

Certified PICC Ultrasound Inserter – CPUI Application

APPLICATION FOR PICC CERTIFICATION™

This form establishes PICC Certification™ by documentation and does not establish competency. Competency must be established by the employer and facility.

Name _____
Home Address _____
City _____ ST _____ Zip _____
Home Phone _____
Professional License #** _____ State _____
Employer _____
Employer Address _____
Work Phone _____ Cell phone _____
Email _____
Practice Setting: Hospital Home Health Clinic/ MD Office
Other _____

**Copy of Professional License required

NOTE: You will need a Driver's License or an official picture id in order to take the online exam. At the beginning of the online exam you will be asked to take a picture of yourself as well as your official picture id. The Proctor must be able to read your id and match your photo to it.

Survey: Does your hospital require an annual Competency Assessment? Yes No

CHOOSE OPTION

- Initial PICC Certification™ (CPUI) - Fee \$395
(This initial certificate is good for 2 years from the date of issue)
- Renewal -Fee \$75 (renewable every two years, must already have CPUI™ designation)

**MAIL, FED EX, FAX OR EMAIL TO:
PICC EXCELLENCE, INC.**

401 E. Howell St

Hartwell, GA 30643

Phone 1-888-714-1952 / Fax 1-706-377-3359

PICCCertAdmin@piccexcellence.com



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VERIFICATION OF PICC EXPERIENCE

This form establishes PICC Certification™ by documentation and does not establish competency. Competency must be established by the employer and facility.

I _____, verify that I have completed all the requirements listed for PICC Certification™, am qualified to insert PICCs, and have completed a basic PICC training program including Modified Seldinger Technique. I attest that all information provided is completely true and honestly represents my experience and insertion history.

(Applicant's signature must be notarized in the space provided at bottom)

Verification of Requirements for PICC Certification

- I have successfully completed Basic PICC training. *Minimum of 8 hours of basic training required. Date of initial training _____
- I have Inserted _____ PICCs within the last 12 months using ultrasound guidance.
- I have performed _____ total PICC insertions using ultrasound guidance between _____ and _____ (dates). **Must have at least 25 ultrasound guided insertions to qualify for CPUI PICC Certification.

I have verified the insertion history of _____ and attest that all information is correct and has been presented to me in a manner confirming a specific number of insertions. I further verify the attendance and successful completion of the courses listed above.

Person verifying information _____

Title _____

Employer _____ Contact Number _____

Professional License Type and # _____

Signature _____ Email _____

Applicant Name _____

Applicant Signature _____

Name of Notary _____ Date _____

Notary Signature _____ Seal _____

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PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)

SUPERVISED INSERTION COMPETENCY CHECKLIST

Clinician Name _____

Assessment Date _____

This is to verify that the clinician named above has successfully completed an ultrasound guided Modified Seldinger Insertion of a PICC including all the following steps. **A qualified supervisor should initial each step as clinician correctly performs the procedure. A qualified supervisor is someone who is a licensed medical professional, has completed PICC training and has established competency in PICC insertions**

ASSESSMENT:

- _____ 1. Verify MD order, creatinine level (must be under 2.0), diagnosis, medications, reasons for PICC, pertinent patient history, use of blood thinners.
- _____ 2. Complete patient education and informed consent.
- _____ 3. Perform vein assessment. Locate vein and artery (basilic, median, cephalic, brachial) with ultrasound. Select most appropriate vein based on size and vein health. Determine vein size without tourniquet in relation to catheter. Mark site. Prepare probe head with gel.
- _____ 4. Measure vein length (insertion site, clavicular area, right third intercostal) or use fluoroscopy for exact wire measurement during insertion procedure. Measure upper arm circumference and document baseline.
- _____ 5. Collect supplies: PICC insertion kit with Modified Seldinger Components, gloves, saline, ultrasound sterile cover and gel, anesthetic as needed, additional drapes, gauze, syringes, universal protection equipment.
- _____ 6. Arrange bedside table, position patient and arm with protective drape under arm. Secure hand or arm as needed.
- _____ 7. Open kit and establish sterile field. Apply single pair of gloves.
- _____ 8. Prep patient's arm by cleaning using friction (Chlorhexidine, Alcohol, or Betadine). Re-establish sterile field by draping arm and change gloves as necessary.
- _____ 9. Prepare catheter with pre-flush; measure to correct length; pull back guidewire, trim as appropriate to the product policy. Do not cut guidewire or allow wire to extend past tip of catheter. Fluoroscopic measurement done with wire during insertion.
- _____ 10. Apply sterile cover to ultrasound probe. Secure with included rubber bands or sterile tape.
- _____ 11. Prepare and position other supplies; flush anesthetic. Position catheter securely on sterile field safely near insertion site.
- _____ 12. Apply tourniquet in appropriate manner change gloves as necessary.
- _____ 13. Apply sterile gel. Scan area with ultrasound. Identify artery.
- _____ 14. Administer intradermal anesthetic.
- _____ 15. **Seldinger Approach**- Using ultrasound needle guidance, go through the skin with a 22g introducer needle, then into vein. See flashback.
- _____ 16. Confirm blood return/flashback in hub. Thread wire into needle approximately 10-20cm. Wire should slide easily into vein. Do not pull wire back through steel needle. Fluoroscopic insertion advances wire to the superior vena cava, then takes measurement off wire.
- _____ 17. Slide access needle out of skin over wire.
- _____ 18. Use intradermal syringe to instill additional lidocaine as desired.

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- _____
19. Perform skin nick and enlarge vein by sliding the blade provided, sharp side facing right or left, down the wire 2-3mm.
- _____
20. Thread dilator/introducer over the wire and into vein, using a twisting motion. Slide the dilator into the vein while maintaining control of the wire (may bend wire) and confirming easy wire movement back and forth. Measurement may be reconfirmed at this point based on actual insertion point, and catheter trimmed.
- _____
21. **Modified Approach:** After threading the introducer into the vein, remove the dilator and wire; thread catheter through introducer.
- _____
22. **Fluoroscopic insertion with Traditional Seldinger Technique:** Remove dilator; leave wire, then thread catheter over the wire. Continue to thread the catheter over the wire until the wire comes out of the hub; then, advance the catheter into the skin/vein all the way to the SVC confirming tip location with fluoroscopy.
- _____
23. Thread the catheter through the introducer slowly advancing with forceps or talc free gloves 2cm at a time checking for blood return periodically. After 10-15cm inserted, have patient turn chin toward insertion site extending arm 45-90 degrees from body and continue threading. Ask patient if they feel anything in the neck. Complete threading. Check blood return.
- _____
24. Pull introducer out of skin and peel away.
- _____
25. Remove guidewire; flush and check for free-flowing blood return without bubbles. Follow manufacturer's recommendation for completion of securement, taping and flushing. Have patient perform Valsalvas maneuver whenever opening a catheter system. Follow institution policy for suturing or securement.
- _____
26. X-ray order for PICC placement confirmation. Flush well. Apply sterile pressure dressing. If Biopatch is used, blue side up; if Tegaderm CHG, press and mold around catheter hub for best adherence. Document procedure. Follow-up on placement confirmation.

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

Name of Preceptor _____

Signature of Preceptor _____

Professional License Number _____

Phone _____ Employer _____

Signature of Performer _____

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CHECKLIST - FORMS REQUIRED FOR PICC CERTIFICATION™

Please submit the following forms to receive your PICC Certification™. You can submit these forms in one of three ways: mail, fax, or email (in pdf format only).

- Application for PICC Certification™
- Verification of PICC Experience
- Supervised Insertion Competency Checklist
- Copy of Basic PICC Training Certificate
- Copy of Professional License
- Signed copy of this form

****An Official Picture ID will be required to take the exam**

Mail forms to:

Fax forms to:

Email forms to:

ATTN: PICC Certification™ Administrator

PICC Excellence, Inc.
401 E. Howell St
Hartwell, Georgia 30643

706-377-3359

PICCCertAdmin@piccexcellence.com
info@piccexcellence.com

CPUI PICC Certification™ cannot be granted without submission of all of the items listed above. Incomplete or missing documentation will result in significant delays in processing. Please double check that all items are included.

I have enclosed all of the information required to apply for my CPUI PICC Certification™. I verify that all documents and information provided are completely true, accurate, and are an honest representation of my credentials. I further agree to keep CPUI PICC Certification exam material confidential. I understand that PICC Excellence, Inc. may publish names of individuals who have been granted CPUI PICC Certification status. I may submit a request in writing to PICC Excellence, Inc. at the address above if I wish for my name to be omitted.

Signature of Applicant: _____

Name of Applicant: _____

Facility/Employer: _____

Mailing Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

Email: _____ Cell Phone: _____