

## **PICC Dressing Change**

Female1: Hi, Sherry. Thanks for coming in today. What are we going to do today?

Female2: So today we're going to change a PICC dressing.

F1: And what is a PICC?

F2: So a PICC stands for peripherally inserted central catheter. It's a type of CVAD or central venous access device.

F1: And why would we want this?

F2: So this PICC, actually, is inserted typically for longer term infusions that a patient may need for a month or up to a year.

F1: So this is a continuous infusion or is it a--

F2: No, typically it's for intermittent infusions like long-term antibiotics, maybe PN and other types [of IV route needs].

F1: And does it have a longer catheter?

F2: Yes, so it typically just tunnels under the skin a little bit, goes into the vessel and then tunnels all the way down through the vessel towards the bottom of the--

F1: Close to the heart. Okay, and I see that there's two here.

F2: Yes, so PICC's can come with either just one line [meaning lumen]. It can have the two lumens and sometimes even three lumens.

F1: Okay, and so I see it's got some caps on here, so it's like a PVAD, right, so that you can have it locked off.

F2: Exactly.

F1: So what-- are these special caps?

F2: Yes, you can have different types of needleless caps. Some of them are positive or

neutral or negative displacement. So you just need to know what kind you're working with [so that] when you finish flushing how you're going to complete that flush.

F1: Okay, and so today we're going to change a dressing?

F2: Yes.

F1: So what do we need for that?

F2: So some of the supplies you're going to need, of course, there's your dressing kit. And your--

F1: So this is a normal dressing kit?

F2: Yes, a regular dressing kit. Your central or your CVAD dressing itself; the stabilization device or anchoring device; Swabs; sterile gloves and clean gloves.

F1: Okay. So do you need an order to change this?

F2: You do not need an order because they're typically changed every seven days.

F1: Okay, so how do we start?

F2: So make sure I wash my hands with some sanitizer, put my clean gloves on. Ideally get the patient comfortable in bed, extend their arm out. So we're going to start removing what we can here. Sometimes they're really sticky. And the key thing with taking off any type of dressing, whether it's a PICC or a CVAD is to remove it in the direction of the insertion site. And that helps to prevent--

F1: Oh, pulling out.

F2: -- accidentally dislodging.

F1: So these are not sutured in.

F2: Yes, PICC's are not sutured in whereas most CVAD's are sutured in.

F1: Now we've got the old dressing off. Was there anything we had to do in terms of measuring this?

F2: That's a good point. So that is one of the things you want to do at some point during the dressing change. So you just want to take a measuring device.

So depending how much of the PICC line is external, you might need a longer ruler. So measuring, you want to start right at the hub, so down here where it connects to the catheter, right to the insertion site itself without compromising sterility.

F1: And why do we do that?

F2: So the main reason is checking for migration, to check if your PICC line might have gone in further or migrated out.

F1: Okay, what happens if when you were taking that dressing off it did pull it out a little bit?

F2: So my understanding is generally they don't worry about maybe a centimeter or two. But otherwise the concern is that if it comes out too far it could actually come out of the vessel.

F1: And we would write that down on the kardex so you knew what that measurement was, right?

F2: Yes, so you could update.

F1: Can you just go over what we need to have on our sterile field here to do this dressing change?

F2: Yes, so absolutely. So we can put our dressing right on the sterile field, so you can see I'm opening up a CVAD or a PICC tegaderm. This is one of the newer

ones; it's got three separate pieces. So you can see that. I'll show you there. It's got the three pieces which I'll show you how to put on. So that can go right into your dressing tray or your field. And then, of course, this one comes with a StatLock separately. Some of the newer PICC ones come with-- PICC dressings come with the StatLock as part of the dressing.

F1: That'd be nice, have it all in one package, so then you don't forget something, right?

F2: Exactly. So if you don't have the StatLock in the dressing kit just go get one externally. And it comes with a little skin prep pad.

F1: So you need the PICC tegaderm, you need skin prep and you need a StatLock.

F2: Yeah, exactly. And then for cleansing, of course, we'll use our chlorhexidine swabs. So I have two of those.

F1: And is there anything special that you have to think about when cleansing?

F2: Yeah, so really ideally they want to use multidirectional and friction. So as long as you're going-- I try to really go well around that insertion site and then sort of move out from there. And you want to do the whole area that the dressing is going to cover outside of that area, actually. Get another one here and throw that out.

F1: So you need at least two swabs?

F2: Yes, two and if there is any-- actual blood on the dressing or on the site itself, perhaps it was just inserted, use saline to get the blood off first and then you use your chlorhexidine swabs. Clean some of the PICC itself.

F1: Okay, so we're using a multidirectional force. All over and all over the whole site where the tegaderm goes--

F2: That's right.

F1: Sometimes I've seen in the hospital that they have this little brown disc thing that's right at the insertion point. What's that all about?

F2: So that is actually to help start the coagulation, so to prevent bleeding. So it will sort of liquify over the next 24 hours.

F1: So we don't take that off.

F2: You don't take that off on the 24-hour dressing change and often you won't get all of it off. It sort of congeals at the site there and you just cleanse over top of it.

F1: Leave it, okay. Now what do we do?

F2: So now I can put my sterile gloves on.

F1: Sherry, you have your sterile gloves on and you've got your-- the StatLock is going to go first.

F2: Peel off-- I like to peel off one side. And actually I might want to use my skin prep on the site beforehand so I can wipe that skin prep pad where the StatLock's going to go. It will help it adhere better. And that's also another point is making sure that the chlorhexidine dries on the site because it will help the dressing adhere as well as maximal efficacy for the [antiseptic properties].

F1: I see there are some arrows there.

F2: Yes. Good point. So I'm going to tuck that underneath there.

F1: So the arrows mean this way in?

F2: Yeah, so those arrows point at the direction of the insertion site.

F1: Oh, I see, got your little nubs in there. There you go.

F2: Yes, put those in. Can close that and then I can pull off the other side of my

dressing here. Okay and I'll pull that piece of tape off after. So like I was explaining there's parts to this dressing. So the first part I'm going to put right over top. I want to make sure my insertion site is centered in the clear window there. So about like that. And stick that down. Peel [it] off. And I've got my other two pieces here.

F1: So it's kind of like an IV. You want to have the center part here so that you can see it and you push it down around the edges so it doesn't tent.

F2: Exactly, yes.

F1: Looks good.

F2: Yes, handy little piece there. And you can actually hold onto the other side so your glove doesn't stick so that's kind of a nifty thing. So Wendy, would you be so kind as to pull that tape off for me? So I can dirty this hand here. I could ask Wendy to help me to lift these up. Either way is fine as long as I remember that that's contaminated. And I'm going to put this down, sort of tucked in as close as I can to that insertion or sorry, to where the StatLock is. And then I'm going to write my date that I changed it so they'll know that it's to be changed within seven days. That goes over top like that.

F1: So it's kind of sandwiched in there so it can't move.

F2: Yes, exactly. Sandwiched in there and also well covered as well.

F1: Okay. All right. And is there something we have to chart with this after?

F2: Yes, so you want to chart that you did the dressing change according to your policy, institutional policy. You want to assess the site, any redness, drainage, and swelling. The length, you want to note that external length. And you'd also be

doing flushing, locking, et cetera so you can note that.

F1: Okay and how do I know what to flush?

F2: Okay, so we will talk about that in the next video.

F1: Thank you.