Patient and Family Information

PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)

The information provided in this publication is meant purely for educational purposes and may not be used as a substitute for medical diagnosis or treatment. You should seek the advice of your doctor or a qualified healthcare provider before starting any treatment or if you have any questions related to your health, physical fitness or medical conditions.

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WHEN CAN THE PICC BE REMOVED?

The PICC will be removed immediately after the patient’s treatment completes, and in accordance with the doctor’s advice.

Our trained nurses from the Outpatient Parenteral Antibiotic Therapy (OPAT) or any doctor can remove the PICC for patients.

ADVICE AFTER PICC REMOVAL

- A dressing will be placed over the insertion site – keep the dressing clean and dry.
- Remove the dressing about one to two days after the PICC has been removed.
- Observe for any bleeding at the insertion site of the PICC. Should bleeding occur, the patient should use his/her fingers to press hard on the site for about 10 minutes to stop the bleeding. Change the dressing once the bleeding stops. However, if the bleeding does not stop, continue pressing on the site and visit the nearest Emergency Medicine Department immediately.
- Seek immediate medical attention if the patient experiences any chest pain, palpitation and /or breathing difficulty.

WHAT IS PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)?

PICC is a thin and flexible tube that is inserted into a vein on the patient’s arm. The catheter is inserted slowly until the tip lies in one of the large veins on the chest near his/her heart. The catheter can be left in position for up to one year unless it is infected.

Below is an illustration of the PICC line position.

WHAT IS THE PURPOSE OF HAVING PICC?

The PICC can be used:
- To give fluids, antibiotics and other medications directly into the patient’s bloodstream.
- For taking blood samples without having to prick the patient.

PICC is ideal for patients who have small veins which may be difficult to access.
HOW IS PICC INSERTED?
The patient is required to lie down during the procedure. Local anaesthetic will be given to numb the insertion area so that the procedure is tolerable by the patient who will be awake. A fluoroscopy is used to locate the patient’s vein and the position of the catheter tip. The PICC will be inserted by a radiologist.

The procedure should take approximately 40 minutes to an hour to complete.

The PICC will be anchored onto the patient’s skin with two sutures (stitches). A waterproof and transparent dressing will be used to cover the patient’s catheter.

HOME CARE ADVICE
- Avoid any vigorous movement of the arm.
- Cover the PICC connector and dressing with a plastic sheet when showering.
- Do not lift weights.
- Do not soak/submerge the dressing in water.
- Do not swim.
- Ensure that the patient returns to the clinic once a week to change the PICC dressing and to flush and clean the PICC.
- Keep the dressing intact and clean at all times.

WHAT TO DO DURING AN EMERGENCY?
If the PICC dislodges accidentally, the patient should use his/her fingers to press hard on the insertion site for about 10 minutes to stop the bleeding. Apply a plaster after the bleeding has stopped.

If the bleeding does not stop, continue pressing on the site and bring along the PICC to the nearest Emergency Medicine Department immediately.

INFORM THE NURSE/DOCTOR IMMEDIATELY WHEN THE FOLLOWING ARE OBSERVED
- High fever (temperature above 38 Degree Celsius).
- PICC insertion site is red and/or swollen.
- PICC dislodges accidentally.
- Leaking of blood or fluid from the PICC site.

THINGS TO NOTE
Occasionally, the following complications may occur:

- Infection may develop at the insertion site or in patient’s blood.
  - The doctor may carry out tests and investigations to determine the infection. Treatment will be rendered appropriately.
- The catheter may move out of position if there are extremely vigorous movements.
  - The patient should inform his/her nurse or doctor if the catheter moves out of position or if a “swishing” sound is heard during the flushing of the catheter. The nurse or doctor will determine the position of the catheter and provide the appropriate management.
- Tenderness and swelling at the insertion site.
  - The patient can apply warm compress on the site for 20 minutes. Do this for four times a day and it may help to reduce swelling.
  - The patient may wish to take painkillers such as paracetamol (if he/she is not allergic to the medication) to help relieve the pain.
- Bruise near the insertion site.
  - Observe that the bruise does not worsen.