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MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

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Owner	Susan Johnson-Richardson: CLINICAL NURSING DIRECTOR (POST-ACUTE CARE SERVICE
Area	Post-Acute Care Services
Applicability	UMHS Clinical Guideline
References	

Post-Acute Care Services HomeMed Removal of Peripherally Inserted Central Catheters (PICC) or Midline (ML) Guideline

Area Task(s)

A. Prepare and remove catheter as follows.

1. Verify termination of therapy (physician order required). Identify patient using 2 identifiers.
2. Explain procedure.
3. Wash hands.
4. Prepare work surface.
5. Gather supplies.
6. Place patient in a supine position or in a chair with arm below the level of the heart.
7. Don clean gloves and other PPE.
8. Remove dressing and stabilization device.
9. Inspect catheter-skin junction.
10. Don sterile gloves if culturing tip, or clean gloves for line removal only .
11. Using aseptic technique or sterile technique if culturing tip, grasp catheter just below

exit site and withdraw slowly (1 to 2 centimeters at a time) keeping VAD parallel to the skin,

12. If culture of VAD tip is necessary, carefully remove tip without touching skin surface, place tip in sterile container, and clip 2 to 3 inches from tip with sterile scissors.
13. If VAD resists removal, redress the site and apply moist heat to upper arm. Re-try removal in 24 hours. If unable to remove after 24 hours, notify MD.
14. After PICC\ML removal, apply pressure to site for 3 to 5 minutes or until bleeding stops with a sterile 2x2 gauze dressing.
15. Cover site with petroleum ointment on a sterile 2x2 and a sterile dressing.
16. Evaluate integrity length, and condition of the VAD. Any VAD defect should be noted and entered into the UMHS Patient Safety Database.

B. Educate patient to change dressing in 24 hours, assess site for drainage and whom to notify for complications. Keep site covered until site seals or scab develops.

C. Document procedure in clinical record.

1. Date and time of VAD removal.
2. Condition and length of catheter.
3. Condition of site and tip.
4. Type of dressing applied.
5. Document if tip culture was sent and lab location
6. Patient response to procedure

References

1. Infusion Nursing Standards of Practice, 2011
2. http://www.cdc.gov/hicpac/BSI/BSI-guidelines-2011.html

Revisions

1. August 1998, updated to new format.
2. August 2000, reviewed, references updated.
3. August 2001, reviewed and updated.
4. October 2004, reviewed; no changes.
5. August 2006, reviewed; clarified wording concerning removal of VAD.
6. December 2009, reviewed, wording clarified.
7. March 2011, reviewed, added antiseptic ointment for site care following removal.
8. January 2013, reviewed, added petroleum ointment for site care following removal of all VADs except Dialysis lines.
9. December 2015, reviewed, no changes, new signatures not required.

10. May 2019 , reviewed, no content changes, converted to guideline.

Approval Signatures

Step Description	Approver	Date
Final Approver	Susan Johnson-Richardson: CLINICAL NURSING DIRECTOR (POST-ACUTE CARE SERVICE	6/21/2022
Policy Owner	Susan Johnson-Richardson: CLINICAL NURSING DIRECTOR (POST-ACUTE CARE SERVICE	6/21/2022