PICC LINE DRESSING CHANGE

EQUIPMENT

- Non-sterile gloves (one pair)
- Alcohol pads to remove old dressing (as needed)
- Sterile dressing change kit
- Statlock
- Bandnet

PROCEDURE

1. Wash hands.
2. Prepare patient and work area.
3. Open dressing change kit to retrieve mask. Put on mask before exposing catheter site.
4. Put on non-sterile gloves.
5. Remove old dressing.
6. Using alcohol pads, remove Steri-Strips and securement device after unlocking it from the catheter.
7. Temporarily secure catheter with piece of tape from old dressing to prevent catheter migration.
8. Observe site and skin for exudate, erythema, ecchymosis, palpable cord or tape burns and assess arm for swelling, pain, warmth and for collateral circulation.
9. Check for integrity of the catheter, hub and extension set.
10. Open sterile dressing change kit, and securement device.
11. Put on sterile gloves.
12. Instruct patient to carefully raise arm. Place sterile barrier under arm; ensure PICC does not migrate out.
13. Cleanse the site using the swabs provided in the kit. Use swabs in a circular motion starting at the center (insertion site) & moving out.
14. Apply skin prep to area. Let it dry.
15. Apply securement device (Statlock). Do not apply it at the exact same spot the old Statlock was applied. Use sterile tape measure to measure external length of the catheter from hub to skin entry.

16. Carefully loop or curve catheter from the site and apply Steri-Strips to secure and stabilize catheter. Avoid placing loop or curve over indentations in skin from previous catheter position.

17. Apply dressing on the catheter site using transparent dressing. Ensure that the Steri-Strips and the Statlock are covered.

18. Press down all around the transparent dressing to ensure good skin contact.

19. With transparent dressing, the skin should be visible about an inch proximal to the insertion site. This is for monitoring of complications.

20. Label dressing with date, time, initial.

21. Place a Bandnet over the dressing site if available; ensure that the tubing is not kinked.

22. Document procedure & patient tolerance in the EMR.