



**Standard for the  
Management of Intravascular  
Device-related Bloodstream  
Infections**

***Protocol for Management and  
Insertion of Peripherally  
Inserted Central Venous  
Catheters (PICC)  
Part II***

# Dressings


- Use an aseptic technique including sterile dressing pack with drape and sterile gloves when replacing the dressing
- Use alcoholic chlorhexidine solution for skin preparation unless contraindicated
- Cleanse the area (the size of the final dressing) around the catheter including the hub

# Dressings

- Cleanse using a circular motion moving in concentric circles from the site outward, repeat 3 times
- Apply the antiseptic solution vigorously for at least 30 seconds, allow to air dry; do not wipe or blot
- Do not use antimicrobial ointments or creams under the dressing at the insertion site

# Dressing Type

- Sterile, transparent, semi-permeable, self-adhesive, polyurethane dressings are recommended



Adhesive labels  
indicating insertion  
details, on dressings  
are recommended

# Dressing

- Replace the dressing at the recommended intervals AND when the dressing becomes:
  - damp
  - loosened
  - no longer occlusive or adherent
  - soiled
  - if there is evidence of inflammation
  - or excessive accumulation of fluid (especially blood) under the dressing

# Replacement Intervals

- Replace intravenous infusions, administration sets and add-on devices at recommended intervals
- Connectors shall be swabbed with single-use 70% alcohol-impregnated swabs and allowed to dry prior to connection and disconnection

# IV Access Ports

- Replace intravenous access ports (bungs or valves) per the manufacturer's instructions
- Perform hand hygiene AND
- Liberally swab all intravenous ports (bungs or valves) with single-use 70% alcohol-impregnated swabs and allow to dry, prior to accessing the system

# IV Access Ports

- If the integrity of the port is compromised or if residual blood remains within the port, replace immediately and consider changing the administration set

# Flushing & Locking of PICCs

- Flush and lock PICCs with normal saline 0.9% for injection (unless the manufacturer recommends otherwise)

## Use:

- an aseptic technique including hand hygiene and cleaning the IV access port
- a 10mL syringe or larger
- a pulsatile (push-pause or start-stop) motion
- a positive pressure technique

# Daily Review






- PICCs should be reviewed daily, and promptly remove those that are no longer needed
- Examine site daily (or at each dressing change if gauze is used) for erythema, drainage, tenderness, pain, suture integrity and catheter position
- Only replace a PICC on clinical indications

# How do I show I care?

- *Remember the I-Care Steps.....*

## I-Care Steps

Protect your patients and reduce the risk of blood stream infections by following the I-Care Steps when managing IV devices.

-  **I** IVD Management
-  **C** **Clean** your hands
-  **A** **Access:** Use alcoholic chlorhexidine to prepare the insertion site and use alcohol swabs to clean injection ports before accessing.
-  **R** **Review** the need for the IVD on a daily basis and remove the IVD when no longer needed.
-  **E** **Educate** everyone about I-Care – staff, patients and carers.

<http://www.health.qld.gov.au/chrisp/icare/about.asp>

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