



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.

Applicant Name (print) _____

Home Address _____

City, St, Zip _____

Email _____

Phone contact _____

Employer _____

Employer Address _____ City,State,Zip _____

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

Other _____

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



CPUI™ RENEWAL CHECKLIST

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

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

***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 require an annual Competency Assessment? Yes No





PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) MODIFIED SELDINGER SUPERVISED INSERTION COMPETENCY ASSESSMENT

NAME _____ DATE _____

INITIAL ASSESSMENT DATE _____

This is to verify that the clinician named above has successfully completed a supervised insertion of a PICC including all of the following steps. **Supervisors should initial each step as clinician correctly performs the procedure.**

ASSESSMENT

Initials of Preceptor

1. Verify MD order, creatinine level (must be under 2.0), diagnosis, medications, reasons for PICC, pertinent patient history, use of blood thinners. _____
2. Ensure all supplies needed for procedure are readily available including PICC insertion kit with gloves, saline, ultrasound sterile cover and gel, anesthetic as needed, additional drapes, gauze, syringes, universal protection equipment. _____
3. Wash hands and apply clean gloves. _____
4. Perform time out to confirm patient ID (two forms of identification). _____
5. Complete patient education and informed consent. _____
6. Cleanse table surfaces with disinfecting solution. Place supplies on table. Set bed to correct height for comfort of the inserter; ensure ultrasound unit is positioned for easy visualization. _____
7. Have an observer present to complete insertion checklist throughout the procedure, monitoring adherence to aseptic technique and providing an enhanced degree of safety for the patient. _____
8. Perform vein assessment. Locate veins, arteries and nerves (basilic, median, cephalic, brachial) with ultrasound. Select most appropriate vein based on size and vein health. Consider vein size in comparison to catheter French size with/without a tourniquet (Don't exceed 1:3 ratio). Mark site. _____
9. Apply fresh gel to probe head in preparation for insertion procedure. _____
10. Estimate catheter length using external tape measure technique (insertion site, clavicular area, right third intercostal) or use fluoroscopy for exact wire measurement. Measure upper arm circumference and document baseline. _____
11. Wash hands using surgically thorough scrubbing action, 3-5 minutes. _____
12. Establish sterile field either around patient's arm or separate from the patient. _____
13. Open tray; fold back outer wrap. Using sterile technique, add additional items not in kit including flushes lidocaine and extra supply items onto sterile field. _____
14. Place poly-lined pad under patient arm. _____
15. Don cap, mask, shield, sterile gown and sterile gloves in a sterile fashion. _____
16. Prep a large area (8-10 inches or more) around vein selected using Chlorhexidine. Use back and forth frictional scrub for 30 seconds or more. Do NOT wipe off; allow to air dry. _____
17. Drape arm and body with sterile, full body drapes. Turn patient head away from insertion site or provide patient with a mask to prevent breathing on field. _____
18. Apply sterile cover to ultrasound probe in sterile fashion. Secure with included rubber bands or sterile tape. Have sterile gel ready for insertion procedure on sterile field. _____
19. Arrange catheter and supplies in a sterile, organized fashion for easy reach and access, keeping items





toward center of the sterile field.

- 20. Draw up flushing solution(s) or use prefilled syringes marked for sterile field use. _____
- 21. Pre-flush to confirm patency. _____
- 22. Apply tourniquet now (and change gloves) or have an assistant apply tourniquet. _____
- 23. Prepare ultrasound probe with sterile cover and gel. Position on skin and scan area to identify selected vein. _____
- 24. Administer subcutaneous anesthetic. _____
- 25. Using ultrasound guidance, access vein with a small (21g) introducer needle or cannula. With ultrasound, angle of insertion is acute (60-90 degrees) depending on depth indicated by ultrasound assessment. Watch for needle penetration into vein on ultrasound screen. Look for dimpling, then penetration of vessel. Do not advance needle through back side of vein. _____
- 26. Confirm blood return/flashback in hub. _____
- 27. Advance short guidewire through introducer needle approximately 10-20cm, maintaining control of wire at all times. Wire should slide easily into vein. Do NOT retract wire back through steel needle. _____
- 28. Remove tourniquet. _____
- 29. Remove introducer needle by sliding out of skin and off wire while stabilizing guidewire. _____
- 30. Inject anesthetic subcutaneously into skin around the wire if not previously performed. If necessary, use blade to nick skin (2-3 mm) and expand cutaneous puncture site. Slide blade into insertion hole approximately 2-3 mm with sharp side facing outward from guidewire. _____
- 31. Slide sheath/dilator over the wire and into vein using a firm twisting motion. Maintain control of wire at all times. Remove dilator by unlocking luer connector and sliding back on wire. _____
- 32. Remove the wire (sheath and wire may be removed together). Begin threading catheter immediately to reduce blood loss and prevent air emboli. Cover with thumb if necessary. _____
- 33. Thread the catheter through the introducer slowly (1 cm/second). Turn patient head toward insertion site as catheter is advanced into chest. Advance catheter to predetermined level. If using navigation or EKG positioning, follow manufacturer’s steps to confirm P wave elevation. _____
- 34. Aspirate each lumen to check for blood return. Flush all lumens with 10-20mL normal saline. _____
- 35. Pull sheath from insertion site and gently peel apart. It may be necessary to thread catheter to final position. _____
- 36. Check each lumen again for brisk blood return and flush with 10-20mL normal saline for injection. Apply needleless connectors. Flush again. _____
- 37. Using ultrasound, assess for internal jugular tip malposition using a longitudinal view (not necessary if EKG or navigation system used). _____
- 38. Disinfect skin again if blood is present and allow to air dry. _____
- 39. Secure catheter and apply sterile, occlusive pressure dressing. _____
- 40. If tip positioning system was not used, order radiographic confirmation of terminal tip position prior to use. _____
- 41. Document entire procedure and patient reaction to procedure in patient record. _____

ACTION PLAN/INDICATION OF PERFORMANCE





Certified PICC Ultrasound Inserter – CPUI Renewal Application

NAME OF PRECEPTOR (PRINT) _____ DATE _____

SIGNATURE OF PRECEPTOR _____

License or SSN _____

PHONE _____

EMPLOYER _____

By signing this document, you have supervised the PICC insertion and confirm the participants performance of each individual step. Inadequate performance by the participant requires a repeat of the supervised insertion.

SIGNATURE OF PERFORMER _____

Please provide a copy for your employee file; maintain the original for your own records.

PRINT NAME _____ DATE _____

(Only one copy of a current competency is required for CPUI renewal purposes.)



VERIFICATION OF PICC EXPERIENCE

APPLICANT INFORMATION

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 that includes the Modified Seldinger Technique. I attest that all information provided is completely true and honestly represents my experience and insertion history.

Verification of Requirements for CPUI™ PICC Certification

- 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 (CEs) in vascular access education or completed 4 educational summary forms reviewing 4 articles, seminars or courses in vascular access.

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.

Person verifying information _____

Title _____

Employer _____ Phone Number _____

Professional License Type and # _____

Signature _____ Email _____





EDUCATION CERTIFICATES OR SUMMARY EDUCATION FORMS – DETAILED INSTRUCTIONS

As part of the CPUI Certification Renewal process, you need to provide proof of 4 CEs. Submit proof of education completed within the last two years and on the subject of Vascular Access. Submit that with your Renewal Application, then purchase the renewal and you are done. Scan and upload the renewal documents to your online account. (Call if you have questions.)

OR

If using the Summary Education forms instead of CE certificates, 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 webinar, seminar or presentation you have attended within the last 2 years and do not have a certificate with CE.

There are links on our blog page at www.piccexcellence.com that you may find helpful, along with some free CEs.

When using the Summary Education forms, you 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 scanned file and upload to your PICC Excellence online account.

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:

PICC Excellence Inc.

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Hartwell, GA 30643

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