

<b>Date:</b>		<b>Unit:</b>	
<b>Nurse/Doctor assessed:</b>			
<b>Non-Compliant:</b>	<80% Compliance		
<b>Compliant:</b>	80-100% Compliance		

Equipment required:		
1. Live baby	2. Trolley & Neonatal procedure pack	3. Sterile gloves, mask & cap
4. Oral sucrose & EMLA cream	5. PICC line and introducing needle	6. Clotless connector
7. Sterile blade	8. 10ml Heparinised syringe & saline ampoules	9. Transparent dressing
10. Steristrips	11. Chlorhexidine 0.5% in 70% isopropyl alcohol	

**Scenario**  
*Select a baby requiring placement of a peripherally inserted central catheter and inform the health care worker of the history and patient demographics.*

NO.	INDICATOR	NC	C	Comment
<b>Prepares Mother</b>				
1.	Communicates with mother and obtains informed consent			
<b>Prepares baby</b>				
2.	Performs hand hygiene			
3.	Identifies baby-checks ID band information			
4.	Provides pain relief (sucrose and dummy, EMLA cream if available)			
5.	Ensures the baby is kept warm (ICU crib) and is monitored			
6.	Selects the best vein and measures insertion depth (from site of insertion to superior/inferior vena cava)			
7.	Positions baby according to insertion site and swaddles			
8.	Performs hand hygiene			
<b>State: "How would you select the best vein and what do you need to consider when positioning the baby?"</b>				
9.	Vein needs to be large & straight (saphenous preferable)			
10.	Antecubital fossa-position supine, head turned to insertion site. Cephalic vein- extend arm to 90° Saphenous vein-leg slightly flexed at the hip			
<b>Prepares trolley/equipment</b>				
11.	Ensures good light source available			
12.	Cleans trolley and covers with sterile drape			
13.	Opens sterile neonatal procedure pack & opens sterile items onto it			
<b>Prepares for aseptic technique</b>				
14.	Dons mask and cap			
15.	Performs procedural hand wash			
16.	Dons gown and sterile gloves			
<b>Prepares catheter and insertion site</b>				
17.	Using sterile measuring tape measures required catheter length, withdraws guidewire (if present) to 1cm less than measured length and then cuts catheter to required length			
18.	Primes catheter with heparinised saline, checks for leaks and leaves syringe with saline attached			
19.	Using forceps and swabs, cleans skin with chlorhexidine in alcohol solution for 30 seconds			
20.	Allows to dry for 2 minutes			
21.	Asks assistant to stabilise the limb, apply tourniquet and provide pain management-sucrose and pacifier			
22.	Places sterile fenestrated drape over insertion site & assistant's arm			
<b>Catheterises vein</b>				
23.	Applies traction to skin distal to insertion site			
24.	Enters skin 1cm back from insertion site, with the needle bevel up at a 30-40° angle.			
25.	Advances tip of needle into vein and looks for back flow. When present advances cannula very slightly.			
<b>A. Totals</b>				

Catheterises vein continued		NC	C	
26.	Releases tourniquet			
27.	Stabilises sheath in place (fingers over sheath tip and wings)			
28.	Slowly withdraws the needle and applies downward pressure over sheath tip to reduce bleeding			
29.	Using fingers (not forceps) advances catheter slowly through the sheath into the vein until required depth is reached.			
30.	If resistance is felt flushes with saline to float catheter past valves.			
31.	Applies pressure to skin above insertion site to hold catheter in place, withdraws sheath until free of the skin and then splits sheath apart to detach from catheter.			
32.	Flushes catheter with heparinised saline			
Prepares and secures catheter and dresses insertion site				
33.	Removes guide wire with <b>slow</b> but constant motion to prevent 'bunching'. Additional flushing may be required			
34.	Attaches clotless connector & commences infusion (Additional port with clotless connector should be added to line to facilitate flushing)			
35.	Cleans skin with chlorhexidine in alcohol solution for 30 seconds and allows to dry for 2 minutes.			
36.	If persistent bleeding occurs: elevates limb and applies pressure. Applies small haemostatic dressing (e.g. surgical) if bleeding continues.			
37.	Applies steristrip to oval catheter joint and then applies transparent dressing over insertion site			
38.	Applies small hydrocolloid dressing under hub ( to prevent pressure)			
39.	Secures hub with steristrips over transparent dressing			
Completes procedure				
40.	Removes sterile drape and doffs PPE			
41.	Performs hand hygiene			
42.	Records procedure including catheter size & depth in clinical notes, central line insertion checklist & procedure chart (in Inpatient support pack)			
Knowledge check				
State: "Please tell me 2 indications for PICC line placement?"				
43.	<ul style="list-style-type: none"> <li>IV therapy required &gt; 10days,</li> <li>Admin. of TPN</li> <li>Admin of fluids with high pH, osmolality or likely to cause tissue damage e.g. sugar solutions &gt;10%, Soda Bic, Ca. Gluc, Kcl &amp; some antibiotics</li> </ul>			
State: "How do you maintain the patency of the catheter?"				
44.	<ul style="list-style-type: none"> <li>Do not administer blood through the line.</li> <li>Ensure <b>continuous</b> infusion of fluids</li> <li>Only take blood or administer meds. using a clotless connector</li> <li>Flush PICC line with 1ml heparinised saline in 5ml syringe if inline pressures are increasing &amp; before &amp; after infusing meds/taking blood.</li> </ul>			
State: "What would you do if the limb became swollen?"				
45.	<ul style="list-style-type: none"> <li>Take X-Ray to confirm catheter position</li> <li>Elevate limb-should resolve in 24hrs</li> </ul>			
State: "What would you do if phlebitis was noted at the insertion site?"				
46.	<ul style="list-style-type: none"> <li>Take blood culture from the line. If no growth and baby clinically, well do not remove line-phlebitis should resolve.</li> </ul>			
<b>B. Total</b>				
<b>A. Total brought forward</b>				
<b>Combined Totals</b>				
<b>Compliant total /46</b>				
<b>Final Percentage X100 =</b>				%

In Discussion with the Individual:	
Gaps Identified:	
Action Plan:	

Assessed by:			
Sign:		Print:	
		Desig:	