

Name _____

Date _____

Key: 1 = No Experience (Have never performed)
 2 = Some Experience (Performed very infrequently)
 3 = Moderate Experience (May need some reorienting for a brief time)
 4 = Experienced (Comfortable performing task with minimal resources)

PICC Line/ Midline Catheter SKILLS CHECKLIST

CHECK PROFICIENCY	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				

CHECK PROFICIENCY	1	2	3	4
During PICC Line and Midline Insertion (cont..)				
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	1	2	3	4
Speed of removal (slow)				
Observe how clinician handles complications				
If unable to remove, apply heat and wait				
If unable to remove, contact physician for possible x-ray or venogram need				
Confirm catheter measurement				
Documentation post removal:				
Patient complications during removal				
Patient complications during removal				

CHECK PROFICIENCY	1	2	3	4
Measurement of catheter length compared to insertion length				
Patient tolerance				
Cultures or labs sent for analysis				
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

PICC:
MIDLINE:
TOTAL YEARS OF EXPERIENCE:

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: _____