Removal of PICC Line

Equipment Required

- Dressing pack
- Clean gloves
- Stitch cutter
- sterile occlusive dressing to cover insertion site
- Prep Pad 2% chlorhexidine wipe & Alcohol wipe
- Face cloth and waterproof / incontinence sheet (or plastic apron) if required to apply compress.

Procedure

1. Explain procedure to client.
2. Position client comfortably in a supine position or if possible, in slight Trendelenburg position with head 10 to 30 degrees down.
3. Perform hand hygiene
4. Prepare equipment, opening dressing pack on clean area. Add stich cutter (if required), IV dressing and skin swab to sterile tray.
5. Apply clean gloves
6. Remove PICC dressing from insertion site and discard dressing and gloves.
7. Perform hand hygiene and apply clean gloves
8. Place client's arm at approximately 90° angle and clean insertion area with 2% chlorhexidine swab and allow to dry.
9. Lift the catheter without applying pressure at insertion site (this can stimulate venous constriction making removal difficult)
10. Ask the client to hold their breath and bear down (Valsalva manoeuvre) while PICC being removed. Ease the PICC out hand over hand in smooth, short strokes at a moderate rate. This prevents venous spasm.

NOTE: If you feel resistance at any stage during removal stop and cover the insertion site with a sterile occlusive dressing. Apply a warm compress to the arm above the insertion site and leave for 5 -10 minutes (To make a warm compress, run a face cloth under warm water and wrap in a plastic bag. Retry after 15- 20 minutes without using force. If still resistant, cover insertion site with sterile dressing and contact the client's IV nurse specialist. If not available, send client to hospital. Advise your Clinical Team Leader or report using the organisations incident reporting process.

1. Apply firm sterile dressing while applying firm pressure for at least 5 minutes. If continues to ooze apply pressure for a further 5 minutes.
2. Dressing may be removed after 24 hours

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Post removal procedure:
Check to ensure the catheter is intact and exit site is sealed well with approved transparent occlusive dressing.

Observe for signs of venous air embolism. Signs of venous embolism include:

- agitation and/or confusion,
- tachycardia
- tachypnoea
- hypotension
- pallor
- light headedness

If air embolism is suspected call 111 for an ambulance and place client in Trendelenburg position and place on their left side. This position encourages the air embolism to migrate toward the apex of the R ventricle allowing blood flow through the pulmonary circulation.

Document procedure and interventions in the client clinical record database.