

Appendix 6

PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) REMOVAL COMPETENCY ASSESSMENT FOR NURSES

NAME _____ DATE _____ INITIAL ASSESSMENT DATE _____

This to verify that the nurse named above has successfully completed the removal of a PICC including all of the following required steps:

COMPETENCIES	DATE	MENTORS SIGNATURE
1. PICC Line removal should be undertaken after discussion with the consultant		
2. Discuss procedure for removal of PICC line, side effects, risks and the management of these with the patient prior to obtaining consent		
3. Check patients NEWS, full blood count prior to the procedure and if clinically required a coagulation screen		
4. Makes the patient comfortable with arm supported on a pillow and the insertion site below the level of the heart, minimizing the risk of air embolism		
5. Performs hand hygiene at appropriate points and during the procedure uses an aseptic technique		
6. Removes the dressing, steristrips / griplock / removes PICC line from SecurAcath and biopatch. Cleans the site with a chloroprep swab		
7. Holds a piece of gauze over the exit site to support the surrounding skin		
8. SecruAcath can be removed either prior to or post PICC line removal. To remove SecurAcath follow: SecurAcath Removal Vimeo		
9. Apply traction on the PICC line and gently pull the catheter in a steady and even manner moving the hand along the length of the PICC and pulling from the exit site then hold sterile gauze over the exit site and apply gentle finger pressure until bleeding stops.		
10. Once bleeding has stopped replace new gauze with a sterile dressing and then bandage the site (this will act as a pressure dressing and minimize the risk of a haematoma forming)		
11. Send the tip of the PICC line to microbiology for culture		
12. Carry out and record NEWS		
13. Dispose of equipment and PPE as per local policy		

14. Ensure that the patient is left comfortable and aware of any effects that may result from the PICC line being removed		
15. Refer to community nursing service for after care (removal of dressing after 24hrs) and ensure appropriate information is given to the community staff		
16. Document the removal of the line in the patient's notes and CVAD bundle noting any complications.		
17. Ensure any anticoagulant therapy commenced for PICC line is reviewed and discontinued by medical staff. Antibiotics may be prescribed by medical staff if required		

GENERAL ELEMENTS

COMPETENCIES	DATE	MENTORS SIGNATURE
Has good knowledge of PICC line removal guideline		
Is able to identify and discuss the management of potential complications		

COMMENTS / ACTION PLAN

Name of Mentor: _____ Signature: _____ Date: _____

Nurses Name: _____ Signature: _____ Date: _____