**PPNO List Serv Query**

**Summary**

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Question Asked: **Does anyone have any Policies & Procedures they would be willing to share re: Midlines and PICCs-specifically regarding decision algorithms for catheter replacement?**

X[ ]  Policy X[ ]  Procedure [ ]  Practice Question [ ]  Program Info [ ]  Committee Structure info

[ ]  Role Question [ ]  Model/Structure Question **[ ]**  Care Delivery Question [ ]  Collaboration

[ ]  Regulation/Legislation [ ]  Pt. Safety [ ]  Quality/Outcome/Indicator Question

[ ]  PP Culture/Leadership Question [ ]  Other:

Keyword(s)

(Check 1 to 2

Maximum)

Responses:

| Responder Contact Info | Responses from query | Attachment(s)\*  |
| --- | --- | --- |
| Cecilia Chang, PT, BScPT, MSc(AH)Professional Practice Leader/PhysiotherapistMarkham Stouffville HospitalOffice: 905-472-7373x6237Mobile: 416-318-7727Email: cchang@msh.on.ca | Please see this response from one of our medicine PPLs:We have our Central Venous Access Devices Policy and Procedure document which is a very thorough and comprehensive tool for all things CVAD. That being said, the only component we do not currently have, as an algorithm or guideline, is a decision tree for catheter replacement. This decision is usually clinically based and is assessed case by case once all the other processes have been exhausted. Decisions are made by the senior clinicians only (MD, NP, PA).  |  |
| Selina Fleming MN, BScN, RNHPHA EducatorHuron Perth Healthcare AlliancePhone: 519.272.8210 x2325Clinton Public Hospital - St. Marys Memorial Hospital - Seaforth Community Hospital - Stratford General Hospital | We don’t specifically have an algorithm for catheter replacement. However, in our midline policy we refer staff to Elsevier (an online skill repository) that provides them with best practices around removing a midline (nothing specific around replacement). Midlines should be discontinued if no longer patent when verified or when the patient's condition no longer warrants this type of peripheral vascular access device, upon completion of therapy, or in the presence of an infectious or inflammatory process, catheter malposition, or catheter dysfunction. Should the patient still require this type of access they would D/C the old line and our nurse inserters or a physician will reinsert. At our organization, midlines are utilized for therapy lasting 4-29 days…Related to replacing PICCs, we ask that nurses continuously assess if the line is clinically indicated and assess catheter patency. Nurses will attempt to troubleshoot should there be issues with the PICC. They would seek assistance from our Nurse Champions and consult the physician when in doubt. If they can’t salvage their current PICC and still require this access, they would obtain an MD order and follow our internal process to request a reinsertion by the PICC nurses.  |  |
| Susan Murphy RN BScN CPMHN( C )Practice SpecialistMental Health Program Behavioral Supports Transition UnitQuinte Health Care265 Dundas St E.Belleville, ON Office: 613 969 7400 ext 2111Email: smurphy@qhc.on.ca   | This is at the discretion of the physician and requires a doctor’s order at QHC.  |  |