

Measuring external PICC Length

PICC lines are long lines, usually 18-22 inches (45-55 cm). Sometimes they are trimmed shorter, but when PICC's are inserted properly the tip resides at a very specific spot in the distal Superior Vena Cava (SVC). When this optimal tip placement is achieved, it is important for the safety and functionality of the PICC line that it is not dislodged, either pushed in or pulled out, from this position. One important way you can assess that a PICC is in this optimal position is to measure the external PICC length and compare this length to the external PICC length documented at insertion.

External PICC length is routinely documented at the time of insertion, and this documentation should be available to any nurse using the PICC line for the life of the PICC. If insertion documentation is not readily available to the nurse intending to use the line, documentation should be obtained from the provider or institution that inserted the line. If this is not possible, the next best option would be to obtain a chest x-ray to confirm PICC tip location. If correct PICC position is confirmed, measurement of external catheter can be documented at that time for future reference.

PICC lines are marked with 1 cm tic-marks. Some brands count the hub as 0 cm, some count the first tic-mark as 0 cm. It is important to pay close attention to this marking. If a PICC has been in place for several weeks, sometimes the tic marks fade. Using a measuring tape to measure the external catheter may be necessary if fading occurs.

Prior to tackling a PICC dressing change, please refer to the PICC documentation to confirm the length of external PICC catheter you can expect to find. When you are finished with the PICC dressing change, make sure the external measurement is the same as when you began the procedure. Keep in mind, if a PICC line is accidentally pulled out, even a little, it should never be pushed back in.

Photo by Jen Clason RN



Critical Misuse: Gauze Under the Line



Changing a PICC line dressing requires several skills including strict adherence to Aseptic No Touch Technique (ANTT), the ability to assess for site complications including catheter dislodgement, and an understanding of the evidence-based standards that guide appropriate procedure for dressing changes. One critical mistake that is frequently made by nurses performing PICC dressing changes is the use of a gauze 2x2 underneath or over the PICC line contained under the transparent dressing. According to the 2021 Infusion Therapy Standards of Practice:

Sterile gauze dressing should be used primarily for excessive moisture in the form of site drainage or diaphoresis. Secondly, gauze may be used to support the vascular access device but should not be positioned in a way that obscures the insertion site.

Why?

1. When gauze obscures the insertion site, assessing for phlebitis, infection, or PICC dislodgement may be impossible. For this reason, gauze dressings should be removed every 48 hours at minimum to allow for comprehensive site assessment.
2. When gauze is used under the PICC, the transparent dressing adheres to the gauze, sandwiching the PICC line between the dressing and the gauze. It is nearly IMPOSSIBLE to peel the dressing off the gauze without PULLING OUT THE PICC LINE. If you MUST put gauze under the PICC due to drainage or skin breakdown, please place another piece of gauze over the PICC, sandwiching the PICC between two pieces of gauze before applying the transparent dressing. Using this technique will keep the adhesive dressing from adhering to the bottom layer of gauze, making it easier to remove.

Do you need support to providing the best care for your patient's vascular access device?

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