Development of Pediatric PICC Team as Part of the Sedation Service: A 5 year experience
Haley Boehm¹, BSN; Kim Kamp¹, BSN; Anne Fehr, BSN; Kimberly Horack¹, BSN; Keith Hanson¹, MD, PhD; Girish Deshpande², MD
¹Children’s Hospital of Illinois, Peoria, IL; ²University of Illinois College of Medicine-Peoria

Introduction: Peripherally Inserted Central Catheters (PICCs) placement is a commonly performed procedure in pediatrics requiring special training. Historically, PICCs were placed at our hospital by several different providers. This approach was inefficient and was associated with family and provider dissatisfaction, because of variation in practice and availability of different providers. In March 2012, after an assessment of patient needs and available resources, a dedicated pediatric PICC team was developed under the umbrella of already existing sedation service.

Methods: PICC team consists of cross-trained nurses who provide sedation as well as place PICCs. We hereby review the experience of our pediatric PICC team over the past 5-year period. We surveyed referring providers (MDs, and APNs) to assess satisfaction with the PICC team. A unique advantage of having PICC team combined with sedation service is that a single phone call allows the scheduler to plan PICC line placement with or without sedation based on the availability of PICC RN, sedation RN and MD.

Results: Since inception 752 PICCs were attempted with 89% success rate. Reasons for PICC placement included: difficult access; long term antibiotics; frequent blood draws; and TPN. Our complications included: venous thrombosis (0.89% superficial, 1.6% DVT); infection (0.32/1,000 central line days); and accidental removal of PICC (1.3%). Dwell days ranged from 1-200 (mean 25 days). Surveyed respondents ranking satisfaction as 6.5 out of 7 with 7 being most satisfied.

Discussion: Our endeavor of creating a PICC team under auspices of pediatric sedation team has been successful with regard to number of lines placed, high safety and provider satisfaction. The ability of PICC and Sedation RN being interchangeable helped in success of PICC line placement due to mutual cooperation and change of roles.

Conclusion: The combined PICC and sedation team has been a successful venture, maximizing use of available resources.