



## News & Updates

The latest from the leading provider of online education and PICC Certification in the specialty of vascular access.

October/November 2020

### **PICC Nurses are critical to healthcare.**

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## October is Breast Cancer Awareness Month



### The Latest Research and Finding

Clinician Survey Reveals Significant Variation in Ultrasound-Guided PIV Insertion Practices | [Details](#)

Standardized Vascular Access Protocol Improves Patient Safety and Reduces Costs of Peripheral IV Catheter Insertions | [Details](#)

## Q&A with Dr. Nancy Moureau

**Dr. Moureau is always willing to answers questions and share her knowledge with others. Below are a series of questions from a nurse and current online student:**

**Do you support ANTT for needleless connector changes?**

*Dr. Moureau:* Yes, as long as there is accountability with observations of procedures performed regularly, consistently for all staff. Training with hands-on demonstration and observation of technique after the training.

**We have used sterile 4x4 to complete dressing changes, needleless connector changes, pull the tourniquet during a PICC insertion, adjust the US settings, etc. just recently, another clinician stated a JC auditor had told them that was not considered “non-permeable” and therefore was not appropriate for use during a sterile procedure and did not protect sterility of the gloves. Is this new?**

*Dr. Moureau:* News to me. I can see their point. A gauze 4x4 x 1 has holes that could allow contact with the non-sterile object, touching the gloves and causing contamination. A prudent nurse grabs multiple 4x4s to reduce that occurrence. Could there be a better way? Sure. I have used the blue overwrap from the US probe cover to pull the tourniquet or make US changes.

**My last topic is the use of disinfectant caps for all hubs on IV tubing and all needleless connector sites. Our Quality guy is coming back saying we need to scrub the hub even though caps are in place, as well as changing tubing every 24hrs for intermittent tubing, even with proper use of Curoc caps.**

*Dr. Moureau:* So this is an issue that keeps coming up. Here was my recent response to someone else. Specific to the statement of “frictional antiseptic wiping BETWEEN applications” means just that. After the cap is removed for the first time, the surface is completely clean and ready for any access. After the first use the surface will then need to be cleaned prior to any additional accesses.

For example:

A nurse goes to the bedside to administer a pain medication. The cap is removed from the access port and the nurse immediately connects the pain medication syringe to the access port, because it has already been cleaned by the antiseptic agent in the disinfecting cap. Once the administration is completed the nurse will take an antiseptic wipe and frictionally clean the access port prior to connecting the flush saline syringe. Any subsequent accesses, without cap reapplication, will require cleaning. When the nurse is finished a new cap is put in place. Based on the manufacturer instructions the cap will provide complete disinfection within 1-5 minutes and can again be removed with the full assurance that the access port is disinfected and ready for immediate access.

The 3M Curoc cap had a problem awhile back with particulate matter showing up on the surface of the needleless connector after cap removal. At that point they said wipe to remove particulate matter. As far as I know that problem has been resolved.

Another hospital gave the rationale to clean with every cap removal to teach nurses to habitually clean the surface. They felt the nurses would not clean in between and wanted to make sure they were required to wipe every time. In my opinion, bad rationale since it teaches habit and memorizing, rather than thinking and understanding the purpose.

I hope this all helps.

Warm wishes,  
Nancy

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**Have a question or want to share your thoughts with us? Email us at [info@piccexcellence.com](mailto:info@piccexcellence.com) or call (706) 377-3360.**



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