How to Care for Your Child’s PICC Line
(Peripherally Inserted Central Catheter)
What is a PICC?

When a child is diagnosed with a serious condition, parents often feel a loss of control because they don't understand everything that is happening. However, once they learn about the illness and learn the skills to care for their child at home, parents get their sense of control back.

Perhaps you, too, are feeling a loss of control and overwhelmed because your child needs a PICC (peripherally inserted central catheter). This information may seem like too much to handle right now, but don't give up! Like other families, soon you, also, will be able to take care of your child’s PICC.

Why is a PICC needed? Some children with medical problems need IV (intravenous) treatments often. To avoid a lot of needle sticks, the doctor may decide to use a PICC.

PICCs may be used to give IV medications, blood transfusions, fluids, nourishment, and sometimes, draw blood samples. You may be able to do some of these things at home if your child has a PICC.

This booklet is about PICCs used with children. If there are any words in this booklet you don’t understand, look in the section at the end, called Words to Know.

Many families find the catheter helps make their child’s medical treatment a little easier. You will learn about PICCs from the IV Team, the doctors, and your child’s nurses. They will answer your questions and watch you practice the skills of taking care of the PICC.

You will not learn everything about PICC care just from reading this booklet. Your health care team will teach you the details. They will watch you take care of the PICC. Don’t try any skill alone until you are sure you can do all the steps. If you have any questions, ask someone on your child’s health care team.

Medical care is always getting better. As health care professionals learn more, they change how they do things. Your child’s team may not do everything exactly the way it is written in this booklet. Differences may depend on the reason your child has a PICC, the supplies you get from your homecare supply company, the most recent research, or the policies and standards in place with your home health nursing company. Over time, your child’s catheter care may change. Your child will not be sent home with a PICC until it can be safely cared for at home.
The PICC Line

PICC lines help children avoid some painful IV pokes. Fewer pokes also mean fewer breaks in the skin for germs to enter. This means less chance for infection.

The PICC is a thin tube made of soft, flexible, rubber-like material, such as silicone or polyurethane. The catheter is placed by a nurse or doctor with special training. This is done while the child is awake, under conscious sedation, or under general anesthesia. When the catheter is in place, it is not painful to the child.

A PICC line slides into a large vein near the heart. Medicines and fluids that can bother a small vein can usually be handled by a large vein without a problem.

There are two types of PICC lines: open ended and closed ended.

Open ended catheters do not have a valve. To close the catheter, you clamp it. To keep blood clots from forming in the catheter tubing, you put in a medicine called heparin.

Closed ended catheters have a valve that lets liquids go in or out, but stays closed when it is not being used. Pressure makes the valve work. The valve stays closed when there is no pressure against it. If you create suction with a syringe (negative pressure) the valve will open, which lets blood be drawn back. If you push a liquid (such as medicine, nutrition, saline, or blood) into the catheter (positive pressure), this will also open the valve. This lets liquid go into the vein.

You do not need heparin to keep a closed ended catheter from clotting.

PICCs can have either one or two openings (lumens). Your child's health care team will decide which type your child needs, based on the kind of IV treatment your child will get. A catheter with two lumens (a double lumen catheter) can safely take in two different IV treatments at the same time, even if they should not be mixed together.
Your child’s health care team will decide if a PICC is right for your child. They will discuss it with you and your child. Before the PICC is placed, they can tell you the type of catheter they have chosen and why.

The PICC is put into a large vein by a certified nurse or doctor. It is usually placed in an arm or a leg and threaded into a large vein that leads to the heart.

The higher rate of blood flow there keeps the medicine from bothering the vein. It also helps to keep the catheter from clotting. Your health care provider will tell you where it is and why it is placed there.

Sometimes when the catheter is placed, the person putting it in may use something to hold the catheter in place. This is called a securement device. One brand name is called a Statlock. Some dressings have the securement device built in. This will be changed every week as a part of the dressing change.

After the PICC is placed, an x-ray is taken to make sure that the catheter is in the right position. A clear dressing will cover where the catheter comes out (exit site).

The end of the catheter that is outside your child’s body is always capped with a needleless connector, or connection tubing that has an needleless connector.

The catheter is designed to stay in place for a long time. However, each child is different. The doctor will decide how long the catheter must stay in place. Until you, your family, and your child get used to the catheter, talk about it together. Your child may want to talk about how it looks and how he or she feels about it.
My Child’s PICC

My child’s PICC

My child has a _____ French __________________ PICC

The tip of the catheter is in the ________________________________

From the exit site to the end of the hub, the catheter is _______ cm long.

My child’s catheter is: □ Open ended □ Closed ended

Taking care of the catheter

Once the catheter is placed, it needs to be cared for. You may need to take care of it at home. Your child’s health care team will teach you how to care for the PICC. As they teach you, fill in the blanks.

To keep the PICC working, and to find problems early:

• Look at the skin around the exit site every day, and every time a dressing change is done. Look for changes, like redness or swelling. If you see a change, call your child’s doctor.

• Change the dressing every 7 days, and if the dressing becomes wet or starts to loosen.

• Flush the catheter
  — after blood is drawn
  — after any fluid is put through the tube
  — anytime you see blood in the needleless connector

• Flush each lumen of the catheter as directed

• Change the needleless connector every 7 days with dressing changes, or sooner, if you are not able to clear blood from the needleless connector.
• Make sure someone from your health care team watches you do all the skills before you go home to care for the PICC. This will help you be more comfortable, and gives you a chance to ask questions. Ask all those “what if?” questions until you know the answers.

• Once you go home, your child’s home health care nurse may teach you to use all the equipment and supplies that come from your home care supply company. This company is chosen by the type of insurance you have. The supplies you use at home will depend on your supply company. They may be different from what we use in the hospital.

• You may learn how to use and care for your PICC before you go home, and not need a home health nurse.

**Care of the skin around the catheter**

The better you care for the catheter and the skin around the exit site of your child’s PICC, the less likely you are to have problems. It is best if you find and treat problems early. Here’s how to prevent problems with your child’s PICC line, and the skin around it.

**How to prevent problems**

Germs live on everyone’s skin all the time. The strong immune systems of healthy people keep these germs from causing infections. But if your child’s body has trouble fighting off germs, they may cause problems. Your child’s PICC site may still get irritated or infected, even if you take care of the catheter very carefully.

Keep your child clean and dry, especially around the PICC dressing. Germs are everywhere. Germs are on everything that is not sterile, but they are even more likely to grow in dirty, damp areas.

To help prevent infections, always use good hand washing, especially before you touch your child’s PICC. Wash your hands with antimicrobial soap. Wash your finger tips, under your nails, the backs of your hands, your wrists, and between your fingers. Rinse well and dry your hands with a clean towel. If your child is old enough, he or she should wash often, too, especially before handing the PICC.
You can also help prevent infections if you
— change the PICC dressing when you should
— change the dressing using all the steps, each time
— always scrub the needleless connector with a chlorhexidine (CHG) applicator stick before use.

As you scrub the needleless connector, slowly count to 30 to make sure all the germs are gone, and none are pushed into your child’s blood through the PICC. This helps to keep your child from getting an infection.

**Find problems early**

Finding a problem early can make a big difference in your child’s health.

Check the clear dressing covering the PICC every day. Look at the skin around the catheter at the same time. Softly feel and press the area around the exit site while the dressing is on, to check for swelling or soreness. When you do a dressing change, look at the skin around the PICC with the dressing off.

**Irritation**

Irritation can lead to skin breakdown. This can happen when skin is sensitive or irritated for a long time. Catheter dressings can make the skin sore and cause irritation. Sometimes, a child can be sensitive to certain types of tape, dressings, or solutions.

If the skin around the exit site or under the tape lines becomes red or sore:

• Make sure the chlorhexidine used for cleaning the area under the dressing is completely dry before applying the dressing. This can take a full minute or more.

• Clean the skin before putting on the tape.

• Do not use too much tape.

• Change where you put the tape on the skin.

If the problem does not go away, call your child’s health care team.
Infection

The skin is the body’s natural barrier against infection. Any open area on the skin makes it easier for germs to get in and cause infection. Germs can get in through irritated, broken skin, and incisions.

The redness, heat, pus, and swelling that signal infection are made by the body to kill the germs. This is called the body’s inflammatory response. The heat kills heat-sensitive germs. The swelling walls off germs and helps to stop them from spreading throughout the body. The pus is made of white blood cells that help kill the germs.

Some illnesses and medicines lower the body’s response to germ invasion. The infection may be there, but you don’t know it because there’s no redness, warmth, swelling or pus. Steroids, such as cortisone, can lower the inflammatory response. A low supply of white blood cells (neutropenia) also lowers the body’s response to germs. Some illnesses and medicines can cause low white blood cell counts.

When the inflammatory response is lowered, it is especially important to watch for little changes that may mean an infection is brewing.

Even if you take care of the catheter very carefully, your child’s PICC line or the skin around it, could become infected.

There are two possible types of infections with a PICC line:
— The skin at the exit site can become infected
— The inside of the PICC line can become infected.

Look for signs of infection:
— redness at the site or along the catheter path beneath the skin
— tenderness, soreness
— warmth
— swelling
— pain
— odor from the site
— drainage, such as oozing or pus
— feeling of weakness
— chills
— a temperature above 101º F by mouth

If you notice any of these signs, call your child’s health care team right away.
My child’s catheter is:  □ Closed ended  □ Open ended

Closed ended catheters

Many closed ended catheters do not have a place on the catheter that can be clamped. Connection tubing that has a clamp on it can help keep the PICC from clotting.

If you take the syringe off the needleless connector with the tubing unclamped, a small amount of blood will be sucked into the catheter. Over time, this can cause blood to clot in the PICC line, and stop working.

Open ended catheters

Clamp at the spot marked for clamping on the catheter. This will usually be on the thicker part of the catheter. Only use the clamp that comes on the catheter, or a smooth edged clamp.

Both open and closed ended catheters:

• PICCs need to be clamped before removing the syringe from the needleless connector. They must stay clamped until the next time you use them.

• Taking the syringe off the needleless connector with the tubing unclamped can suck a small amount of blood into the end of the catheter. Over time, this can cause the blood to clot in the PICC line, so it stops working.

• Use only smooth edged clamps.

• Always keep a clamp with your child, just in case there is a problem.

• If you lose the clamp of either type of catheter, you may bend the catheter or extension tubing on itself and keep it together with a rubber band or tape. Use this only for a short time. Find a catheter clamp as soon as possible.
Flushing the PICC line

To stop bleeding from a wound, blood clots and forms a scab. But sometimes, blood can clot when it doesn’t need to, like in a PICC line.

To prevent this, the inside of the PICC must be rinsed or flushed. It is flushed with sterile salt water (saline), or with heparin. Heparin is a medicine that prevents the blood from clotting.

The small amount of saline or heparin that you use rinses the entire length of the tube. This is not enough to thin the blood in your child’s body, and it will not cause bleeding problems.

Putting heparin into the catheter to prevent the blood from clotting between uses is called heparinization.

All lumens of the PICC need to be flushed:
— on a regular schedule
  — closed ended: after each use, and at least once a week
  — open ended: after each use, and at least once a day
— after you draw blood
— after you put any fluid through the lumen
— any time you see blood in the needleless connector.

Blood clots can plug up the tube. Someone on your child’s health care team will tell you how often to flush the catheter.

What you need
☐ antimicrobial soap
☐ 2 chlorhexidine with alcohol pads or 2 alcohol pads
☐ prefilled heparin or saline syringe with correct drug name, strength, and amount to give:
  ☐ heparin syringe is labeled 10 units/ml, unless ordered differently by your child’s doctor
  or ☐ saline syringe
  and ☐ amount to give: ____ ml, as ordered by your child’s doctor. If your syringe has more than the amount ordered, see step #6 for instructions on how to waste the extra amount.
☐ disinfectant cleaner
☐ paper towels
☐ alcohol-based hand rub (optional)
If your child is fluid restricted or is a baby, your nurse may tell you to use less normal saline.

**How to flush a PICC line**

1. Find a quiet place to do the flushing, where you will not be disturbed.

2. If the child is active, you will need another person to help keep the child still while you flush the catheter.

3. Clean your work area with a household disinfectant cleaner and a paper towel.

4. Clean your hands with the antimicrobial soap for 30 to 45 seconds. Wash the entire surface of your hands. Wash under your fingernails, the backs of your hands, your wrists, and between your fingers. Rinse well and dry your hands with a clean towel or paper towel.

If your hands are not visibly dirty, you can use alcohol-based hand rub to clean them using the following steps:

1. Put enough alcohol-based hand rub to fill the palm of your hand.
2. Spread the hand rub over all parts of your hands.
3. Rub hands until dry.

5. Open the packages of the supplies you will use. As you open the supplies, touch only the outside of each package. Keep everything sterile. Sterile means there are no germs at all. Even though you washed your hands, they are not sterile.

6. Remove air bubbles and any extra liquid from the prefilled heparin or saline syringe.
   — Point the syringe up and away from the sterile supplies
   — Gently tap the side of the syringe with your finger
   — Large air bubbles will rise toward the top.
   — Press the plunger until a small amount of fluid squirts out with the air bubbles.
Some syringes will allow you to do this with the cap on. If your syringe does not, gently take the cap off to get the air out. Do not touch the tip of the syringe while the cap is off because it is sterile.
Your homecare company may give you prefilled heparin or saline syringes with more than the amount ordered. Check your doctor’s order. If your order is to give 3mL of heparin or saline to flush the catheter, but the syringe has 6 mL in it, you will need to waste some of the liquid before the flush.

— After you have removed the air bubbles from the syringe, press the plunger until the ordered amount plus 1/2 mL remains in the syringe. The extra 1/2 mL is needed in step #11 because some liquid will remain in the syringe at the end of the flush.
—When air and any extra liquid are out, put the cap back on the syringe while making sure you do not touch the tip of the syringe.

Sometimes when you first press the plunger on a prefilled syringe, it feels stuck. It may be easier to pull back on the plunger, break the seal, and then push on it.

7. Wipe the needleless connector with a chlorhexidine pad or alcohol pad for 30 seconds. Allow to completely dry. Do not fan or blow on it.

8. Be sure the catheter clamp is open.

9. Take the cap off of the syringe and screw the prefilled heparin or saline syringe into the needleless connector. Be careful not to touch the end of the syringe or the needleless connector.

10. Push the solution into the catheter using the push-and-pause method. Push a little solution, then pause for 1 to 2 seconds. Then push a little more solution, and pause for 1 to 2 seconds. Continue this method until the correct amount of solution has been given.

11. Inject the heparin or saline until 1/2 mL is left in the syringe. While you are flushing the last 1/2 mL into the catheter, but before the syringe is empty, close the clamp. Then remove the syringe from the needleless connector. This is called using positive pressure to get liquid to the tip of the catheter inside. There should be a small amount of liquid left in the syringe when it is removed.
Important safety information with flushing:

- If the catheter does not flush easily:
  — make sure the clamp is open.
  — do not use force to flush.
  — have your child raise his or her arms over the head, or lay on his or her side, and try again.
  — change the needleless connector and try again.

- If your child has a very tiny catheter, it may have twisted and kinked. You may need to change the dressing to look for kinks.

12. If you have a double lumen PICC, you must flush both lumens. Use a separate syringe for each lumen.

13. When giving medicine through an open ended catheter, use the SASH method to flush it: Saline — Administer medicine — Saline — Heparin

This is to prevent the medicine and heparin from touching each other inside the catheter. Medicine touching heparin could plug up the tube.

So before you give a medicine, you will need only saline. After medicine, you will need saline, and then heparin.

When giving medicine through a closed ended catheter, you do not need heparin to keep it from clotting. Use this method to flush a closed ended catheter: Saline — Administer medicine — Saline

- If you still cannot flush the catheter, call your child’s health care team.

14. Thank your child for helpful behaviors while flushing the catheter.
Clamping the catheter

Always have extra clamps. School-age children and teenagers might keep clamps on a string around the neck under their clothes, or in a pocket. Do not put clamps on a string around the neck of infants or preschool children. For infants and preschool children, carry an extra pair in the travel or diaper bag. You may also keep clamps in a fanny or backpack.

Dressing changes

The dressing is the covering placed over the site where the catheter exits the child's body. It helps to keep germs from getting under the skin, or into the exit site. The dressing also helps keep the catheter in place.

The dressing over the exit site will usually be changed every 7 days. Some children may need to change it more often. As your child’s condition changes, the schedule may change too.

However, if the dressing ever becomes wet, dirty or loose, change it right away.

If the dressing is not clean or if it is falling off, germs may be able to grow under it. They can enter the skin through the exit site and cause an infection inside your child.

What you need

Dressing change kit with the following:
- clean gloves (not sterile, optional)
- sterile gloves
- chlorhexidine (CHG) applicator stick
- sterile drape
- clear (transparent) dressing
- mask
- sterile Q-tip
- tape
- yes  ☐ no  antimicrobial disk (for example, Biopatch)
- Antimicrobial soap for hand washing
- 3 masks (for yourself, your child, and anyone else near you)
- alcohol-based hand rub (optional)
What to do

1. Find a quiet place to do catheter care, where you will not be disturbed.

2. If the child is active, you will need another person to help keep the child still while you do the catheter care.

3. Clean your work area with a household disinfectant cleaner and a paper towel.

4. Put a mask on yourself, your child, and anyone else near you.

5. Clean your hands with antimicrobial soap for 30 to 45 seconds. Wash every surface of your hands. Wash under your fingernails, the backs of your hands, your wrists, and between your fingers. Rinse well and dry your hands with a clean towel or paper towel.

If your hands are not visibly dirty, you can use alcohol-based hand rub to clean them using the following steps:
   1. Put enough alcohol-based hand rub to fill the palm of your hand.
   2. Spread the hand rub over all parts of your hands.
   3. Rub hands until dry.

6. Open the dressing kit on your work area.

7. Open the sterile glove package on your work area. As you open the supplies, touch only the outside of the packaging. Keep everything sterile. Sterile means there are not germs at all. Even though you washed your hands, they are not sterile until you put the sterile gloves on.
8. Make a sterile field. Take the sterile drape out, open it, and put it under your child’s body part with the PICC line. Only touch the side of the drape that will be down. The side that will be up when flat should not touch anything as you open it because it is sterile.

9. Open the package of the antimicrobial disk. Touch only the outside of the package. Gently drop the antimicrobial disk into the dressing change kit with the other supplies that are still sterile.

10. Remove the old dressing.
   — Do not touch the exit site with your clean fingers or gloved hands. If you use gloves, put on clean gloves, not sterile gloves.
   — Pull of the upper part of the old dressing down toward the exit site. Do not touch the area under the dressing with your fingers. Keep the exit site as clean as possible. If the dressing sticks to the PICC, use a sterile Q-tip to hold down the catheter, if there is one. Do not remove the white butterfly at the exit site.

11. Check how much of the catheter is coming out of your child. Is the length still the same to the exit site? If the catheter coming out of your child is longer or shorter than it was before, finish changing the dressing, then call your child’s health care team.

12. Look for signs of possible problems:
    — Signs of infection
    — Has the length at the exit site changed?
    — Is the catheter cracked or leaking?

    If you notice any of these signs, finish the dressing change, then call your child’s health care team right away.

13. Clean your hands by washing them with antimicrobial soap or use alcohol-based hand rub.

14. Put on sterile gloves without touching the outside with your hands. Once you have sterile gloves on, do not touch anything except sterile supplies until the new transparent dressing is in place over the PICC.
15. Use the chlorhexidine (CHG) applicator stick to scrub the area under and around the catheter entrance site for 30 seconds. Make sure to scrub the entire area that will be under the dressing. Be careful when doing this, so you don’t pull out the catheter.

16. Let the skin dry all the way, on its own, before you put the dressing on the site. This may take 30 seconds or more. Do not blow on it, or wave your hand over the site to help it dry faster. Blowing could put germs on the site.

Waiting for the skin to dry can be hard to do, but it is very important. Putting a dressing on skin that is even slightly wet with chlorhexidine can cause very bad skin irritation or a rash.

17. If the PICC catheter is long enough, coil it on the skin. You may need to use the sterile Q-tip to help you hold down the catheter coils.

18. If your doctor orders an antimicrobial disk (Biopatch) to kill germs, your homecare company will supply it for you. Lay the patch over the exit site, the catheter, and butterfly. Do not pull the catheter through the hole in the patch. This could pull out the catheter when you take off the dressing. Just lay the patch over the site, with the colored side up. Make sure the skin is dry before putting the antimicrobial disk on the catheter.

19. If there is a clamp, make sure the catheter clamping area (clamping sheath) is not under the dressing. Center the transparent dressing over the exit site. Put it on so it evenly covers at least 1 to 2 inches on all sides of the catheter. Cover the catheter all the way to the hub, so only the
needleless connector or extension tubing is exposed. Do not stretch the dressing when putting it on. Smooth it down and out from the exit site to the edge of the dressing, to take out the air bubbles. You may need two dressings to cover the whole area.

20. Press the dressing down so it sticks to the Biopatch, PICC, and skin.

21. Tear a one-half inch wide piece of tape. Slide the tape, sticky side up, under the connector at the end of the catheter or hub, where the dressing ends. Cross each end over, in a V shape (a chevron). The tape will be stuck to the top of the transparent dressing. This helps keep the catheter from moving.
22. Put another wider piece of tape over the chevron. Some people like to fold a piece of gauze and slide it under the crossed chevron, before covering it with the wider piece of tape. This puts a cushion between the rough hub and your child’s skin. It’s a good idea to also use a second piece of wide tape across the bottom of the gauze and over the connection tubing, to better hold the dressing.

- Put gauze under the hub.

- Add tape to hold the dressing and connector.

23. If the PICC has two lumens, you need to chevron and tape each of the lumens separately to secure them to your child’s body. Do this after you finish taping the large part of the catheter hub.

24. Take off your gloves. Clean your hands.

25. Thank your child for helpful behaviors during the dressing change.

Important Safety Information

If your child has both NG and CVC tubes, use colored tape to mark each tube. Phoenix Children’s Hospital uses white tape for CVC lines and purple tape for feeding tubes. For extra safety, write “CVC” on the tape of every CVC lumen.
How to change the needleless connector

The needleless connector and connection tubing should be changed regularly. Sometimes connection tubing is not used. Change the needleless connector and tubing every 7 days with the dressing change, or sooner if there is blood in the needleless connector or tubing that cannot be flushed out. The home care nurse will tell you how often to change the needleless connector, and will teach you to use the system from your home care supply company.

If the needleless connector is changed at the time of flushing, the flush is given through the new needleless connector.

What you need:
- antimicrobial soap
- disinfectant cleaner
- paper towel
- gloves (clean, not sterile)
- new needleless connector
- tape
- chlorhexidine pad or alcohol pad
- prefilled heparin or saline syringe with correct drug name, strength, and amount to give:
  - heparin syringe is labeled 10 units/ml, unless ordered differently by your child’s doctor.
  or saline syringe
  and amount to give: _____ ml, as ordered by your child’s doctor. If your syringe has more than the amount ordered, see step #10 for instructions on how to waste the extra amount
- 3 masks (for yourself, your child, and anyone else near you)
- alcohol-based hand rub (optional)

What to do:

1. Find a quiet place to do the change, where you will not be disturbed.

2. If your child is active, you need to find another person to help keep the child still while you change the needleless connector.
3. Clean your hands with antimicrobial soap for 30 to 45 seconds. Wash the entire surface of your hands. Wash under your fingernails, the backs of your hands, your wrists, and between your fingers. Rinse well and dry your hands with a clean towel or paper towel.

If your hands are not visibly dirty, you can use alcohol-based hand rub to clean them using the following steps:
   1. Put enough alcohol-based hand rub to fill the palm of your hand.
   2. Spread the hand rub over all parts of your hands.
   3. Rub hands until dry.

4. Clean your work area with a household disinfectant cleaner and a paper towel.

5. Put a mask on yourself, your child, and anyone else near you.

6. Put on gloves.

7. Open the packages of the supplies you will use. As you open the supplies, touch only the outside of each package. Keep everything sterile. Sterile means there are no germs at all. Even though you washed your hands, they are not sterile.

8. Be sure the clamp on the catheter is closed and on the clamping area of the catheter.

   Never take the needleless connector off the catheter without clamping the catheter.

9. Open the prefilled heparin or prefilled saline syringe package. Lay it out flat on the clean work area. Touch only the outside of the package to keep it sterile.
10. Remove air bubbles and any extra heparin or saline from the prefilled syringe.
   — point the syringe up and away from the sterile supplies
   — gently tap the side of the syringe with your finger
   — large air bubbles will rise to the top
   — press the plunger until a small amount of fluid squirts out with the air bubbles.
     Some syringes will allow you to do this with the cap on. If your syringe does
     not, gently take the cap off to get the air out. Do not touch the tip of the
     syringe while the cap is off because it is sterile.

Your homecare company may give you prefilled heparin or saline syringes with
more than the amount ordered. Check your doctor’s order. If your order is to give
3ml of heparin or saline to flush the catheter, but the syringe has 6 ml in it, you will
need to waste some of the liquid before the flush.
   — after you have removed the air bubbles from the syringe, press the plunger until
     the ordered amount plus $\frac{1}{2} \text{mL}$ remains in the syringe. The extra
     $\frac{1}{2} \text{mL}$ is needed in step #18 because some liquid will remain in the syringe
     at the end of the flush.
   — When air and any extra liquid are out, put the cap back on the syringe while
     making sure you do not touch the tip of the syringe.

11. Attach prefilled syringe to the new needleless connector. Flush until just a drip
    comes out at the end.

12. Put the syringe and new needleless connector down on the open syringe
    package.

13. With the chlorhexidine pad or alcohol pad, scrub the connection between the
    old needleless connector and catheter for 30 seconds. Allow to completely dry.

14. Check again to be sure the line is clamped, then gently take the old needleless
    connector off of the catheter.

15. Pick up the new needleless connector and syringe. If the new needleless
    connector has a cap, remove it.

16. Without touching the connecting ends, attach the new needleless connector to
    the catheter.
17. Flush the catheter with heparin or saline as ordered. Push the solution into the catheter using the push-and-pause method. Push a little solution, then pause for 1 to 2 seconds. Then push a little more solution, and pause for 1 to 2 seconds. Continue this method until the correct amount of heparin or saline has been given.

18. Inject the heparin or saline until 1/2 mL is left in the syringe. While you are flushing the last 1/2 mL into the catheter, but before the syringe is empty, close the clamp. Then remove the syringe from the needleless connector. This is called using positive pressure to get liquid to the tip of the catheter inside. There should be a small amount of liquid left in the syringe when it is removed.

19. Take off your gloves. Clean your hands.

20. Thank your child for helpful behaviors while changing the needleless connector.

**Information about Home Supplies for PICC Care**

- Order supplies before you run out.

- Pack a to go bag that you can easily take with you each time you go out. Put in it everything you need to do a dressing change, in case your child’s dressing becomes loose or comes off. Also include emergency supplies:
  - everything you need for a dressing change
  - an extra clamp
  - extension tubing
  - needleless connector

- When you go on a trip, take the supplies you will need for catheter care during that time.

- Your child may need a dressing change at school if the dressing comes loose or falls off. Give the school nurse catheter care supplies and a copy of this handbook.

☐ yes  ☐ no  **If your PICC is open ended:**

You will need a prefilled saline syringe for flushing the catheter before and after each medicine is given.

Plan for a prefilled heparin flush for each lumen after each use, or once a day if the line is not used.
☐ yes ☐ no **If your PICC is closed ended:**

You will need a prefilled saline syringe for flushing each lumen before and after each use, or once a week if the line is not used.

**How to get supplies**

Supplies are ordered through:

Company name: __________________________________________________________

Phone number: __________________________________________________________

☐ Supplies will be delivered.
☐ You will need to pick up supplies.
Call _________ hours before you: ☐ pick them up ☐ need them delivered

Before you go home from the hospital, your PICC supplies will be delivered:
to the hospital at ________________ (time).
to your home at ________________ (time).

**Phone numbers**

Your home health supply company: ________________________________________

Phone number: __________________________________________________________

Your home health nursing company: ________________________________________

Phone number: __________________________________________________________

Your primary doctor: _____________________________________________________

Phone number: __________________________________________________________
Home Supplies List for PICC Care

Your nurse, case manager, or doctor will help you order your child’s supplies for CVC care. Use the following space to create a list of what you need for about a month. Plan on one dressing and needleless connector change every week, and a flush in each port twice a day and after each use. Allow for some extras, but order only the supplies you actually need.

☐ ______________________________________________________________
☐ ______________________________________________________________
☐ ______________________________________________________________
☐ ______________________________________________________________
☐ ______________________________________________________________
☐ ______________________________________________________________
☐ ______________________________________________________________
☐ ______________________________________________________________

Supplies are ordered through: _________________________________________

For orders, call: _________________________________________________

Allow _____ hours notice.

☐ Supplies will be delivered       ☐ Supplies need to be picked up

Phone number of child’s health care team: __________________________
Living with a PICC line

Safety

• The PICC goes directly into the blood. **Do not put anything in the PICC that does not belong in your child's blood.** Stop and think before you inject anything into the PICC. If you put the wrong thing in (like food, or medicine meant for the mouth), it could hurt or even kill your child.

• A medical alert bracelet or identification can help your child in an emergency. Ask your health care provider about medic alert items.

• Tell your child’s dentist about the PICC line. Children with PICCs may need to take antibiotics before dental work. During dental work, bacteria can be released into the bloodstream and attach to the PICC, causing an infection. Antibiotics could prevent this. Your dentist and doctor can decide whether your child needs antibiotics before dental work.

• All people who care for your child should know your child has a PICC, how to clamp it, and what to do in an emergency. This includes family members, babysitters, day care providers, the school nurse, and teachers.

• For the first ___ weeks after the PICC line is put in, when you bathe your child, keep the skin dry where the PICC enters the body. Plastic wrap can be taped over a transparent dressing to protect the site during bathing. Tape the edges of the plastic wrap where it meets the skin, to keep the water out. If the dressing becomes wet during bathing, change it after the bath is finished.

• Keep all sharp objects, especially pins and scissors, out of the reach of a young child with a PICC.

• Never use scissors near the PICC.

• A T-shirt, a one-piece outfit, overalls or outfits that open in the back can keep your child from playing with the PICC. Never leave a young child with a PICC alone when he is undressed. Keep the PICC site covered when you are not using it.

• Keep the PICC tubing away from the diaper area.
• If your toddler wants to play with the tubing, cut a tube sock to loosely fit over the arm or leg. This covers the site and keeps your child from touching it. You could also ask your nurse or doctor for some special netting, called X-Span, to cover the site.

• Do not use the wrap put on adults after blood draws, called Coban, to wrap the area. This can become dangerously tight very easily.

Prevention

• Germs live on everyone’s skin all the time. The strong immune systems of healthy people keep these germs from causing infections.

• If the child’s body is unable to fight off germs, they may cause problems. Even if you have perfect catheter care technique, irritation or infection can still occur.

• To help prevent infections, always use good hand washing. Clean your hands with the antimicrobial soap for 30 to 45 seconds. Wash the entire surface of your hands. Wash under your fingernails, the backs of your hands, your wrists and between your fingers. Rinse completely and dry your hands with a clean towel or paper towel.

• If your hands are not visibly dirty, you can use alcohol based hand rub to clean them using the following steps:
  1. Put enough alcohol-based hand rub to fill the palm of your hand.
  2. Spread the hand rub over all parts of your hands.
  3. Rub hands until dry.

• It is important to follow the dressing change schedule and procedure ordered by your child’s health care team. This is one more way to help prevent infections.

• Keep your child clean and dry. Germs can’t be seen and they are everywhere. They are on everything that is not sterile. But germs are even more likely to grow in dirty, damp areas.
Activities

• Children with PICCs can enjoy most of their usual activities.

• A child with a PICC needs to avoid pressure or blows to the catheter area. Your child should not play contact sports which may hit or pull the catheter. This means no football, soccer, basketball, or wrestling. However, kicking or throwing a ball with another person, without contact, is a great way to keep active.

• Your child should not swim or go into hot tubs when a PICC line is in.

• Talk to your health care team about how your child will take a bath or shower.

• Your child should not pick up heavy objects when a PICC line is in. This includes weightlifting.

• There may be other activities your child should not do. Ask your child’s health care team.

Child Care

• Everyone who takes care of your child at daycare or school should
  — be trained in catheter care
  — know what to do in case of an emergency
  — have emergency phone numbers and information
Supplies

• Order supplies before you run out.

• When on a trip, take enough supplies for catheter care during that time.

• A dressing change may occasionally be necessary at school. Keep catheter care supplies and catheter care instructions with the school nurse.

Coping

• If your child does not like the smells of the medicines of catheter care, you can:
  — Have your child turn his or her head to the side, away from the catheter care activity.
  — Let your child chew gum, suck candy, or smell a cotton ball with perfume during the procedure. These are especially helpful when wearing a mask.

• When you flush with normal saline after a medicine, push the fluid in slowly. If you push it in too fast, some children can taste metal or feel dizzy.

• If your child is afraid or anxious during catheter care you can:
  — Ask your child to breathe deeply and steadily. Ask the child to breathe out, and let go of the scary feelings with each breath. Older children can breathe in and out for the count of three.
  — Keep your child’s mind off the catheter care by helping him or her think about other things. You can do this with talking, playing video games, watching a favorite movie, talking on the phone, listening to music, looking at pop-up books, or reading and being read to.
  — Help your child use his or her imagination to feel relaxed and calm. Help the child think of a favorite activity, make up a story or remember a favorite story.

• All children must play. Even the sickest child can play in some way. Playing helps a child understand their world. Play helps us to understand children. Children relax and forget their worries when they play.

When a child is diagnosed with a serious condition, parents often feel loss of control because they don’t understand everything that is happening to their child. This crisis occurs when old ways of coping don’t work in this new situation.
But there are things you can do to get through this overwhelming time:

• Learn about your child’s medical condition and the treatment choices. Ask questions about the things you don’t understand. Keep asking the questions until you understand the answers. The Emily Center (see page 44) can give you the information you want about your child’s diagnosis, at no cost.

• Master home care skills. Caring for your child can help you get a sense of control over the situation.

• Express your feelings and concerns. When you are in the middle of a crisis, you may feel all alone. But you are not alone. Talk to your family, your friends, and other people who give you support. Talk to your child’s nurses, doctors, and other members of the health care team. Talk to other parents who have children with PICCs. Talk to your clergy person. Talk to your child. Talk to the other children in your family.

• Write down your questions as you think of them. Ask questions over again until you understand the answers. When you don’t get the answers you need, you may feel you won’t be able to take care of your child. When you understand what to do, you can feel more in control over your situation.

• If you have any questions, ask your child’s health care team. After you leave the hospital, your health care team can answer your questions during your follow-up office visits, or you can call them. Also, a nurse may visit your home to see how you are doing and answer any new questions you have.

• Your home health care nurse is a great resource for answering questions about your child’s PICC care once you are home. This nurse will help you feel comfortable with your supplies and how to use them, since some of them may be different from what you see here in the hospital. Of course, you can always call your child’s doctor if you have a concern about your child’s health, or questions that your home care nurse cannot answer.
My Questions and Notes
Dealing With Problems

If your child’s PICC stops working, or causes discomfort, your child will have to return to the doctor’s office or hospital to have it checked. Problems may include an out-of-place catheter, a plugged catheter, damage to the catheter and infection. If you have any questions or concerns about these problems, or other situations, call your child’s health care team.

Catheter-Related Emergencies

• Call your child’s health care team right away if your child has any unusual or severe:
  — shortness of breath
  — chest pain
  — dizziness
  — confusion
  — a temperature above 101°F orally.

If you have any questions or concerns about these, or other situations, call your child’s health care team.

• Keep spare clamps with you at all times

Out-of-Place Catheter

• Always tape the PICC securely. You should be able to lightly tug on the outside of the catheter without moving the catheter under the dressing. If the chevron or dressing becomes loose, do a dressing change right away.

• Don’t twist or pull on the catheter.

• If you notice the PICC is coming out or the catheter is hard to flush, call your child’s health care team right away. After office hours, they may tell you to go to your Emergency Department to have the PICC looked at or repaired.

• If the PICC is completely pulled out, place gauze on the site and press until the bleeding stops. Then cover the site with a Band-Aid, and call a member of your child’s health care team.
• Check to make sure the whole catheter came out. The length of the catheter is written on your PICC reference sheet. Call 911 right away if the catheter tip looks broken, and you think some of the catheter is still in your child's body.

• Save it. You need to show it to your health care provider.

• Call the health care team right away if your child's arm or leg with the PICC line in it becomes red, swollen, painful or hot. This includes pain or swelling in the neck, shoulder, or chest if your child has a PICC in the arm, or in the thigh or groin if your child has a PICC in the leg.

**Damage to the catheter**

A PICC may become damaged from wear or tugging. You may notice that it begins to leak under or outside the dressing, or you may be able to see a tear or break in the line. If this happens, keep the area as clean as possible. You need to do all you can to keep germs from getting in to start an infection.

**What to do**

If you see any blood or fluid leaking from a catheter tear or hole, or if the tubing balloons out, follow the directions below.

**For closed ended catheters:**

• If damage to the catheter occurs under the dressing, keep a clean dressing over the damaged area and call your home health care nurse right away.

• If damage to the catheter occurs in an area outside the dressing, clamp the catheter between the damaged area and the dressing. Then cover the area with a clean dressing (if you don’t have a dressing, use sterile gauze), and call your home health nurse right away.

**For open ended catheters:**

• Clamp the catheter between the damaged area and the entrance site into the skin. You may have to take off the dressing, clamp the catheter, and then cover the site again. Keep the catheter and the site as sterile as possible. Once you have clamped the catheter and put on a new dressing, call your home health care nurse right away.
For all catheters:

- Use only smooth edged clamps.

- Always keep a clamp with your child, just in case there is a problem.

- If the hub of the catheter breaks off, clamp the catheter, and place the end of the tubing in an open alcohol pad package. Fold the package closed around the tubing to keep it clean.

  - Your nurse or doctor may be able to fix cuts and tears in PICC tubing. Since an opening in the tube can let germs in, it needs to be fixed as soon as possible. Call your child’s health care team right away. After office hours, they may tell you to go to your emergency room to have the line looked at or repaired.

How to prevent damage to the catheter

- PICCs can break at the connection of the catheter to the hub. The best way to prevent these breaks is to tape it carefully and to keep it covered with a dressing.

- Never flush a PICC with force. You can break the PICC line by forcefully flushing a line that is hard to flush, or has a clot in it.

- Don’t use scissors, pins or other sharp objects near the catheter.

- Clamp the catheter on the connection tubing or at the clamping site.

Clotted catheter

If the catheter cannot be flushed using normal flushing pressure, it may be clotted or plugged.

- Catheters may become plugged by blood clots, or minerals from the IV fluids.

- Never use force to flush the catheter. The pressure could loosen a plug so it is free to block a blood vessel. Forceful pressure could even break the catheter.
Treatment

Leaving a catheter plugged for a long period of time can cause the PICC to become infected, because germs grow easily in a plugged line. If you find that your child’s PICC is clotted, deal with the problem right away.

A clot in the catheter can be treated with medicine that dissolves the plug or clot. If you cannot flush the catheter, call someone on your child’s health care team. If it is after hours, you will need to visit the emergency room or an urgent care.

How to prevent a clotted catheter

• Flush the catheter regularly, and every time you use it.

• When you flush the line, always clamp the tubing before you remove the flush syringe. Removing the syringe without clamping first will draw blood into the catheter tip and create a clot.

• Always keep your catheter clamped.

• Once in a while a kink in the tubing under the dressing may keep fluid from flowing through. If you have trouble flushing the line, change the needleless connector and change the dressing. Make sure that there is not a kink in the PICC line that is causing it not to flush.

• Change the needleless connector with every dressing change and as needed, at least every 7 days.

Phlebitis

Sometimes a vein can become irritated from the medicines given through the PICC. Sometimes a vein can become irritated from the catheter rubbing inside of the vein. If your child doesn’t move the arm or leg with the PICC much, it keeps the catheter rubbing in one place. It is better to be active, so the catheter moves and touches all parts of the vein.

This irritation is called a phlebitis. Symptoms include:
  — tenderness or soreness in the vein that holds the catheter
  — pain along the catheter path when the limb is moved, especially when the elbow or knee is straightened

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— the vein gets stiff, and feels like a rope or cord laying under the skin
— a red streak, or red skin that follows the path of the vein holding the catheter

Some of the symptoms of a phlebitis are also symptoms of an infection, or of a blood clot around the catheter. If you think your child may be getting phlebitis, call to have your child seen by someone on the health care team. Only a doctor can decide if the problem is a phlebitis, an infection, or a blood clot, and decide on the appropriate treatment.

Your child’s doctor may tell you to apply cold or heat to the area. Ask your doctor how often the cold or heat should be applied to the area.
• Heat relaxes the vein and increases its size. A bigger vein carries more blood around the catheter, keeping it from irritating the walls of the vein. If your doctor recommends heat, make sure it’s warm and not hot.

• If your doctor recommends using an ice pack, do not put ice directly on the skin. Do not let your child sleep with the ice pack.

**How to prevent phlebitis**

• The best way to prevent phlebitis is to make sure your child moves the limb that holds the PICC. You may have to move the arm or leg for your child every hour or two. The more you move the limb, the more the catheter moves around in the vein. This lets the blood heal the irritated areas. Moving it also increases the blood flow to the area. The limb with the PICC line needs to be moved in all the ways it can move: totally straight, and totally bent. This is called doing range of motion exercises.

• Range of motion exercises:
  — bend and straighten the arm or leg all the way,
  — then move it in a large circle to include the bend and the straight.

• Often the first few times you do full range of motion with a phlebitis, it will be quite uncomfortable. Your child may cry and resist you. Don’t give up. The more you do it, the better it will be.

• The easiest way to get your child to move is to do fun activities. Your child may throw a ball at a basket, kick a ball or toy, or play a Wii video game.

• Once each day, touch and lightly press on your child’s arm or leg over the PICC
line. Feel along the arm or leg, where you think the vein path is. You may be able to find a phlebitis early, if you feel it when it first starts to get firm.

**Infection**

- Examine the catheter exit site with each dressing change for signs of infection.

- Signs of infection can be:
  - drainage or oozing, such as pus
  - swelling
  - tenderness, soreness
  - warmth
  - pain
  - redness at the exit site
  - redness along the catheter path beneath the skin
  - odor from the exit site
  - confusion
  - a temperature above 101° F orally (check with your health care provider) or chills.

  - If you notice any of these signs call your child’s health care team.

**Treatment**

If your child has any of these signs, call someone on your child’s health care team right away. After hours, take your child to an emergency room or urgent care. An infection inside your child’s catheter could cause your child to become very sick, sometimes very quickly. An infection inside the catheter could go into the blood stream and travel around the body, causing a blood stream infection (*sepsis*).

Your doctor can treat an infection in a PICC line with IV antibiotics. Your doctor may ask for a blood culture to be drawn off of the PICC, before the treatment is started. This lets them know which germ is causing the infection, and which antibiotic to use.

If the skin around the PICC is infected, the doctor can treat this with antibiotics, to prevent the infection from spreading into the catheter or the blood stream. The doctor may choose to pull the PICC line out. Talk to your doctor about the treatment choices for your child.
Words to Know

Antimicrobial patch  A circular patch soaked with antimicrobial solution that is placed at the site where the catheter enters the skin. Biopatch is one type of antimicrobial patch.

Antimicrobial soap  A liquid soap that is made to kill germs. Examples are Chloraprep, Safeguard, Hibiclens, povidone-iodine scrub and Sephsoft. Dial is a good antimicrobial soap for hand washing before procedures at home.

Antiseptic  A substance that prevents germs from growing.

Butterfly  A piece of white or pink rubber-like material with triangular or round “wings.” It sits on the catheter at the exit site, and marks how far the catheter should be in the body. It also prevents the catheter from moving into the body further than it should.

Catheter  A flexible tube put into a blood vessel to withdraw or inject things like medicine or fluids.

Catheter hub  The end of the PICC tubing where the needleless connector and/or connection tubing screws on.

Chevron  A way to fold the tape by laying it under the catheter hub and then crossing it over the top of the catheter hub.

Chlorhexidine (CHG)  A liquid that kills germs.

Clamping sheath  The area on the catheter where the clamp may be safely pinched on the catheter. This is not present on all PICC catheters.

Closed ended  A peripherally inserted central catheter that has a valve that lets liquids go in or out, but stays closed when not being used.

Dressing  A covering placed over the site where the catheter comes out of the child’s body.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit site</td>
<td>The place where the catheter comes out of the body.</td>
</tr>
<tr>
<td>Home health Nurse</td>
<td>A nurse who comes to your home a certain number of times each week. This nurse can give medicine, draw blood, and help you solve problems you have. This nurse will teach you how to use your equipment, and make sure you are comfortable with your child’s PICC care.</td>
</tr>
<tr>
<td>Heparin</td>
<td>A medicine that prevents the blood from clotting. This is one of the medicines in a group called anticoagulants.</td>
</tr>
<tr>
<td>Heparinization</td>
<td>The process of putting heparin into the catheter to prevent the blood from clotting between uses.</td>
</tr>
<tr>
<td>IV</td>
<td>See Intravenous</td>
</tr>
<tr>
<td>Inflammatory response</td>
<td>The body’s response to invasion and germs. Inflammation includes redness, swelling, warmth and germ-fighting blood cells. Some illnesses and medicines lower the body’s response to germ invasion. The infection may be there, but you don’t know it because you can’t see the inflammatory response.</td>
</tr>
<tr>
<td>Intravenous</td>
<td>Inside the vein. Also called IV.</td>
</tr>
<tr>
<td>Inferior Vena Cava</td>
<td>IVC. The large vein that leads to the bottom of the heart.</td>
</tr>
<tr>
<td>IVC</td>
<td>See Inferior Vena Cava.</td>
</tr>
<tr>
<td>Lumen</td>
<td>The opening at the end of the catheter. PICCs can have several different lumens.</td>
</tr>
<tr>
<td>Needle-free system</td>
<td>An IV system where needleless connectors and syringes screw on; no needles are used.</td>
</tr>
<tr>
<td>Negative pressure</td>
<td>Pressure that pulls, as in suction.</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>A low supply of white blood cells. White blood cells kill germs and fight infection.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Open ended Catheter</td>
<td>A peripherally inserted central catheter that does not have a valve on the end. It is open and needs heparin to prevent clots.</td>
</tr>
<tr>
<td>Per-Q-Cath</td>
<td>The name brands of some open ended peripherally inserted central catheters.</td>
</tr>
<tr>
<td>Peripherally Inserted</td>
<td>A thin tube made of soft, flexible rubber-like material put into a major (central) vein to inject medicine or fluids, or to take out blood.</td>
</tr>
<tr>
<td>Central catheter (PICC)</td>
<td></td>
</tr>
<tr>
<td>Phlebitis</td>
<td>An irritation of the vein that causes it to become stiff, swollen, and painful to the touch.</td>
</tr>
<tr>
<td>Positive pressure</td>
<td>Forward pressure pushed into a line by pressing on the syringe plunger.</td>
</tr>
<tr>
<td>Power PICC</td>
<td>A catheter that can be used during CT scans or MRI.</td>
</tr>
<tr>
<td>Sepsis</td>
<td>An infection that has spread through the body in the bloodstream. Sepsis can make you very sick, very quickly.</td>
</tr>
<tr>
<td>Site</td>
<td>The place where the catheter comes out of the child’s body.</td>
</tr>
<tr>
<td>Skin breakdown</td>
<td>Irritated skin that is red, sore or broken. When the skin breaks down, germs can get through and cause an infection.</td>
</tr>
<tr>
<td>Superior Vena Cava</td>
<td>SVC. The large vein that leads to the top of the heart.</td>
</tr>
<tr>
<td>Sterile</td>
<td>There is nothing living on the object. It means there are absolutely no germs at all. Your skin cannot be sterilized and still be alive itself. It can only be disinfected, so most of the germs on it are killed.</td>
</tr>
<tr>
<td>SVC</td>
<td>See Superior Vena Cava.</td>
</tr>
</tbody>
</table>
Now that you’ve read this:

☐ Tell your nurse why your child needs a PICC line. (Check when done.)

☐ Tell your nurse what you can do to keep the PICC line from getting an infection. (Check when done.)

☐ Tell your nurse the signs of infection. (Check when done.)

☐ Tell your nurse what you would do if you see signs of infection. (Check when done.)

☐ Tell your nurse what you will look for on the skin around the PICC. (Check when done.)

☐ Tell your nurse why it is important to wait for the chlorhexidine (CHG) to dry before you put on the dressing. (Check when done.)

☐ Show your nurse how you change the dressing on the PICC. (Check when done.)

☐ Show your nurse how you would do full range of motion exercises with the arm or leg that holds the PICC line. (Check when done.)

☐ Show your nurse how you change the needleless connector on the PICC. (Check when done.)

☐ Show your nurse how you flush the PICC. (Check when done.)

☐ Show your nurse how you clamp the PICC. (Check when done.)

☐ Tell your nurse where to find what to do in a PICC emergency. (Check when done.)

☐ Tell your nurse what you will do if the PICC comes out. (Check when done.)

☐ Tell your nurse what activities your child should not do with a PICC. (Check when done.)
If you have any questions or concerns,
☐ call your child’s doctor or ☐ call ______________________

If you want to know more about child health and illness, visit our library at The Emily Center at Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
www.phoenixchildrens.org
Facebook: facebook.com/theemilycenter
Twitter: @emilycenter
Pinterest: pinterest.com/emilycenter

Disclaimer
The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children’s Hospital urges you to contact your physician with any questions you may have about a medical condition.
How to Care for Your Child’s PICC Line

Name of Health Care Provider: __________________________________________
Date returned: ___________ ☐ db

Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? ☐ Yes ☐ No
Easy to read? ☐ Yes ☐ No
Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? ☐ Yes ☐ No

Why or why not?

Would you do anything differently after reading this handout? ☐ Yes ☐ No
If yes, what?

After reading this handout, do you have any questions about the subject? ☐ Yes ☐ No
If yes, what?

#426 How to Care for Your Child’s PICC Line
Si usted desea esta información en español, por favor pídasela a su enfermero o doctor.
Is there anything you don’t like about the drawings?  ☐ Yes  ☐ No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

The Emily Center
Health Education Specialist
Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016-7710

602-933-1395

Thank you for helping us!