



APPLICATION FOR CPUI™ CERTIFICATION RENEWAL

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

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Driver’s License # _____ State _____ Expiration Date _____

Professional License # _____ State _____ Expiration Date _____

Employer _____ Location _____

Email _____

Practice Setting: (circle) Hospital Home Health Clinic/ MD Office Radiology Independent

Other _____

Two Year Renewal - Fee \$75 (Must already have CPUI™ Certification)



CPUI CERTIFICATION RENEWAL CHECKLIST

When submitting your application for renewal, please include ALL items from the checklist below:

- Application for **CPUI CERTIFICATION RENEWAL**
- Signed **VERIFICATION** form confirming 24 ultrasound guided PICC insertions in past 2 years (must be signed by you **AND** person verifying information)
- Supervised Competency Assessment, signed by Preceptor and performer.
- 4 CONTINUING EDUCATION SUMMARY** forms or the equivalent

***ANY APPLICATION SUBMITTED WITHOUT ALL COMPLETED INFORMATION WILL REQUIRE ADDITIONAL TIME TO PROCESS AND MAY CAUSE A LAPSE IN YOUR CPUI CERTIFICATION.**

Survey:

- Does your hospital perform a yearly Competency Assessment? ____ If not, how often is it required? _____



VERIFICATION OF PICC EXPERIENCE

APPLICANT INFORMATION

This form renews CPUI 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 CPUI PICC Recertification. I attest that all information provided is completely true and honestly represents my experience, insertion history and continuing education courses.

Verification of Requirements for CPUI PICC Certification

- I have Inserted _____ PICCs within the last 24 months using ultrasound guidance.
 **Must have at least 24 ultrasound-guided insertions to qualify for CPUI PICC Certification Renewal.
- I have completed 4 educational summary forms reviewing 4 articles, seminars **or** courses I have attended for vascular access continuing education (or 4 CEs).

Applicant Signature _____ Date _____

VERIFIER'S INFORMATION

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 and will verify this by phone and/or email.

Person verifying information _____

Title _____ Email _____

Employer _____ Contact Number _____

Professional License Type and # _____

Signature _____ Date _____



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.



- 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 _____



ARTICLE/SEMINAR/PRE-RECORDED EDUCATION REVIEW TEMPLATE INSTRUCTIONS

As part of the CPUI Certification Renewal process, you need to complete 4 Educational Summary Forms OR proof of 4 CEs.

If using the Summary Education forms, you may select any of the following 3 formats for each of your reviews:

- A published article related to any aspect of vascular access from any medical journal. Article must have been published within the last 5 years.
- A vascular access seminar or presentation you have attended within the last 2 years.
- Any continuing education course you have taken within the past 2 years pertaining specifically to vascular access and/or PICCs.

We have provided some links on our blog page at www.piccexcellence.com that you may find helpful if you need ideas for articles to review.

Regardless of which format of education you choose to review, you will need to complete the description of the education, what you learned and how you will apply this information to your current vascular access practice.

Please complete all sections on each of the four forms and submit all 4 forms as a packet with your renewal application. ALTERNATELY you may submit proof of 4 CEs (completed within the last two years and on the subject of Vascular Access, 1 certificate showing 4, 5, 8 or 10 will work for this requirement).

Thank you for your interest in CPUI Certification and your dedication to safe PICC practice. If you have any questions or need any additional information please contact us at:

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