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Pediatric PICC  
Insertion  
Log  
and Training Record

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PICC Excellence, Inc.  
Hartwell, Georgia

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

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# PEDIATRIC PICC 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](mailto: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

# **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*

# **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:	___/___/___
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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 \_\_\_\_\_

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Date:	___/___/___
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License / SSN:	_____
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# 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

**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.*