



# **PICCs** A Patient's Guide

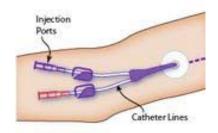
**P**eripherally

Inserted

**C**entral Venous

Catheter

(using Sherlock 3CG techniqure)



Date and time for PICC insertion:

Date due to start treatment:

For further advice or help please contact:

Salisbury NHS Foundation Trust



### Author: Belinda Mills, Roy dear

Date written: May 2004 Review date: April 2021

Version: 2.0 Code: PI1504

If you need your information in another language or medium (audio, large print, etc) please contact the Customer Care Team on 0800 374208 or email: customer.care@salisbury. nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

The Friends and Family Test - Please complete The Friends and Family Test to tell us about your experience at www.salisbury.nhs.uk/FriendsFamily or download our app to your smartphone from the Apple App Store and the Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email patient.information@salisbury.nhs.uk if you would like a reference list.

> © Salisbury NHS Foundation Trust Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ www.salisbury.nhs.uk



#### WRITE ANY QUERIES YOU HAVE HERE:

## Please contact us if any of the following occurs or you have any other worries

- Fluid leaks out of the PICC or the exit wound.
- Discomfort when the PICC is flushed.
- You are unable to flush the PICC.
- You get a temperature and/or rigors (shivers and shakes).
- There is pus in the entry site.
- The entry site or your upper arm is sore.
- It looks like the PICC is coming out of you arm.
- Swelling in you arm or chest pain.

the measurement you were given at insertion (EXIT LENTGH). If this differs it could mean that the PICC has come out a bit and therefore you should contact the team at the hospital.

### **Dressing the PICC**

The PICC is held in place with a dressing. For the first week or so the dressing may need to be changed frequently. After the first week it should only need changing weekly. Sterile gloves and dressings etc. should be used to avoid the risk of infection. We will give you the supplies needed for this. Once dressed the PICC should ideally then be formed into a loop and further secured with a tube dressing, the hospital can supply this for you. The aim is to prevent the PICC getting pulled.

Further supplies for caring for your PICC will be provided by the hospital or Gp if agreed, just let us know what you need.

#### **Blocked catheter**

Regular flushing with saline by the nursing team will reduce the chance of your PICC blocking. However, sometimes your catheter may block; this will prevent the catheter from being used. We may be able to unblock it, but if it cannot be unblocked, it may need to be replaced.

### **Contents**

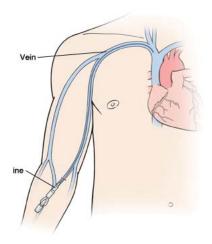
What is a PICC?	4
Why do I need a PICC?	4
Infection	5
Thrombosis (blood clot)	5
PICC movement	5
Flushing the PICC	6
Common problems with PICCs	6
Mechanical phlebitis	6
Are all PICCs the same?	7
How is a PICC inserted?	7
How will the PICC affect my life?	8
General advice	8
Bathing	8
Swimming and exercise	9
Caring for your PICC	9
What care does a PICC require?	9
Dressing the PICC	10
Blocked catheter	10

10

### What is a PICC?

A PICC (Peripherally Inserted Central venous Catheter) is a long, flexible tube for giving intravenous therapies

It enters a large peripheral vein above the elbow and is threaded into a large central vein (the superior vena cava) which drains blood into the heart. There are different types of PICC, but the principle is the same.



### Why do I need a PICC?

Many drugs can cause irritation and damage to smaller veins, but because the PICC is placed in a large vein the drugs are diluted by the blood and less likely to cause problems. We also recommend a PICC if you don't have very good veins in the lower arm. The PICC provides a safe way of administering most intravenous therapies including chemotherapy, antibiotics and blood products for up to 6 months and in some cases longer. Blood samples can be taken using the PICC, so there should be little need to put needles in your veins.

cover for when you shower to keep the PICC dressing dry. If the dressing gets wet it should be replaced immediately to avoid the risk of infection.

#### Swimming and exercise

We advise you not to go swimming at all, due to the risk of infection. Other forms of exercise should pose little risk to your line. Contact sports such as martial arts, rugby, wrestling are probably best avoided as the PICC may get pulled. Golf, tennis and other activities which involve a lot of arm swinging and elbow bending are probably best avoided.

Less harmful activities such as housework, walking, dancing, cycling, and running should pose little if any risk to the line. If you have any doubts please ask for advice.

Exercise whilst having treatment is beneficial, you should not allow the PICC to stop you from participating in you hobbies unless it is absolutely necessary.

### Caring for your PICC

If you have any worries or queries regarding your PICC please discuss them with us.

### What care does a PICC require?

The PICC will require some simple care in order to prevent it becoming infected or blocked. We will arrange for much of this care to be done by a community nurse at your home or GP surgery. We do also encourage carers or family members with this, where they feel happy to do so and have had some training. Because the PICC is in one arm it is impracticable to do the care yourself.

Whenever the PICC is dressed, flushed or used, whoever is doing this should check the length of the PICC against

has been fixed in place few patient need an chest X-ray. Recently introduced into the hospital is equipment, which eliminates the need for an x-ray for most patients. Once the position has been confirmed by the PICC placer then you can receive treatment through the PICC straight away if needed.

### How will the PICC affect my life?

#### **General advice**

The PICC may put some restrictions on your lifestyle, but these should hopefully be minimal and will only affect you whilst you have the PICC in.

Much of the advice and care is directed at preventing your PICC from getting infected, blocked or accidentally pulled out.

The first rule of care is to ensure that anyone else who handles your PICC washes his or her hands first and wears sterile gloves.

The greatest risk of infection is in the first two weeks after the PICC has been put in; the greatest risk of blockage is when the PICC hasn't been used for some time.

Although the PICC is intended for long term use they can easily be damaged if not correctly cared for. Do not pull the PICC as this may lead to it being dislodged or damaged.

It is very important you drink plenty whilst you have you PICC in, this will avoid the risk of developing blood clots.

#### **Bathing**

Whilst your PICC is in place you should avoid getting it too wet, so ensure that the dressing is intact before bathing. A little water will not harm the PICC, though when having a shower or bath it is best not to allow the end of the PICC to dangle in the bath. We are recommending a specific PICC

#### Infection

Infection of the entry site can occur within the first week following insertion, but having said that should rarely happen. If there is any pus on the dressing, discomfort or inflammation (redness) around the entry site it is likely that the PICC is infected. You should contact the hospital.

Occasionally the inside of the PICC may become infected. If this happens you may experience chills followed by intense shivering and shaking called a rigor, shortly after the PICC has been flushed. As the shivering and shaking subsides you will develop a temperature. You must contact the hospital without delay.

#### **Thrombosis (blood clot)**

On rare occasions a blood clot can collect around the catheter. This would normally result in additional medical treatment. If your arm with the PICC becomes swollen or painful please inform us immediately. This can occur depending on other factors such as your diagnosis and treatment. Evidence shows that by having the PICC in your dominant arm, keeping warm and drinking plenty to remain well hydrated reduces this occurrence.

### PICC movement

Despite our best efforts in securing the PICC it may sometimes move out of the vein. If this happens it may prevent your treatment from being safely administered. You should try to ensure that the PICC is not accidentally pulled and that it is secured with a tubular dressing whenever possible. If you feel that the line is coming out of the vein please try to secure the line with some adhesive tape and contact the hospital.

### Flushing the PICC

The lumens of your PICC need to be flushed at least once a week. If you are attending the hospital then this can be done there, or a family member who has been taught to do this, otherwise we will arrange for a community nurse to do this.

### Common problems with PICCs

A lot of patients will have a PICC without any problems at all and in balance the advantages outweigh the disadvantages. Once the line has been in a few days any initial discomfort should have resolved.

Problems can occur whilst the PICC is in, it is important that any such problems are dealt with promptly. If you feel there are any problems with the PICC you should contact the hospital immediately.

The most likely problems are infection mechanical phlebitis, thrombus (blood clot), infection and movement of the PICC it is important to contact us if any of these problems occur.

#### Mechanical phlebitis

Although the PICC may initially cause some mild irritation along the vein, this usually passes within a day or two. More significant irritation is known as mechanical phlebitis. It occurs less often now the PICC is placed in the upper arm. It may start as an aching feeling in the arm or redness along the line of the vein. This is when the PICC irritates the vein and causes inflammation and pain along the course of the vein. It is more common in women and those with smaller veins, and can be easily confused with infection.

Mechanical phlebitis can be relieved or largely prevented by placing a heat pad over the affected area for 20-30 minutes

four times a day during the first week.

The pain is usually well controlled with paracetamol or other simple analgesics such as Ibuprofen.

If the discomfort persists or gets worse you should contact the hospital.

### Are all PICCs the same?

PICCs can have one, two or three lumens (tubes), the nurse or doctor will explain to you which type of PICC you will have and why we recommend a PICC for your treatment.

There are three types of PICCs used within the hospital They are slightly different in appearance, though there is little difference in the care of them and potential problems. Once inserted, and properly looked after PICC can be left in place for many weeks.

### How is a PICC inserted?

Placing a PICC is similar in many ways to putting in an ordinary intravenous cannula. Prior to commencing the procedure there will be time to answer any queries you have.

The procedure usually takes around 45 minutes to an hour.

A lightweight sensor will be placed on your chest, along with two sticky dots to view your heart rhythm. This helps with the directional tracking and confirmation of the correct catheter tip position.

The insertion of the PICC is not an operation, but the person inserting your catheter will treat it as a very clean procedure. They will wear a sterile gown, sterile gloves and prepare sterile equipment. Your skin will be cleaned with an antiseptic, after which sterile drapes will be placed over your arm and body. Local anaesthetic is used to minimise discomfort whilst the PICC is being put in. Once the PICC