

PICC or Midline Dressing Changes

PURPOSE

To keep the catheter insertion site clean, stabilize catheter and minimize the risk of infection.

POLICY

1. The procedure shall be completed by an RN who is competent in performing the site care and dressing changes. Where appropriate, and with a specific physician's order, the caregiver may be instructed to perform this procedure.
2. This is a sterile procedure which requires the use of sterile gloves. It is strongly recommended that the nurse and the patient wear a mask during the procedure. If the patient is unable to do so, they should be instructed to turn their head away from the catheter exit site.
3. Catheter exit site care and dressing change frequency are based on the type of dressing; transparent dressings should be changed every 5-7 days, and gauze dressings should be changed every 2 days. If the dressing integrity becomes compromised, if moisture, drainage, or blood is present, or if signs and symptoms of site infection are present, the dressing should be changed immediately. Consideration should be given to site care and dressing change within 24 hours of catheter insertion, especially in the event of drainage or loss of dressing integrity. Gauze dressing under a transparent dressing should be treated as a gauze dressing, and should be changed every 2 days.
4. The catheter stabilization device shall be changed with each dressing change.
5. Chlorhexidine solution is preferred for skin antisepsis. Povidone-iodine and 70% alcohol may also be used. Chlorhexidine is not recommended for infants under 2 months of age.
6. For infants under 2 months of age, or pediatric patients with compromised skin integrity, dried povidone-iodine should be removed with normal saline wipes or sterile water.
7. The use of a chlorhexidine-impregnated dressing should be considered as an additional catheter-related bloodstream infection prevention measure, especially in patients with compromised immune status or in patients who have had multiple catheter insertions.
8. The dressing should be labeled with the following information: date, time, and initials of the nurse performing the dressing change.

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9. Taking care not to dislodge the catheter, use firm pressure to scrub the skin around the catheter exit site, covering an area as large as the dressing to be applied. It is helpful to use an alcohol swabstick first, as this removes adhesive and oily deposits on the skin. Use the chlorhexidine cleanser next for approximately 30 seconds (or povidone-iodine for 2 minutes), allowing the solution to dry thoroughly before proceeding.
10. If desired, a skin protective solution such as Skin-Prep® may be applied to the cleansed area. Allow to dry thoroughly. Apply antimicrobial or Chlorhexidine disc.
11. If using the Stat-Lock® stabilization device, apply it at this time, taking care not to dislodge the catheter. Steri-strips® may be applied between the exit site and stabilization device, as long as they do not obscure the view of the exit site.
12. Apply a transparent dressing (with “built-in” stabilization device) over the exit site and secure the edge of the dressing with the adhesive provided to occlude the border where the catheter exits from the dressing. Apply label with date, time and initials of nurse performing the dressing change.
13. Measure the arm circumference (mid-point between the axilla and the catheter exit site) and document on flow sheet, along with the external catheter measurement.
14. Document the procedure in the patient’s medical record.

RESPONSIBILITY

The Clinical Specialist has the responsibility for approval of, compliance with, and revisions to this policy.

MODIFICATION/REVISION

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the effective date of this policy.

REFERENCES

1. Infusion Nursing Standards of Practice – Revised 2016; Journal of Infusion Nursing, Supplement to January/February 2016, Volume 39, Number 1S.
2. Infusion Nursing: An Evidence-Based Approach, Third Edition edited by Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, and Roxanne Perucca.
3. INS (Infusion Nurses Society) Policies and Procedures for Infusion Nursing, 3rd Edition.