Caring for Your Peripherally Inserted Central Catheter (PICC)

This information will help you care for your peripherally inserted central catheter (PICC) at home.

A PICC is a long catheter (thin, flexible tube) that is inserted into a vein in your upper arm. It may have up to 3 ends, called lumens, depending on your treatment.

Your PICC can be used to take blood samples, as well as to give you:

- Fluids
- Chemotherapy and other medications
- Blood transfusions
- Intravenous (IV) nutrition

Your PICC can stay in for your entire treatment, up to 18 months. It should not interfere with your normal activities, such as work, school, sexual activity, showering, or mild exercise. However, ask your doctor or nurse about any activities before starting them.

Once a week, you will change the the needleless connectors, disinfection caps (SwabCap®), and your dressing, as well as flush your catheter.

Please note that contrast for a computed tomography (CT) scan can be injected through a Bard® Solo Power PICC. However, contrast cannot be given through other types of PICCs. If you have any questions about your PICC, ask your doctor or nurse.

Having Your PICC Placed

Your PICC will be put in by a doctor or a nurse. You will not need anesthesia (medication to make you sleepy) when you have it put in, but you will be given an injection that will numb the area where the catheter is inserted. The PICC will be inserted into a vein in your arm, but the end of the PICC will be in your chest, near your heart (see Figure 1). You’ll have an x-ray of your chest to make sure the tip of the catheter is in the right place. The catheter will be held in place with a sutureless securement device (Statlock®), adhesive tape (Steri-Strip™), or stitches. The exit site (point where the catheter exists your skin) will be covered with a dressing to keep it clean.

Figure 1: Peripherally inserted central catheter (PICC)
Your nurse will teach you how to care for your catheter. A caregiver, family member, or friend will learn with you. You will learn how to use sterile technique to change your dressing. This will minimize your risk for infection. You will also learn how to change your needleless connectors and disinfection caps, as well as flush your catheter using a syringe with normal saline solution. You must flush your catheter to keep blood clots from forming inside of it. After you go home, use this information to help you remember the steps to care for your catheter.

**Caring for Your Exit Site**

You may have some bleeding and mild discomfort during the first 24 to 72 hours after your PICC is inserted. If you have any bleeding from the exit site, apply cold compresses to the area. Call your doctor or nurse if the bleeding and discomfort does not get better after 72 hours, or if it gets worse at any time.

- Check your exit site each day for:
  - Redness
  - Tenderness
  - Leakage
  - Swelling
  - Bleeding

If you have any of these signs or symptoms, call your doctor. You may have an infection.

- Do not have any of the following on the arm where your PICC was inserted:
  - Needle sticks (such as for blood draws or IV line)
  - Blood pressure measurements
  - Tight clothing or tourniquets

**Changing Your Dressing, Needleless Connectors, and Disinfection Caps**

- **Do not do your catheter care in the bathroom after a shower.** The steam from a shower can create a moist environment under your dressing and will affect the adhesive.

- Have a caregiver help you change your dressing. Tell your nurse if you will not have someone to help you.

- You will see the folded *Map for Dressing Change: PICC* inside this resource. Use it to follow the step-by-step instructions for changing your dressing. This is when you will use sterile technique. You will not be able to touch the booklet then because that would break sterile technique. Open the map and spread it out where you can see it.

- You will use a Tegaderm™ CHG dressing to cover your exit site, unless your doctor or nurse gives you another one to use. Change your dressing once a week, as long as it stays dry, intact, and clean. Change it on the day you change your needleless connectors and disinfection caps and flush your catheter.

- If the Tegaderm™ CHG gel pad becomes swollen, change your dressing. You can test the gel pad by applying pressure to it with your index (pointer) finger. If you see an indent, the gel pad is swollen and your dressing should be changed. This can happen if there is a lot of sweat under your dressing.

- If you have problems with your skin, such as irritation or sensitivity, your nurse may suggest a different type of dressing. In that case, you may need to change it more often than once a week. No matter which dressing you are using, always change it right away if it starts to come off or gets wet. Do not just put another dressing or tape over it.
Equipment

- One dressing change kit
- Include alternative dressing and/or needleless connector(s), if supplied by your nurse.
  - You will need 1 needleless connector for each catheter lumen.
- Sutureless securement device (StatLock®)
- Extra mask (if someone is helping you change the dressing)
- One disinfection cap for each lumen
- Nonsterile gloves
- Paper tape
- Extra alcohol pads

Sterile procedure for changing your dressing

1. Prepare a clean area in which to work. Remember not to change your dressing in the bathroom after a shower.

2. Gather your equipment. Wash your hands thoroughly with warm water and antibacterial soap or use hand sanitizer.

3. Get into a comfortable position. Open or remove your clothing to expose the catheter.

4. If there are any clamps on the catheter lumens, check to make sure they are clamped.

5. Open the Map for Dressing Change: PICC instructions enclosed in this resource and spread it out where you can see it.

6. Open and remove the outer packaging of the dressing change kit. The mask will be right on top (see Figure 2). Put the mask on. If someone is helping you change your dressing, they will need to wear a mask. Do not touch anything else inside the kit.

7. Put on the nonsterile gloves. Before removing your dressing, tape the lumens of your catheter to your arm using nonsterile tape (see Figure 3).

8. Roll up the old dressing to the top of the StatLock® using alcohol pads to help with the removal (see Figure 4). Using up to 4 alcohol pads, scrub the wings of the StatLock® to loosen the adhesive. Once the wing has come off your skin, fold it under. Repeat the process on the other side.

9. Once the entire StatLock® is loosened from your skin, secure it with the thumb of your nondominant hand. Open the windows of the StatLock® using the thumb of your dominant hand. Throw away the old StatLock® device.
10. Using more alcohol pads, remove the entire dressing by pulling up gently. Make sure the gel pad of the Tegaderm™ CHG is intact. Throw away the old dressing and nonsterile gloves.

11. Without touching the area, inspect your exit site and skin around it. Call your doctor or nurse after you complete the dressing change if you notice any signs of infection or irritation, such as:
   - Red or raw skin
   - Swelling
   - Any drainage from the exit site
   - Leakage around your catheter

12. Take the paper drape out of the kit. Unfold it and place it on your work area.
   - If supplied by your nurse, open the package of the alternative dressing, needleless connector(s), and sutureless securement device onto the sterile field.

Follow steps 13-27 on the Map for Dressing Change: PICC instructions to complete the dressing change.

You are now done with the sterile part of the dressing change. Keep your gloves and mask on to change the needleless connectors and disinfection caps on your catheter. You will need to do this once a week.

**Changing the Needleless Connectors and Disinfection Caps**

28. You will change the needleless connector and disinfection cap on each lumen of your catheter. Make sure you have 3 alcohol pads for each lumen.

29. Most PICCs don’t have clamps on the lumens. If your PICC has a clamp on the lumen, make sure it is clamped before you change the needleless connector and disinfection cap.

30. Even though your gloves are on, they will no longer be sterile if you touched your skin when you put on the dressing, so do not touch the inner part of the catheter tip or needleless connector. Using an alcohol pad, hold your catheter with your nondominant hand close to, but not touching, the needleless connector (see Figure 5).

31. Using your dominant hand, scrub the connection site for 15 seconds with another alcohol pad and allow it to dry for 15 seconds. Twist off the old needleless connector. Throw away the old needleless connector and alcohol pad.

32. Scrub the open end of your catheter with a new alcohol pad for 15 seconds and allow it to dry for 15 seconds.

33. Pick up the new needleless connector with your dominant hand. If there is a cover in place over the new needleless connector, remove it and then twist the new needleless connector onto your catheter (see Figure 6).
34. If you won’t be flushing your catheter immediately, apply the disinfection cap to the end of the needleless connector.

35. Repeat steps 28-34 for the second and third lumens.

36. Remove your mask and sterile gloves. Discard them.

37. Ask your nurse about the best way to secure your catheter. Do not put tape over the connection site.

Flushing Your PICC

Your PICC must always be flushed after you have received antibiotics, IV nutrition, chemotherapy, or blood products. This is to prevent it from becoming clogged. When your PICC is not being used, it must be flushed every 7 days.

Equipment

- One prefilled, 10 mL syringe containing normal saline solution. You will need 1 syringe for each lumen
- Nonsterile gloves
- Alcohol pads
- One disinfection cap for each lumen

Steps to flushing your PICC

1. Gather your equipment.

2. Wash your hands thoroughly with warm water and antibacterial soap. Dry them with a clean towel or a paper towel. Put on a pair of nonsterile gloves.

3. To release the air bubbles in the syringe, gently tap the side of the syringe. Point the syringe up as you do this. Loosen but do not remove the cap on the syringe. Press the plunger on the syringe until the air is pushed out. Retighten the cap.

4. Check to make sure that the tubing is not twisted or clamped. Most PICCs will not have clamps on the lumens. If your PICC line has a clamp, be sure to unclamp it before you flush your catheter. Reclamp it after flushing your catheter.

5. If you have a disinfection cap, remove it.

6. If you don’t have a disinfection cap, scrub the end of the needleless connector with an alcohol pad for 15 seconds and allow it to dry for 15 seconds.

7. Remove the cap from the syringe. Throw away the cap. Make sure that nothing touches the clean end of the needleless connector while you are doing this.

8. Carefully push the syringe into the needleless connector and twist it in a clockwise (to the right) direction until the connection feels secure. If you can’t inject the saline, stop and check to be sure there are no twists or other blockages in the tubing. Try to inject the saline again. If you still can’t inject the saline, do not use extra pressure to flush the line. Remove the syringe, reclamp your catheter, and call your doctor or nurse.
9. Use the following push/pause method to flush your catheter:
   • Quickly inject $\frac{1}{3}$ of the saline.
   • Pause.
   • Repeat.
   • Inject the last $\frac{1}{3}$ of the saline. If you have a clamp, clamp your catheter after the injection.

10. Untwist the syringe from the lumen and throw it away.

11. Attach a disinfection cap to the end of the needleless connector.

12. Repeat steps 3-11 for each lumen.

### Caring for Your PICC

- If your catheter is leaking at any time, clamp it above the leak. Use the clamp in the Central Venous Access Discharge Kit. Wipe the area that is leaking with an alcohol pad. Call your doctor or nurse immediately. Catheters can often be repaired.

- If liquid is leaking while going into your catheter or when flushing your catheter, check that the needleless connector is on tightly.

- If you are receiving an infusion at home, and liquid is leaking from your exit site, turn off the infusion and cover the site with sterile gauze.

### Guidelines for showering

While your catheter is in place, it is especially important to take good care of your skin to reduce your risk of infection. We recommend that you wash with Hibiclens® every day while your catheter is in place. It contains a fast-acting antiseptic called chlorhexidine gluconate (CHG) that kills germs that live on your skin and will reduce your risk of infection. Hibiclens® can work for up to 6 hours after using it. You can purchase it from any local pharmacy or online. You will be sent home with a small bottle when you are discharged from the hospital.

**Instructions for using Hibiclens®**

- If you are washing your hair, shampoo and rinse thoroughly.
- Wash your face with regular soap.
- Rinse your body with warm water from the neck down.
- Apply Hibiclens® to a washcloth or directly to the skin being cleansed. Wash gently. Do not dilute the Hibiclens®.
- Rinse thoroughly with warm water and pat yourself dry.

**Important points to remember when using Hibiclens®**

- Do not use Hibiclens® if you are allergic to chlorhexidine.
- Do not use Hibiclens® on your face, ears, genital region, or on deep wounds.
- Do not use regular soap, lotion, powder, or deodorant after washing with Hibiclens®.
You can shower with your catheter in place using a one-time-use waterproof cover that goes over your dressing. Each time you shower, cover the Tegaderm™ CHG dressing completely with a new waterproof cover to protect it from getting wet.

- To put on the waterproof cover, peel off the top and side strips. Place the top edge above your dressing. Smooth it down over your dressing. Do the same for the bottom part of your dressing, making sure that the bottom edge of the waterproof cover is below your dressing. Make sure the lumens of your catheter are tucked into the waterproof cover and completely covered.

- Do not let the tape on the waterproof cover touch the Tegaderm™ CHG dressing. It can lift your dressing when you remove the waterproof cover after showering.

- Dry the waterproof cover before removing it.

- Do not shower for longer than 15 minutes. Use warm water, not hot water. This will help prevent the waterproof cover from coming off.

- Do not submerge your catheter in water, such as in a bathtub or swimming pool.

- If your dressing gets wet, change it.

**Call Your Doctor or Nurse Immediately if You Have:**

- A temperature of 100.4° F (38° C) or higher
- Shortness of breath
- A lightheaded or dizzy feeling
- Nausea and vomiting
- Confusion
- Discomfort in your chest
- Swelling in your hand, fingers, upper arm, or neck
- Aching in the arm where your PICC is inserted
- Heart palpitations

You can contact your healthcare providers directly Monday through Friday from 9:00 am to 5:00 pm. After 5:00 pm, during the weekend, and on holidays, please call (212) 639-2000 and ask for the doctor on call for your doctor.

**Notes**
How to Put on Your Sterile Gloves

1. Open the package that contains the sterile gloves. Pull the edges of the package down to keep them flat.

2. Pick up 1 glove by the folded cuff.

3. Still holding just the cuff with 1 hand, slide your other hand into the glove, making sure the outside of the glove does not touch anything.

4. Slip the fingers on your gloved hand under the cuff of the other glove. Hold the glove up and do not let it touch anything.

5. Keep the thumb on your gloved hand pointing up so it is out of the way. Slide your other hand into the glove.

6. Pull the glove all the way up. Be careful not to touch anything, including your wrist.
19. Pick up the Chloraprep®. Beginning at the exit site, scrub up and down and side to side with the Chloraprep® to make a 2-inch box (see Figure 3). Do this for 30 seconds. Discard the Chloraprep®.

20. Allow the site to dry for at least 30 seconds. Do not fan or blow on the site to speed up the drying. Hold the catheter away while it dries.

21. Take another alcohol pad in your dominant hand. Place it around the catheter, just above where it separates into lumens. Grasp the catheter with the alcohol pad. Hold the catheter up and use another alcohol pad in your nondominant hand to clean the catheter. Start at the exit site and gently wipe down to the hub using a new alcohol pad for each lumen. (see Figure 4). Do not pull on the catheter.

22. Apply the No Sting Barrier Film to your skin and the area below the catheter wings. Paint it on in the shape of an open rectangle about the size of the Tegaderm™ CHG dressing. Allow it to dry completely. The No Sting Barrier Film will help the dressing stick to your skin.

23. Apply the skin protectant included in the StatLock® package to the area where the StatLock® device will be applied. Allow it dry completely to avoid skin irritation.

24. Secure the catheter with your nondominant hand using an alcohol pad.

25. Ensure that the arrows on the StatLock® are pointed up (see Figure 5). To apply the StatLock® device, place each catheter wing hole over the posts on the StatLock® on either side. Support the anchor pad and catheter while closing the retainer doors. Hold the StatLock® device retainer securely as you peel away the paper backing from the anchor pad and place it on your skin.

26. Peel the backing off the Tegaderm™ CHG (see Figure 6). Center the gel pad over the exit site and smooth down the dressing edge. Do not stretch the dressing when applying.

27. Grasp the round paper tab on the outside and peel the plastic off all the way around the dressing (see Figure 7). Peel the notched tape off of the paper tab. Apply the tape under the tubing and over the dressing edge to secure the catheter. You may press the outside of the dressing to make sure it is intact.

28. Continue the instructions in the booklet.