

PICC DRESSING CHANGE KNOWLEDGE CHECKLIST

When reviewing a nurse's knowledge of central line dressing change, it's essential to ask questions that assess their understanding of the procedure, infection control measures, and patient safety. Here are some questions you can ask:

- 1. Indications for Central Line Dressing Change: Why is a central line dressing changed?
 - Answer: Central line dressings are changed to prevent infection, maintain a sterile environment, and monitor the catheter site.
- 2. Frequency of Dressing Change: How often should central line dressings be changed?
 - *Answer:* The frequency varies based on the type of central line and institutional policies, often ranging on admission, once a week, and as needed if compromised.
- 3. Sterile Technique: What are the key principles of Sterile technique during dressing changes?
 - *Answer:* Key principles include hand hygiene, sterile equipment, and maintaining a sterile field.
- 4. Supplies and Equipment: What supplies and equipment are needed for a dressing change?
 - Answer: Supplies include clean gloves, masks for clinicians and patients, a Dressing change kit, antiseptic solutions, securement devices, saline flushes, needleless connector(s), and heparin flushes if included in your institution's policy.
- 5. Patient Comfort and Safety: How do you ensure patient comfort and safety during a dressing change?
 - Answer: Ensure a calm and comfortable environment, explain the procedure, and monitor the patient for any signs of discomfort or distress. If possible, the patient should be lying in bed comfortably.
- 6. PPE for Dressing Changes: What PPE is needed, and how should it be used?
 - Answer: PPE includes gloves and a mask. Proper donning and removing techniques are crucial.
- 7. **Removing the Old Dressing:** Describe the steps for removing the old dressing.
 - *Answer:* Remove the dressing gently and with minimal discomfort. Start at the base and peel the dressing off up and away while ensuring catheter stability.
- 8. Cleaning the Site: What solutions are used for site cleaning, and why?
 - Answer: Chlorhexidine-based antiseptics are common for their broad-spectrum antimicrobial activity.
- 9. Documentation: What documentation is required before, during, and after the dressing change?

- *Answer:* Document patient identification, procedure details, site condition, complications and interventions, and patient teaching.
- 10. Site Assessment: How do you assess the site for signs of infection or complications?
 - Answer: Assess for redness, swelling, tenderness, drainage, and signs of infection.
- 11. Unexpected Bleeding or Drainage: What should you do if there's unexpected bleeding or drainage?
 - *Answer:* Apply gentle pressure and seek guidance from a healthcare provider if necessary.
- 12. Compromised Dressing: What should be done if the dressing becomes wet or soiled?
 - *Answer:* Change the dressing promptly to maintain a sterile environment.
- 13. Securing the Catheter: How do you secure the catheter during a dressing change?
 - Answer: use a securement device to prevent accidental catheter dislodgment.
- 14. Allergic Reactions: What if there's an allergic reaction to dressing materials?
 - Answer: Address the reaction, remove offending materials, and use alternative products as needed.
- 15. **Measurement of arm circumference and external length of the catheter:** when, why, and how do you measure the external length of the catheter and the arm circumference of your patient?

When?

• Answer: The measurements should be done on admission when performing dressing changes and as needed when there are possible signs of complications.

Why?

 Answer: The external length of the catheter is measured to monitor possible dislodgement. The arm circumference is measured to monitor for swelling, which can indicate complications like catheter-related thrombosis and infection. Any 2cm or greater measurement discrepancy should be addressed, reported, and documented.

How?

- Answer: The external length of the catheter is measured with a measuring tape in centimeters from the insertion site to the base of the catheter wings.
- Answer: The arm circumference is measured 10 cm above the antecubital fossa.