

---

# Insertion Log

and Training Record

---

---

---

For Peripherally Inserted  
Central Catheters  
And Midlines  
PICC Excellence, Inc.  
Hartwell, Georgia

[www.piccexcellence.com](http://www.piccexcellence.com)

*This page intentionally left blank.*

**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.*

# 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 NAVAN, INS, LITE, ONS, SCVIR, NKA and/or NHIA.*
- 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:

11. Be a licensed RN/MD, providing proof of license and State of association.
12. Be familiar with central line insertions inclusive of peripherally inserted central catheters (PICCs).
13. If a nurse, must have attended a basic PICC training program and inserted at least 5 PICC Lines
14. 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/H<sub>2</sub>O 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:	_____
Phone:	_____
Employer:	_____

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
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,  
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,  
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,  
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: \_\_\_\_\_

# 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:	_____

# **PEDIATRIC/NEONATAL PICC TRAINING RECORD CLASSROOM or SELF STUDY RECORD**

## **Pediatric Section 1- Introduction**

- Introduction
- Definitions
- Legal Aspects
- Patient Selection and Indications
- Applications

Date Completed \_\_\_/\_\_\_/\_\_\_

Instructor \_\_\_\_\_

Signature \_\_\_\_\_

## **Pediatric Section 2- Management and Vein Selection**

- Growth and Development
- Pediatric Anatomy
- Vein Selection and Valves
- Premedications
- Tips for Pediatric Use
- Measurement

Date Completed \_\_\_/\_\_\_/\_\_\_

Instructor \_\_\_\_\_

Signature \_\_\_\_\_

# PEDIATRIC/NEONATAL PICC TRAINING RECORD

## Pediatric Section 3- Insertion

- Pediatric and Neonate Insertion Devices and Products
- Pediatric Universal Precautions
- Sterile Technique Review
- Insertion Setup
- Insertion Procedure
- X-Ray Tip Placement Check

Date Completed \_\_\_/\_\_\_/\_\_\_

Instructor \_\_\_\_\_

Signature \_\_\_\_\_

## Pediatric Section 4-Care and Management

- Basic Care of PICCs
- Flushing Practices
- Blood Draws
- Securement
- Pediatric Complications
- Resources
- Review and Test

Date Completed \_\_\_/\_\_\_/\_\_\_

Instructor \_\_\_\_\_

Signature \_\_\_\_\_

# VERIFICATION OF COMPLETION PEDIATRIC/NEONATAL PICC/MIDLINE INSERTION COURSE

I verify that I \_\_\_\_\_ have attended/completed a Pediatric/Neonatal PICC/Midline program, that the information contained in this logbook is factual. I have/will have the certificate of attendance within my personal records to verify my attendance.

Student signature: \_\_\_\_\_

License/ SSN: \_\_\_\_\_

Test Score: \_\_\_\_\_ Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor: \_\_\_\_\_

License / SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

## FOR CLASSROOM PROGRAMS OR OTHER THAN PICC EXCELLENCE, INC TRAINING

I verify that \_\_\_\_\_ has successfully completed all classroom requirements for Pediatric/Neonatal PICC/Midline Training in keeping with 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 Pediatric/Neonatal 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.

# Pediatric Supervised Simulated Insertion

*Do not complete requirement until all Pediatric PICC / Midline Course classroom material is completed.  
Pediatric access experiences a prerequisite.*

## Competencies:

- Verbalize steps occurring when MD order received.
- Confirm diagnosis, therapy and duration. Obtains patient history, medications and IV history, determine developmental stage, completes patient/parent education. Gain informed consent from parent/guardian, document.
- Consider need for premedications (EMLA, Numby, injectables), conscious sedation or other forms of distraction (story tapes, videos, play therapy) to reduce pain of procedure. Must have two assistants if no sedation.
- Do not allow patient to anticipate procedure longer than a few minutes. Collects supplies and be ready to go: Catheter, Insertion Kit, extra gloves, saline, heparin, introducer, 1cc syringe, additional drapes, gauze, syringes, universal protection equipment. Wash hands.
- Perform vein assessment, locates vein of choice (Basilic, Median, Cephalic), may use upper or lower arm, or other (Scalp, for under 2 years, Saphenous or Jugular). Be ready to progress right through the procedure.
- Measure vein by 3 step process (insertion site, midclavicular, third intercostal - SVC), use nipple line as guide. Measure upper arm circumference.
- Establish sterile field by following principles of sterility, applies single pair of sterile gloves (rinses gloves in NS/H<sub>2</sub>O if talc 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's recommendations for preflush measurement, positioning guidewire, trimming as necessary. Do not cut guidewire or allow to extend past tip of catheter.
- Apply tourniquet (rubber band or other) in appropriate manner, changing gloves as necessary.
- Accesses vein, establishes blood return, follows manufacturers recommendation for introducer usage, remove stylet as applicable, controlling blood return.

- Thread catheter using forceps and avoiding glove touch. Remove tourniquet as threading begins. Troubleshoots for threading problems.
- Check for blood return and flush as recommended by manufacturer.
- Position patient for completion of threading (Arm extended, chin to clavicle)
- Advance to proper placement (Must describe verbally, including troubleshooting for Jugular placement)
- Remove introducer per manufacturer's recommendation
- Remove guidewire per manufacturer's recommendation, while having the patient perform the Valsalvas procedure as applicable anytime the IV system is open.
- Apply pressure dressing and securement, apply extension set and cap, complete final flush. Do not wrap, cling, etc.
- Accounts for supplies, disposing items properly. Document procedure, brand, gauge size. Lot number, insertion site vein, amount threaded in and amount out of insertion site, number of attempts, blood loss, patient response (quote), xray confirmation, securement and dressing.

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*

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
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,  
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,  
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,  
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: \_\_\_\_\_

# MODIFIED SELDINGER TRAINING RECORD

## Modified Seldinger Technique Section 1 - Introduction

- Introduction
- Definitions
- Patient Selection
- Indications for Seldinger
- Risks vs Benefits

Date Completed \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

## MST Section 2 - Insertion

- Anatomy and Measurement Review
- Insertion Techniques
- Devices and Related Products
- Radiologic Involvement

Date Completed \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

## MST Section 3 – Applications and Concerns

- Potential Complications and Risks
- Conclusions
- Resources
- Review and Test

Date Completed \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

# VERIFICATION OF COMPLETION SELDINGER INSERTION COURSE

I verify that I \_\_\_\_\_ have attended/completed a Modified Seldinger Insertion PICC/Midline program, that the information contained in this logbook is factual. I have/will have the certificate of attendance within my personal records to verify my attendance.

Student signature: \_\_\_\_\_

License/ SSN: \_\_\_\_\_

Test Score: _____	Date completed: ____/____/____
Instructor: _____	
License / SSN: _____	
Phone: _____	
Employer: _____	

## FOR CLASSROOM PROGRAMS OR OTHER THAN PICC EXCELLENCE, INC TRAINING

I verify that \_\_\_\_\_ has successfully completed all classroom requirements for Seldinger Insertion PICC/Midline Training in keeping with 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 Pediatric/Neonatal 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.

# Supervised Simulated Seldinger Insertion

*Do not complete requirement until all Seldinger Course classroom material is completed.*

## Competencies:

- Confirmation of orders – terminal tip placement, premedications, history, consider using standing orders protocol.
- Confirm diagnosis, therapy and duration. Obtain patient allergy and medication history, complete patient education, gain informed consent.
- Perform vein assessment, locates vein or area of choice (Basilic, Median, Cephalic). Uses ultrasound, dye or anatomical assessment to locate vein. Have assistant.
- Measure vein by 3 step process (insertion site, midclavicular, third intercostal - SVC). May measure with fluoroscopy and wire advancement into the SVC. Determine amount to be inserted and amount to remain out. Trim as needed. Measure upper arm circumference and document.
- Collect supplies: Seldinger kit with introducer, blade, wire, Catheter, Insertion Kit, extra gloves, saline, heparin, introducer, 1cc syringe, additional drapes, gauze, syringes, universal protection equipment.
- Establish sterile field with maximum drapes (4' x 4' area) by following principles of sterility, apply single pair of gloves (rinse gloves in NS/H<sub>2</sub>O if talc present), sterile gown. Arrange items at least 2" from edge of sterile field; prepare area for patient's arm.
- Position patient's arm on field. Prep patient's arm (Chlorhexidine, or Alcohol & Betadine). Alcohol, dry, then betadine, dry, no blotting. Reestablish sterile field by draping arm (fenestrated drape) and changing gloves (INS 1998 Standards - "Prep, drape, change gloves") Drop extra supplies onto field as needed, ie 1cc syringe for anesthetic, extension set, injection or needleless caps, get flushes/lidocaine as needed. Don sterile gown and overlapping sterile gloves. Rinse gloves if containing talc.
- For Seldinger procedure access can be made into the vein before preparing catheter. If unable to make access no kit is used. Follow complete prepping procedure.
- Prepare catheter following manufacturers recommendations for preflush measurement, positioning guidewire, trimming. Do not cut guidewire or allow to extend past catheter tip.
- Apply tourniquet, changing gloves as necessary.
- Instill intradermal lidocaine (buffered with sodium bicarbonate 1:10 is best) 0.2-0.5cc.
- Access vein with micropuncture™ (Cook) needle, peripheral cannula or other. (Per INS Only one device shall be used for each cannulation attempt)

- Thread wire through access device, 10-20cm is adequate. Remove tourniquet. Watch markings on wire to determine depth. If working with fluoroscopy, advance wire to SVC, mark depth, remove and measure catheter, trimming as applicable per manufacturer's recommendations. Remove access device, leaving wire.
- Stretch insertion site with dilator, needle, or make shallow skin nick with blade, do not cut into vein.
- Insert dilator and introducer (traditional or modified), twist and slide into the vein along the wire. Develop a feel for how hard to push, should slide with some pressure. Usually feel two pops. Slide all the way into vein.
- For modified** remove dilator and wire, thread catheter through the introducer. **For traditional** remove dilator and thread catheter over the wire, making sure the wire comes out the hub before advancing into the skin (70-120cm wire)
- Thread the catheter slowly, forceps advancement is preferred. Do not force the catheter into the introducer or vein. Watching advancement under fluoroscopy is nice, but expensive.
- Position patient for completion of threading (Arm extended, chin to clavicle)
- Advance to proper placement (Must describe verbally, including troubleshooting for Jugular placement) If difficulty threading use fluoroscopy to guide. Remove introducer per manufacturer's recommendation. Most modified introducers pull out and pop peel.
- If advancing over a wire or with guidewire in catheter, remove guidewire per manufacturer's recommendation, while having the patient perform the Valsalva procedure as applicable.
- Suture may be used per your protocol, but considered optional.
- Apply heavy pressure dressing, complete, apply extension set, needleless cap or other items as necessary. Turbulent positive pressure flush to finish.
- Account for all supplies and dispose of all items properly. Document the procedure, catheter brand size, insertion site, blood loss, number of attempts, patient responses, premedications, tip placement, length of catheter in and out of insertion site and the flushing protocol used.

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.*

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
Phone:	_____
Employer:	_____

**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:	_____
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,  
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,  
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,  
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:	_____

# ADVANCED PICC / MIDLINE TRAINING RECORD

## Advanced - Section 1 - Update and Troubleshooting

- Introduction
- Legal Aspects in Advanced Practice
- Advanced Troubleshooting
- Prevention of Complications

Knowledge Assessment Questions Section 1

Date Completed \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

## Advanced - Section 2 – Advanced Troubleshooting

- Dec clotting with Negative Pressure
- Catheter Repair and Removal
- Catheter Exchange
- Introduction to Seldinger Technique
- Product Review
- Common Questions
- Resources

Knowledge Assessment Questions Section 1

Date Completed \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

# VERIFICATION OF COMPLETION ADVANCED PICC/MIDLINE TRAINING COURSE

I verify that I \_\_\_\_\_ have attended/completed an Advanced PICC/Midline program, that the information contained in this logbook is factual. I have/will have the certificate of attendance within my personal records to verify my attendance.

Student signature: \_\_\_\_\_

License/ SSN: \_\_\_\_\_

Test Score: \_\_\_\_\_ Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Instructor: \_\_\_\_\_  
License / SSN: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

## FOR CLASSROOM PROGRAMS OR OTHER THAN PICC EXCELLENCE, INC TRAINING

I verify that \_\_\_\_\_ has successfully completed all classroom requirements for Advanced PICC/Midline Training in keeping with 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 Pediatric/Neonatal 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.

# Declotting with Negative Pressure

*Competency for removal of thrombotic occlusion using Thrombolytic (CathFlo Activase)*

- Prepare thrombolytic according to the manufacturer's instructions. Draw up a single dose, approx. 2ml (1ml/1mg)
- Apply a stopcock with two syringes, one empty and one with the thrombolytic. Or apply an empty syringe as a hub to hub connection. Open clamps, turn stopcock off to thrombolytic syringe, open to patient and empty syringe.
- Aspirate empty syringe gently, until resistance is met and hold, approx. 8-9cc in an adult.
- Turn stopcock off to aspirated syringe and on to thrombolytic. With single syringe, clamp catheter, change to thrombolytic syringe, then unclamp.
- Negative pressure will pull the thrombolytic into the catheter, in the exact amount needed to come in contact with the clot.
- Turn the stopcock off to the patient. Wait. If using a syringe, clamp the line and wait.
- Wait approximately 30-60 minutes, longer if second attempt. PICCs have a greater surface area/longer length than other central lines and may require Urokinase to remain in catheter longer periods of time. Overnight dwell has been used with much success.
- Repeat aspiration steps. If no blood, allow the thrombolytic to flow into the catheter and remain overnight.
- If blood, aspirate waste (5ml) then flush with Normal Saline/Heparin and the turbulent pressure technique.

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.*

**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,  
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,  
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,  
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,  
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,  
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,  
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,  
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,  
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: \_\_\_\_\_

# 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**\_\_\_\_\_

*This page intentionally left blank.*

# **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

**PICC Excellence, Inc.**  
**1905 Whippoorwill Trail**  
**Hartwell, GA 30643**

**Office 706-377-3360**  
**Toll Free 888-714-1951**  
**Fax: 706-377-3359**

**Email: [info@piccexcellence.com](mailto:info@piccexcellence.com)**

**Web: [www.piccexcellence.com](http://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.*