Newborn Critical Care (NCCC) Clinical Guidelines

Guideline for Placement of < 2 Fr PICC Catheters outside the NCCC

PATIENT POPULATION
Inpatients that are under 6 months of age

PICC CRITERIA
- At least 5 days of IV access needed
- Cannot be used for lab draws
- Cannot be used for blood products
- Patient’s cannot discharge with ≤ 2 Fr PICC (not for home use)

ANXIOLYSIS/SEDATION

Pediatric Sedation Policy for Non-Anesthesiologists
- Anxiolytics recommended for PICC Insertion unless contraindicated in the patient.
- Anxiolysis includes use of 1 agent
  - Versed IV 0.1 mg/kg X 1 or Versed IV 0.05 mg/kg X 1, may repeat X 1 in 3 minutes
  - If no IV access; administer Versed intranasal 0.2 mg/kg X 1
- Sedation is > 2 agents and requires an anesthesiologist; unless patient is in PICU
  - Typically Fentanyl and Versed

RESOURCES AND POLICIES
- PICC Placement Algorithm
- PICC Placard – to be hung at bedside
- Policy - Central Venous Access Device (CVAD) Care & Maintenance

TROUBLESHOOTING
- Alert patient provider to obtain PICC placement xray
- If x-ray appropriate, follow CVAD troubleshooting policy (link above)
- Further concerns call:
  - Monday-Friday 8a-5pm: page PSCT for ≤ 2 Fr PICC troubleshooting
  - Nights and weekends: Provider can call NCCC

Revised September 2019 – Nail / Hazard / Kimmel / Meier