Removing a Percutaneous Intravenous Central Catheter (PICC) or Midline in the Community Setting

Standard Operating Procedure (SOP)	
Ref No: 2009 **Version: 1**	
Prepared by: Clinical Skills Facilitator	
Presented to: Care and Clinical Policies Group	**Date:** 14 August 2015
Ratified by: Care and Clinical Policies Group	**Date:** 14 August 2015
	Review date: 7 April 2020
Relating to policies: CENTRAL VENOUS CATHETERS (CVCS) – Ref: 0209 Version 8	

Purpose of this document – To guide staff in the removal of PICC and midlines in the community setting

Scope of this SOP – For all community nurses and community hospital staff caring for clients with central venous catheters

Competencies required – Aseptic Non-Touch Technique (ANTT)

Patients covered – Any patients within the community setting with PICC or midlines in situ
- PICCs and Midlines should be removed as soon as possible if they are not needed.
- Most PICC and Midlines will be removed in the acute trust vascular access clinics
- A small number of PICC and Midlines may need removing in the community

Equipment:
- Sterile dressing pack which includes sterile gloves and an apron
- 1 pair of normal nitrile gloves
- Skin cleansing solution
- Occlusive dressing
- Tape
- Hand cleansing gel or Clinell Universal wipes.
- Suture cutter and sharps box if required
- Sterile scissors and specimen pot if infection is suspected.

Procedure:
- **Always use ANTT when removing a PICC or Midline**
- **Patient should be lying down with the PICC/Midline exit site below the level of their heart** to prevent air embolism

- **Wash hands and open the sterile dressing pack**.
- **Open the cleansing solution** into tray and open the dressing, (and suture cutter if needed) onto the sterile field.
- **Put on nitrile gloves** and remove the dressing
- **Wash hands or cleanse hands** with gel or Clinell Universal wipes, and put on sterile gloves
- Remove any stitches with the suture cutter and dispose of in a sharps box

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Or Midline in the Community Setting**

- **Pull PICC or Midline out gently, an inch or two at a time.** As each inch goes by, change the position of your hands so that the fingers are next to the exit site. This will prevent the catheter breaking.
- **If there is resistance STOP.** Resistance could be due to venospasm. If this happens, apply warm packs to the patient's arm for about 5 minutes before resuming. If there is still resistance, call **the venous access team for advice on 07769880038**
- **Once the PICC or Midline is out,** apply digital pressure to the site with sterile gauze for 3 minutes or until bleeding stops
- **Apply sterile occlusive dressing** to prevent air from entering the venous system
- **Keep wound dry for 1 or 2 days until healed.**
- **If a systemic infection is suspected,** use sterile scissors to cut off the tip of the catheter and without contamination, drop it into the sample pot. Send to microbiology for culture.

Monitoring tool:

Standards:

Item	%	Exceptions
Monitoring will be undertaken by the vascular access team		

References:
See references in the CVC Policy
The Royal Marsden (11th Edition). Procedural Guideline 18.8, pages 1131 - 1132

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	New	3 July 2015	Guidance needed in the community	Care and Clinical Policies Group
1	Approved	7 April 2017	Date change	Cancer & Vascular Access Advanced Nurse Practitioner
1		12 February 2018	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.
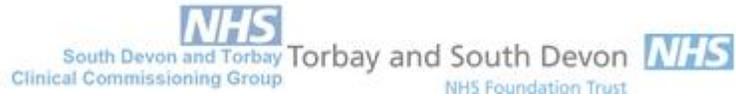
> **"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Collated by Clinical Effectiveness

Version 1 (April 2017)

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NHS
South Devon and Torbay
Clinical Commissioning Group
Torbay and South Devon **NHS**
NHS Foundation Trust

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☐	Other, please state…	☐

Could the policy treat people from protected groups less favorably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centred care?	Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups)	☐
Staff ☐	General Public ☐	Other, please state…	☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? *PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below*	Yes ☐ No☐

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy