PERIPHERALLY INSERTED CENTRAL CATHETER (PICC): REMOVAL PROCEDURE

POLICY
PICC removal is a specialized skill requiring certification. PICCs are removed with a physician’s order by a PCMD or PCRN. The bedside nurse is responsible for alerting the appropriate individual to remove the PICC and for assisting with the procedure.

Applicability: PICC removal occurs within the Neonatal Intensive Care Unit

PROCEDURE
Gather Equipment

1. Mask
2. Sterile gloves
3. SPD tweezers and scissors kit
4. Sterile 2”x 2” gauze
5. Sterile 0.9% NaCl or sterile water non-injection vials (for rinsing of skin)
6. Tape as required
7. Dexidin 2 solution (2% chlorhexidine with 4% alcohol)
8. Sterile Q tips
9. Sterile specimen container (if Culture and Sensitivity of catheter tip is ordered)

Preparation

1. Check and verify physician’s order for PICC removal.
2. Obtain assistance.
3. Clean working surface with Caviwipes.
4. Mask and wash hands for one minute.
5. Open sterile towel on work surface and add necessary supplies.
6. Clamp and turn off infusion pumps immediately prior to dressing removal.

Removal Procedure

7. Remove and discard old dressing without contaminating insertion site.
8. Wash hands again and put on sterile gloves.
9. Clean skin prior to the removal procedure. Clean with Dexidin 2 solution 30 for seconds and let dry for 60 seconds.
10. Remove catheter with tweezers in slow increments.
11. If catheter breaks during removal, immediately apply tourniquet to extremity. Call physician STAT
12. If resistance is met, attempt the following

To remove transparent dressing:
- Loosen opposite corners of the dressing.
- Stretch and pull the dressing horizontally and parallel to the skin.
- Use counter-traction and stretch and pull away from the insertion site.

For infants ≤ 1000gm:
- Cleanse site for 30 seconds.
- Allow solution to dry on skin for 60 seconds.
- Remove residual solution using sterile NS or sterile water prior to redressing PICC.

See: NICU Skin Antisepsis protocol

Rapid removal can cause vein irritation resulting in spasm.
techniques:
- Reposition limb.
- Apply sterile warm compress along the track of the vein for 20 to 30 minutes and reattempt catheter removal.

If unable to remove PICC despite attempting different techniques:
- Reapply sterile PICC dressing.
- Repeat application of sterile warm compresses intermittently for the next 12 to 24 hours and reattempt catheter removal.
- Notify the Neonatologist.

If persistently unable to remove PICC:
- Obtain a physician’s order for x-ray to rule out knots in the catheter, or have an ultrasound done to rule out thrombus.
- Stay with patient during the time line is exposed to prevent the risk of line infection.

13. After removal of PICC, apply pressure on insertion site with sterile gauze for a minimum of 2 minutes.

14. Culturing the PICC tip is not a routine practice. If Culture and Sensitivity (C&S) is ordered for PICC tip:
- Cut the distal 5-7 cm with sterile scissors and place tip into a sterile specimen container.

Post Removal Procedure

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| 15. Inspect the entire PICC catheter to ensure catheter is removed intact. Count marking to ensure the entire length of PICC catheter is removed. | • Upon removal, catheter length may be longer due to stretching. It should never measure shorter.  
• If catheter measures shorter notify physician STAT of potential embolization. |
| 16. Observe for signs of inflammation or necrosis of insertion site. | • Bleeding is unlikely due to small size of catheter. |
| 17. Wash hands. |  |
| 18. Settle infant. |  |

Documentation

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<td>19. Complete documentation on the removal section of the PICC Registry.</td>
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**DOCUMENTATION**

NICU Arterial and CVC Registry  
NICU Arterial and CVC Daily Maintenance and Tracking Log  
Nursing Flow Sheet  
Physician Progress Note
REFERENCES


Neonatal Policy Manual Peripherally Inserted Central Catheter Policy (PICC)

Neonatal Policy Manual Skin: Antiseptic Protocol

Neonatal Policy Manual Arterial and Central Venous Catheter Registry

Neonatal Policy Manual Arterial and CVC Daily Maintenance Tracking Log

