

NICU – MEDICAL GUIDELINE– MUHC

Medication included No medication included

Title:	Peripherally Inserted Central Catheter (PICC) removal criteria guideline
This document is attached to:	Central line Radiography guideline, PICC protocol

1. PURPOSE

To provide the NICU medical team with guidelines for the removal of the peripherally inserted central catheter (PICC). Given the evidence around the increased risk of infection or other complications increases with every extra catheter day, it is very important to establish guidelines to standardize the removal of these catheters.

2. GUIDELINE APPLICABLE IN THE FOLLOWING SETTING:

This guideline is for the medical team who care for the infant with PICC

3. GUIDELINE HAS BEEN APPROVED BY: Division of Neonatology

4. ELEMENTS OF CLINICAL ACTIVITY

Procedure:

1) Removal criteria

- Enteral intake of equivalent to 120ml/kg/day
- IV antibiotic course completed or antibiotic can be given by other route
- IV medication no longer required
 - o Medication to be changed to PO when 50% enteral feeds
 - o For narcotics; no acute withdrawal x 48 hrs after changing route from IV to PO
- No planned surgery in the next week
 - o May extend to 2 weeks if very difficult IV access
- Weight gain is appropriate and no foreseen need for supplemental TPN
 - o May change TPN for clear IV fluid for 48hrs to assess weight gain
- Line no longer central or malpositioned (see Central line radiography guideline for position landmarks) and expected to meet removal criteria within 3 days and peripheral IV access possible

2) Rewire criteria

- Line no longer central/ malpositioned (please refer to PICC protocol for proper line position) and
 - o not expected to meet removal criteria in the next 3 days
 - o peripheral IV access difficult

- Requiring central Total parenteral nutrition for proper growth
- If double lumen PICC and:
 - 1 lumen is blocked despite used of alteplase
 - Difficult fluid management with the KVO rate of the extra lumen

5. **MAIN AUTHOR:** Marie-Eve Moreau Neonatal Nurse Practitioner

6. **CONSULTANTS:** Dr Elizabeth Hailu and NICU Vascular access workgroup, Geraldine Shack Nursing Professional Development Educator vascular access

7. SPECIAL CONSIDERATIONS

The plan for removal of the PICC or other central line should appear in the daily medical note.

These guidelines may need to be tailored to the patient situation. However, proper daily charting is required to explain the reason for having a central line in situ and/or the decision process for rewiring (or not) the PICC.

8. APPROVAL PROCESS

Institutional and professional approval not submitted for review as internal guideline

Committees	Date [yyyy-mm-dd]
<input type="checkbox"/> Adult Clinical Practice Review Committee (CPRC) (if applicable)	
<input type="checkbox"/> Pediatric Clinical Practice Review Committee (CPRC) (if applicable)	
<input type="checkbox"/> Adult Pharmacy and Therapeutics (P&T) (if applicable)	
<input type="checkbox"/> Pediatric Pharmacy and Therapeutics (Peds P&T) (if applicable)	
<input type="checkbox"/> Multidisciplinary Council (MDC) (if applicable)	

9. REVIEW DATE

To be updated in maximum of 4 years or sooner if presence of new evidence or need for practice change.

Version History (for Administrative use only)			
Version	Description	Author/responsible	Date
1	Guideline Removal of PICC	Dr Hailu & Vascular access workgroup	April 2021