# PICC Line/ Midline Catheter SKILLS CHECKLIST

## CHECK PROFIENCY  1  2  3  4

### Prior to PICC Line or Midline Catheter Insertion the competent clinician will:

- **Review Patient chart for:**
  - Physician Order (for Midline Catheter insertion the physician order is for fluids or a standard peripheral catheter)
  - Patient allergies
  - Patient coagulation status
  - Patient contradictions to vascular access placement
  - Patient labs and medical history

- **Explain:**
  - Procedure to patient
  - Catheter management to patient
  - Obtain signed consent form (PICC Line only)

- **Identify, Evaluate and Select:**
  - Appropriate vein
  - Appropriate insertion site
  - Location of artery
  - Choose appropriate catheter length and gauge size
  - Position patient properly
  - Correctly measure patient properly for catheter tip location
  - Measure arm width (optional)

- **Set-Up:**
  - Gathers appropriate equipment
  - Sterile gloves/ mask/ hat
  - Set up equipment and sterile field with sterile technique/ Utilize universal precautions/
  - Utilize full barrier precautions
  - Pre-flushed catheter/ syringes/ extension sets. Etc. (trimming optional)

### During PICC Line and Midline Insertion:

- **Perform Appropriate:**
  - Venipuncture/ observe flashback
  - Advance Catheter (check patient positioning of head)
  - Remove introducer (dilator)
  - Remove guide wire
  - Attach hub (Groshong®)
  - Ascertain blood return
  - Suture or utilize securing method
  - Apply dressing

### Upon Completion of Insertion:

- **Contact Radiology**
  - Confirm catheter tip position and reposition/ re-dress if needed or send to Interventional Radiology for re-positioning if available.
  - Notify Nursing Staff that patient is ready for chest x-ray for line placement
  - Document approval from Radiology/ Attending/ or Hospital Physician to use catheter for infusion.

- **Document in patient medical record:**
  - Allergies
  - Site limitations
  - Blood coagulation problems
  - Patient complications that occurred during insertion
  - Contraindications to usage of line placed
  - Patient teaching/ Patient consent
  - Anesthetic used
  - Catheter gauge size (French), number of lumens, length, suspected tip position, (awaiting x-ray), vein and insertion site.
  - Describe general sterile insertion and problems encountered.
  - Arm circumference (optional)
  - Catheter method of securement and dressing
  - Blood return and flushing
  - Contact radiology for chest x-ray
  - Provide the patient:
    - Patient care handbook and care instruction

### For Discontinuation of catheter:

- **Review order for catheter removal
  - Assess need for catheter tip culture and/or blood cultures:
    - Perform tip/ blood culture (if needed)
  - Removal process:
    - Gloves / Utilize universal precautions
    - Assess patient and site
### PICC Line/ Midline Catheter SKILLS CHECKLIST

#### CHECK PROFICIENCY

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<th>1</th>
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<tbody>
<tr>
<td>Speed of removal (slow)</td>
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<tr>
<td>Observe how clinician handles complications</td>
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<td>If unable to remove, apply heat and wait</td>
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<tr>
<td>If unable to remove, contact physician for possible x-ray or venogram need</td>
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<td>Confirm catheter measurement</td>
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#### Documentation post removal:

- Patient complications during removal
- Patient complications during removal

#### Check Proficiency

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<tbody>
<tr>
<td>Measurement of catheter length compared to insertion length</td>
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<td>Patient tolerance</td>
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<td>Cultures or labs sent for analysis</td>
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#### Report to Staff Nurse:

- Any complications during removal of catheter
- Patient Tolerance
- Patient Status
- Instructions: flush protocol, hot packs, dressing changes

### YEARS OF PICC or MIDLINE EXPERIENCE

<table>
<thead>
<tr>
<th>PICC:</th>
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<td>MIDLINE:</td>
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<tr>
<td>TOTAL YEARS OF EXPERIENCE:</td>
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The information I have provided is true and accurate to the best of my knowledge. I authorize MedCall NorthWest, Inc. to release this Skills Checklist to client hospitals as needed in relation to my employment.

Print name: _________________________________

Signature: _________________________________

Date: _________________________________