

Securing a more stable PICC

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Introduction

The Infusion Nursing Society's Infusion Nursing Standards of Practice (2011) states that "stabilization shall be used to preserve the integrity of the access device, minimize catheter movement at the hub, and prevent catheter dislodgement and loss of access"

There are a variety of stabilizing devices:

Sutures:

Suturing PICCs can cause increased risks of infection and can be uncomfortable (Gabriel 2001). There is also an increased risk of needlestick injury (Moureau and Lannucci 2003).

Adhesive devices: e.g. Statlock, Steristrips; They require changing and can cause PICC to migrate when doing so (Egan 2013).



Anchoring Devices: e.g. SecurAcath
This is a new subcutaneous catheter securement device that utilizes a small anchor placed just beneath the skin in the subcutaneous tissue and remains in place for the life of the PICC.



Background

In our trust we had used Statlocks for over 10 years. However there were issues with their use:

- ❖ Some patients had skin reactions
- ❖ When doing the weekly change, the PICCs could be pulled out by mistake
- ❖ Nurses worried about dislodgement so were reluctant to change the Statlock
- ❖ The nurse experienced some difficulty with cleaning the site adequately
- ❖ Some nurses placed Statlock on the skin and pulled the PICC to clip it in – pulling PICC out too far and this resulted in patients requiring replacements
- ❖ Placement of Statlock sometimes resulted in bent catheters leading to damage or occlusion.

Evaluation Method

- ❖ All PICC placers were taught how to attach the new securing device at placement of the PICC
- ❖ All hospital nurses were taught how to care for and remove the device
- ❖ The referral letter to the district nurse outlined details of care and included a picture of how the dressing should be done
- ❖ SecurAcath was used on all patients during the evaluation period in November 2011
- ❖ This involved 30 patients
- ❖ Questionnaires were completed by the PICC placers, the nurses caring for the PICC site and included feedback and comments from the patients. We were unable to get feedback from the district nurses.

Findings

The overall feedback was very positive

Benefits:

- ❖ Cost savings as only one device required instead of weekly change
- ❖ No skin reactions
- ❖ Cleaning the site was easier
- ❖ Less catheter damage
- ❖ Reduction in malposition
- ❖ Positive feedback from nurses as they were less concerned about the PICC dislodging during care

Issues:

- ❖ There may be patients who have a nickel allergy but none during the evaluation period
- ❖ Some patients complained of pain at the insertion site if incorrectly placed and the anchor was too superficial
- ❖ Pain and difficulty removing the device



Conclusion

Positive feedback

Nurses were more confident at dressing changes and felt able to clean the site more easily.

Cost effective

No changes of securing device required. Less damaged and malpositioned PICCs needing to be replaced.

Problems with removal

Change in removal practice
More input from company
More education



References

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