
Basic PICC/Midline
Insertion
Log
and Training Record

PICC Excellence, Inc.
Hartwell, Georgia

www.piccexcellence.com

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BASIC PICC/MIDLINE INSERTION LOG

PICC EXCELLENCE, INC.

PICC/Midline Insertion Log and Training Record

Name: _____

Address: _____

City/State _____

Zip _____

License: _____

State: _____

Phone: _____

Fax: _____

Email: _____

If you find this log, please contact the above individual to coordinate its return or call

PICC Excellence at 888-714-1951

info@piccexcellence.com

Goals of the Logbook

This logbook is designed to help you keep track of your insertion history, to allow others to verify your initial training and supervised insertions, and to have a record of insertions in case there is a legal need to recall a particular insertion, this record can also act as a tool for outcome monitoring.

With so many medical professionals inserting PICC's and Midlines there needs to be a way to identify those who seek our knowledge, always trying to update and enhance their information. This logbook can provide a record to show training with PICC's and Midlines. Many people attend Basic workshops on PICC's and Midlines, never completing their supervised insertions. This logbook can provide a record of the completion of the supervised insertions. The information contained in the insertion record can enhance your memory in legal cases requiring information on the PICC Line insertion. The logbook can provide a record of the patient insertion information without compromising patient confidentiality. The insertion record can act as outcome information, if recorded completely, Helping to track complications and problems whether device related or procedural.

Here's to wishing you the very best safe success in your practice!

Nancy Moureau, BSN,CRNI,CPUI,VA-BC

PICC Excellence, Inc.

PICC EXCELLENCE

SAFE PICC PRACTICES

To provide a high level of safety with every insertion, I should:

- 1. Endeavor to educate myself on industry and clinical changes dealing with PICCs and Midlines.*
- 2. Maintain membership or affiliation with at least one professional organization, such as AVA, INS, LITE, NHIA, NKA, NAVAN, ONS, and/or SCVIR.*
- 3. Use meticulous sterile technique practices in all insertion procedures, never allowing others or myself to compromise sterility or the patient's safety.*
- 4. Obtain informed consents from patients requiring insertions, providing complete information on benefits and risks.*
- 5. Perform thorough documentation of all procedures and care relating to PICC and Midline catheters.*
- 6. Support continuous quality improvement and outcome monitoring for PICC/Midline practice.*
- 7. Be aware of manufacturer usage recommendations for each PICC and Midline product I insert.*
- 8. Know and follow all standards and guidelines for PICC/Midlines practice.*
- 9. Provide accurate information to this logbook record and PICC Excellence files.*
- 10. I have read and agree with the above statements. I understand PICC Excellence, Inc. is absolved of all liability associated with my practice and acts solely as a centralized registry and education information source.*

Signed _____

Date ___/___/_____

PICC EXCELLENCE, INC

Verification of Completion and Insertion History

Verification of course attendance/completion and insertion history is made by one who has direct knowledge of the course or insertion. Signatures are accepted from:

- The Instructor
- Your Supervisor
- Your Director
- Physician on Staff

Verification requires that the individual is aware of the attendance or insertion history and is willing to confirm this when contacted.

Preceptor/Supervisor Qualifications

The nurse/physician providing direct supervision of PICC/Midline insertions will need to meet the following requirements:

- Be a licensed RN/MD, providing proof of license and State of association.
- Be familiar with central line insertions inclusive of peripherally inserted central catheters (PICCs).
- If a nurse, must have attended a basic PICC training program and inserted at least 5 PICC Lines
- A Physician, preferably, would be currently inserting central lines or have up to date knowledge of PICC lines

BASIC PICC/MIDLINE TRAINING CLASSROOM or SELF STUDY RECORD

Basic Section 1 – Introduction

- Definitions
- Dwelltime and uses
- History
- Legal issues
- Reimbursements
- Continuous Quality Improvements
- Professional Associations

Knowledge Assessment Questions Section 1

Date Completed ___/___/___

Signature _____

Basic Level 2 – Insertion

- Current Products and Differences
- Insertion Devices
- Infection Control / Universal Precautions
- Insertion Supplies
- Patient History and MD Orders
- Education / Informed Consents
- Insertion Procedure
- X-Ray confirmation

Knowledge Assessment Questions Section 2

Date Completed ___/___/___

Signature _____

BASIC PICC/MIDLINE TRAINING RECORD

Basic Level 3 – Patient Selection

- Decision Trees
- Indications
- Contraindications
- Benefits
- Anatomy of Veins and Valves
- Premedications
- Measurements

Knowledge Assessment Questions Section 3

Date Completed ___/___/___

Signature _____

Basic Level 4 – Care and Maintenance

- Basic Care and Flushing
- Blood Draws
- Dressings and Securement
- Catheter Repair and Removal
- Complications
- Prevention
- Student Questions and Test

Knowledge Assessment Questions Section 4

Date Completed ___/___/___

Signature _____

VERIFICATION OF COMPLETION BASIC PICC / MIDLINE INSERTION COURSE

I verify that I _____ have attended/completed a Basic PICC/Midline program, that the information contained in this logbook is factual. I have/will have the certificate of attendance within my personal files to verify my attendance.

Signature _____

License # _____

Test Score _____ Date Completed ___/___/___

Instructor _____

License/SSN: _____

Phone: _____

Employer: _____

FOR CLASSROOM PROGRAMS OR OTHER THAN PICC EXCELLENCE PROGRAMS

I verify that _____ has successfully completed all classroom requirements for a Basic PICC/ Midline Training in keeping with INS/NAVAN recommended curriculum topics listed in the previous pages.

Class held at _____ Date ___/___/___

Contact Hours/Length of Program _____

Verification is made by either the actual instructor of the Basic PICC/Midline Insertion course, through a copy of the certificate or by PICC Excellence, Inc actual course or self study program. Phone confirmation will be made. Please provide any and all phone, pager or other contact numbers to facilitate the confirmation process.

BASIC SUPERVISED SIMULATED INSERTION COMPETENCIES AND VERIFICATION FORM

Do not complete requirement until all Basic PICC / Midline Course classroom material is completed.

Competencies:

- Verbalized steps occurring when MD order received.
- Confirms diagnosis, therapy and duration. Obtains patient history, completes patient education and Consent. Wash hands.
- Performs vein assessment, locates vein of choice (Basilic, Median, Cephalic). Palpate artery.
- Measures vein by 3 step process (insertion site, midclavicular, R third intercostal - SVC). Measures upper arm circumference and registers measurement in record.
- Collects supplies: Catheter, Insertion Kit, extra gloves, saline, heparin, introducer, 1cc syringe, additional drapes, gauze, syringes, universal protection equipment.
- Establishes sterile field by following principles of sterility, applies single pair of gloves in sterile manner (rinses gloves in NS/H₂O if powder present). Arranges items at least 2" from edge of sterile field, prepares area for patient's arm.
- Preps patient's arm (Chlorhexidine or Alcohol & Betadine). Reestablish sterile field by draping arm and changing gloves (INS 1998 Standards - "Prep, drape, change gloves")
- Prepares catheter following manufacturer recommendations for pre-flush, measurement, positioning guidewire, and trimming as appropriate. Does not cut guidewire or allow to extend past tip of catheter.
- Positions catheter on sterile field, safely near insertion site. Applies tourniquet in appropriate manner, changing gloves as necessary.
- Accesses vein, establishes blood return, follows manufacturers recommendation for introducer/breakaway needle usage, remove stylet as applicable, controlling blood return. Remove tourniquet as you begin threading.
- Threads catheter using forceps and avoiding glove touch. Verbalizes troubleshooting for threading problems.
- Checks for blood return and flushes with the appropriate solutions.

BASIC SUPERVISED SIMULATED INSERTION VERIFICATION

- Positions patient for completion of threading (Arm extended, chin to clavicle same side of insertion)
- Advances to proper placement (Must describe verbally, including troubleshooting for Jugular placement)
- Removes introducer per manufacturer's recommendation
- Removes guidewire per manufacturer's recommendation, while having the patient perform the Valsalvas procedure as applicable.
- Secures catheter, applies pressure dressing, completes final flush.
- Accounts for all supplies and disposes of all items properly. Documents all information on insertion.

Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
Phone:	_____
Employer:	_____

By signing this document you have viewed the simulated insertion and confirm the participant's performance of each individual competency. Inadequate performance by the participant requires a repeat of the simulated insertion.

The Purpose of a Preceptor for Supervised Insertions

Whether a nurse or a physician, your best preceptor is one who has knowledge of PICC lines, their insertion methods and management. The more PICC Insertions your preceptor has performed the more you will learn. Multiple preceptors will allow you the greatest learning experience. Understand there is more than one way to insert a PICC, take the information from one preceptor, add to it from another and support it all with your reading of Standards and other references.

The purpose of a preceptor is to:

- To provide supervision of an inserter for a new procedure, insuring the patient's safety.
- Spot sterile technique, intervening when breaks in technique occur, using overlapping drapes, changing of gloves as per policy and need, or discontinuation of the procedure if need arises.
- Manage any complications that may arise
- Make the PICC/Midline insertion successful, if the participant is unable to successfully complete the venous access or threading in the procedure.
- Allow the participant to learn from your experiences with tips, suggestions, information specific to performing the procedure, managing the patient and catheter for the greatest success.

SUPERVISED INSERTION #____ **DATE**___/___/___

PICC **Midline**

Pediatric

Patient ID # _____ Sex _____

Age _____

Diagnosis _____

Therapy/Medication _____

Expected Duration _____

Catheter Brand/Size _____

Insertion Vein Site _____ Right ___ Left ___

Amount (Trimmed) *Removed* _____ *cm*, *Starting Length* _____ *cm*, *Length Inserted* _____ *cm*,

Length Out _____ *cm*, *# Attempts* _____

Tip Location _____ Xray Yes ___ No ___

Insertion Related Difficulties _____

Insertion Comments / Notes _____

Date Discontinued ___/___/___ Therapy Complete Yes ___ No ___

Occluded ___ Dislodged ___ Phlebitis ___ Infection ___ Other _____

Inserted By:	_____
Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
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Employer:	_____

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PICC **Midline**

Pediatric

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Age _____

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Therapy/Medication _____

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PICC **Midline**

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Age _____

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PICC **Midline**

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Therapy/Medication _____

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Therapy/Medication _____

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Therapy Complete Yes ___ No ___

Occluded ___ Dislodged ___ Phlebitis ___ Infection ___ Other _____

Inserted By:	_____
Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
Phone:	_____
Employer:	_____

INSERTION # _____ **DATE** ___/___/___

- PICC** **Midline**
 Pediatric

Patient ID # _____ Sex _____

Age _____

Diagnosis _____

Therapy/Medication _____

Expected Duration _____

Catheter Brand/Size _____

Insertion Vein Site _____ Right ___ Left ___

Amount (Trimmed) Removed _____ cm, Starting Length _____ cm, Length Inserted _____ cm,
Length Out _____ cm, # Attempts _____

Tip Location _____ Xray Yes ___ No ___

Insertion Related Difficulties _____

Insertion Comments / Notes _____

Successful Insertion Yes ___ No ___ Date Discontinued ___/___/___

Therapy Complete Yes ___ No ___

Occluded ___ Dislodged ___ Phlebitis ___ Infection ___ Other _____

Inserted By:	_____
Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
Phone:	_____
Employer:	_____

INSERTION # _____ **DATE** ___/___/___

- PICC** **Midline**
 Pediatric

Patient ID # _____ Sex _____

Age _____

Diagnosis _____

Therapy/Medication _____

Expected Duration _____

Catheter Brand/Size _____

Insertion Vein Site _____ Right ___ Left ___

Amount (Trimmed) Removed _____ cm, Starting Length _____ cm, Length Inserted _____ cm,
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Inserted By:	_____
Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
Phone:	_____
Employer:	_____

INSERTION # _____ **DATE** ___/___/___

- PICC** **Midline**
 Pediatric

Patient ID # _____ Sex _____

Age _____

Diagnosis _____

Therapy/Medication _____

Expected Duration _____

Catheter Brand/Size _____

Insertion Vein Site _____ Right ___ Left ___

Amount (Trimmed) Removed _____ cm, Starting Length _____ cm, Length Inserted _____ cm,
Length Out _____ cm, # Attempts _____

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Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
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Employer:	_____

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- PICC** **Midline**
 Pediatric

Patient ID # _____ Sex _____

Age _____

Diagnosis _____

Therapy/Medication _____

Expected Duration _____

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Length Out _____ cm, # Attempts _____

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Therapy Complete Yes ___ No ___

Occluded ___ Dislodged ___ Phlebitis ___ Infection ___ Other _____

Inserted By:	_____
Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
Phone:	_____
Employer:	_____

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- PICC** **Midline**
 Pediatric

Patient ID # _____ Sex _____

Age _____

Diagnosis _____

Therapy/Medication _____

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INSERTION # _____ **DATE** ___/___/___

- PICC** **Midline**
 Pediatric

Patient ID # _____ Sex _____

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Diagnosis _____

Therapy/Medication _____

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Employer:	_____

INSERTION # _____ **DATE** ___/___/___

- PICC** **Midline**
 Pediatric

Patient ID # _____ Sex _____

Age _____

Diagnosis _____

Therapy/Medication _____

Expected Duration _____

Catheter Brand/Size _____

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Therapy Complete Yes ___ No ___

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Inserted By:	_____
Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
Phone:	_____
Employer:	_____

INSERTION # _____ **DATE** ___/___/___

- PICC** **Midline**
 Pediatric

Patient ID # _____ Sex _____

Age _____

Diagnosis _____

Therapy/Medication _____

Expected Duration _____

Catheter Brand/Size _____

Insertion Vein Site _____ Right ___ Left ___

Amount (Trimmed) Removed _____ cm, Starting Length _____ cm, Length Inserted _____ cm,
Length Out _____ cm, # Attempts _____

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Inserted By:	_____
Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
Phone:	_____
Employer:	_____

SUPERVISED SIMULATED REMOVAL

Do not complete requirement until all Basic PICC / Midline Course classroom material is completed.

Competencies:

- Obtain MD order. Discuss procedure for removal of PICC / Midline.
- Discuss PICC / Midline removal side effects, risks, and complications and their management with the patient.
- Inform the patient about the removal procedure.
- Anticipate the individual's potential risk for the development of complications.
- Position patient in supine, lying down situation.
- Slowly remove the PICC or Midline holding the hub and catheter. Slow steady pull, do not stretch the catheter. Hold the hub, then the catheter itself as more is removed. Apply antimicrobial ointment upon exit of catheter from the insertion site, on a dry sterile dressing.
- Measure the catheter comparing the length to the documentation. Inspect the tip.
- Assess patient post removal and manages side effects as necessary.
- Instruct the patient to change the dressing every 24 hours with ointment and dry sterile dressing until epithelialization has occurred at the site.

Date:	___/___/___
Verified By:	_____
Signature:	_____
License / SSN:	_____
Phone:	_____
Employer:	_____

ANNUAL PICC/MIDLINE TRAINING RECORD

Title of Offering _____

Location _____ Date _____

Contact Hours/Length of Program _____

Sponsoring Company/Organization _____

Company/Organization Phone _____

Instructor/Speaker _____

Speaker Contact Phone, Signature or Email _____

Continuing Education History

- Annual Refresher Course
- Attended National program with INS, NAVAN, LITE
- or other organization _____
- Manufacturer sponsored program dealing with PICCs/Midlines

I _____ verify that I have attended this program, that the information recorded in my logbook/insertion history was performed by me and is factual. I have the certificate of attendance within my personal files to verify my attendance.

Date: ____/____/____

Signature: _____

SUMMARY PAGE

PICCs inserted this Logbook _____

Midlines inserted this Logbook _____

Pediatric PICCs inserted this Logbook _____

Seldingers inserted this logbook _____

PICCs inserted to date _____

Midlines inserted to date _____

Pediatric PICCs inserted to date _____

Seldingers inserted to date _____

Signature _____

Date _____

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PICC EXCELLENCE, INC.

"Quality in Vascular Access Education"

Excellence is never an accident; it is always the result of high intention, sincere effort, intelligent direction, skillful execution, and the vision to see obstacles as opportunities.

–Author unknown

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Email: info@piccexcellence.com

Web: www.piccexcellence.com

For additional logbooks visit our website for a free downloadable file.

If you find this log, please contact the individual listed on the front page to coordinate its return.