needle is used to guide the soft catheter into the vein. A small camera is used to see the vein. Once the nurse is sure that the PICC is in the vein, the needle is removed, leaving only the soft catheter behind. A dressing is placed and an x-ray is taken of your child's arm to ensure that it is in the right spot before use.

How Do I Care For and Change the Dressing?

While your child is in the hospital, a nurse changes the dressing every 7 days or more often if the dressing becomes wet, soiled, or loose. A friend or family member may be taught how to change the dressing at home as well. At home the dressing will also be changed every 7 days. Your child most likely will be sent home with a transparent dressing, BioPatch®, and securement device. There is the possibility your child will be sent home with a different type of dressing called a 3M CHG dressing. If the 3M CHG dressing, transparent dressing, StatLock® device, or BioPatch® becomes loose, wet, or soiled, the whole dressing must be changed. If the 3M CHG dressing needs to be changed, the dressing will be replaced with the transparent dressing, BioPatch®.

Supplies: Central Line dressing kits contain these items except where noted.

- Exam gloves (not included in central line kit)
- Sterile gloves
- Masks
- Alcohol swab sticks
- ChloraPrep® skin antiseptic
- Skin prep
- StatLock® PICC Plus (not included in central line kit)
- BioPatch® (may need to be added based on which kit you get from your home infusion agency)
- Transparent dressing

How to change the sterile dressing
1. Gather all supplies.
2. Wash your hands well with soap and water for 30 seconds. Dry your hands. Apply exam gloves and place a mask on yourself and the child.
3. Take off the dressing by rolling the corners of the dressing furthest from the insertion site and pull outward lifting the transparent dressing up off the skin. Use alcohol pads or swabs to help loosen the dressing. Use a similar technique for the 3M CHG Dressing, by removing from the edge towards the insertion site.
of the PICC. If the CHG pad is sticking, use an alcohol pad or a few drops of 10 mL Normal Saline 0.9% syringe on the CHG pad.

4. Use an alcohol pad to separate the dressing from the BioPatch® to avoid pulling the catheter out. Remove the transparent dressing and BioPatch®. Be sure to secure the catheter.

5. Look at the insertion site for redness, swelling, or drainage. Check to see if the catheter has moved out of the skin. If it has slipped out more than an inch call your home care nurse or medical provider. Never try to slip the catheter back in the vein, because it may give you an infection or kink your catheter.

6. To remove the StatLock®, follow these steps.
   a. Stabilize the catheter by placing a gloved finger over the transparent dressing at insertion site.
   b. Stabilize one side of the StatLock® doors with the thumb of the same hand pushing on the catheter.
   c. Open the opposite door using the overhang on the bottom of the door (not the center).
   d. Switch hands and repeat.
   e. Gently remove the catheter from the StatLock®.
   f. Using alcohol, soak an edge of the StatLock® until a corner is lifted. Allow the alcohol to seep under the pad and dissolve the adhesive. Do not force or pull the pad off, let the alcohol do the work to dissolve the adhesive.

7. If using a SecuraCath® device, do not remove the device with dressing changes. Simply clean the SecuraCath® device with chlorhexidine on top and bottom of the device. The device can be lifted off the skin to clean but do not twist or rotate the device.

8. Take off your exam gloves and wash and dry your hands. While doing this remember to never turn your back to your child.

9. Open sterile supplies, including StatLock® kit (if necessary) and put on sterile gloves.

10. Remove dried blood or debris with alcohol wipes or swabs.

11. Activate the Chloraprep® applicator to release the liquid into the sponge pad. Please note that your home kits contain 3 swabs. Do not touch the pad/swab. Gently press the sponge/swab against the skin near the catheter PICC site until you can see the liquid on the skin. Use a back-and-forth friction rub for 60 seconds to all skin and catheter areas being covered by the dressing. Take care to clean the catheter and wings on both sides. While doing this remember to keep at least one glove sterile. Let air dry for at least 30 seconds. Do not blot, wave at, or blow-dry the area.

12. Apply skin protectant where the StatLock® anchor and transparent dressing will touch the skin. Allow to dry.

13. Place the BioPatch® dressing around

   

the catheter site – blue, grid side up; foam side down on skin. The slit in the BioPatch® should be placed in line with the PICC.

14. Loosen doors of the StatLock® by opening and closing them once. Make sure the paper backing is not stuck to back of the StatLock®.

15. Place catheter wing securement holes over posts of the StatLock® and close plastic doors one at a
16. Place anchor pad over prepped securement site. Peel away paper liner, one side at a time, pressing the pad in place.

17. Apply sterile transparent dressing over site.

18. Apply dressing change label to indicate when the dressing is to be changed.

Example of Correctly Dressed PICC Site

How Do I Flush the PICC?

Your child’s PICC should be flushed and checked for blood return every day. If you are not going to give medicines at home, you will check for blood return and flush your child’s line with heparin once every 24 hours. If your child needs medicine given at home then you should use the SASH method (Saline, Administer medication, Saline, Heparin). Your nurse may tell you to flush the PICC more often if needed.

Supplies

- 10 mL Normal Saline 0.9% Flushes
- Needleless (MicroClave® Clear) connector
- Sharps® container
- 5 mL Heparin Flush

1. Clean the top of the needleless (MicroClave® Clear) connector with an alcohol wipe using a “juicing” method for 15 seconds. Allow to dry for 15 seconds while holding the needleless connector, and not allowing anything to touch the top of the connector until attaching the flush syringe. If anything touches the top of the connector before attaching the flush syringe, stop and repeat this entire step before proceeding to step 2.
2. Connect the flush syringe to the end of the clamp. Make sure that the clamp on the line is open.
3. Push gently and steadily on the plunger using a push-stop-push method, clamping the catheter after you complete the flushing. **Note:** The PICC should flush easily. If you find it is hard to push the fluid in, check to make sure the clamp is open and that the catheter is not kinked. If it is still hard to push the fluid in, **do not force the plunger.** Call your child’s home care nurse or doctor.
4. Remove the syringe and discard it in the sharps container. At home, you may double bag syringes without needles.

**How Do I Change the Needleless Connector?**

The needleless connector on your child’s PICC is changed using a sterile technique every three days while in the hospital. At home, the needleless connector can be changed once a week if your child is not immune compromised. If your PICC is used for blood draws, it needs to be flushed with 10 ml normal saline after each blood draw using a push-stop-push method. After flushing, if you can see blood in the needleless connector, remove the connector and replace with a new one.

**Supplies**
- 10 mL Normal Saline 0.9%
- Needleless (MicroClave® Clear) connector
- Alcohol Wipe
- Sharps® container
- Gloves

1. Wash your hands and apply gloves. Remove the plastic cover from the saline syringe. Push the air out of the syringe.
2. Connect the syringe filled with saline to the end of the new needleless connector. Twist on completely. Push a small amount of saline into the needleless connector to ensure there is no air present. If the tip of the syringe or the new needleless connector touches anything other than the end of the catheter, **stop,** and replace the syringe.
3. Take the alcohol wipe and clean the connection between the end (bottom) of the old needleless connector and the PICC. Clean for 15 seconds using a twisting method and let dry for 15 seconds.
4. Remove the blue plastic end from the needleless connector. While keeping the PICC clamped, remove the old needleless needleless connector and twist on the new one.
5. Unclamp your catheter.
6. Push gently and steadily on the saline syringe plunger using a push-stop-push method, clamping the catheter as you complete the flushing. **Note:** The PICC should flush easily. If you find it is hard to push the fluid in, check to make sure the clamp is open and that the catheter is not kinked. If it is still hard to push the fluid in, do not force the plunger. **Call your child’s home care nurse or doctor.**
7. Remove the syringe. Discard the syringe in the sharps container. At home, you may double bag syringes without needles.

**Things to remember when you have a PICC**
- Avoid having your child’s blood pressure taken on the arm with the PICC.
- Close the clamp when catheter is not in use.
- **Do not** re-use any products including syringes, caps, devices, etc.
- Call your child’s home care nurse or medical provider if your child has a fever of 100.4º F or 38º C or greater.
- Call your child’s home care nurse or medical provider if you notice swelling, redness,
drainage, or pain at the catheter insertion site or anywhere up the arm.

- Wrap your child’s arm in plastic wrap to cover the line and keep the needleless connector and exit site from getting wet for showers. Glad® Press and Seal works well. Be sure to change the dressing or the connector if you feel it got wet in the shower.
- Change the dressing, Biopatch, and StatLock® device any time it gets wet, loose, or soiled.
- The PICC may be used for most blood draws.
- Do not use scissors near the PICC or to remove the dressing.
- If your child is on a pump, put the tubing under clothing so it does not get caught on furniture.
- If the PICC breaks, put a belt or tourniquet snugly on your child’s upper arm near the shoulder and go to the closest emergency room. Your child’s infusion company may give you an A-clamp.
- Problems, though rare, do occur. If you have any questions about your child’s PICC, please contact your child’s doctor or home care nurse or medical provider.

Nurse: ________________________________________________________
Doctor: ______________________________________________________
Phone: ______________________________________________________
Name of Home Care Company: __________________________________
Home Care Company Phone Number: ______________________________
Date Catheter Inserted: _____________________________
Catheter Brand: _____________________________
Catheter Lot Number: _____________________________
Catheter Fr/Gauge: _____________________________
Trimmed Catheter Length: _____________________________
Date of Last Dressing Change: _____________________________
## Summary for Home Care

<table>
<thead>
<tr>
<th>What</th>
<th>If no Medicines infuse through PICC</th>
<th>If medicines will infuse through PICC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dressing change</td>
<td>Every 7 days and anytime the dressing or BioPatch dressing becomes wet, loose or soiled. Every 2 days if a gauze dressing is used.</td>
<td>Every 7 days and anytime the dressing becomes wet, loose or soiled. Every 2 days if a gauze dressing is used.</td>
</tr>
<tr>
<td>Flush</td>
<td>Check for blood return and flush every 24 hours.</td>
<td>Use SASH method with each medicine. Saline Administer medicine Saline Heparin</td>
</tr>
<tr>
<td>Change needleless (MicroClave® Clear) connector</td>
<td>Every 7 days if not immunocompromised. Every 3 days</td>
<td>Every 7 days if not immunocompromised. Every 3 days</td>
</tr>
<tr>
<td>Accessing the needleless MicroClave® Clear connector</td>
<td>Clean the top of the needleless connector with alcohol wipe using a “juicing” method for 15 seconds and allow to dry for 15 seconds.</td>
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Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2016 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#7595.