

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. **Supervisor 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 fictional 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.	

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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 leuc 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 (1cm/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

NAME OF PRECEPTOR _____

SIGNATURE OF PRECEPTOR _____

License or Social Security Number _____

PHONE _____

EMPLOYER _____

By signing this document, you have supervised the PICC insertion and confirm the participant's 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.