

PICC Dressing Changes in the Neonate.

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PICC Dressing Changes in the Neonate

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Background

- Current NICU PICC policy is to redress PICCs 24 hours after insertion and then every 7 days
- Three PSRs, filed between November and December 2016, due to leaking and malposition of PICCs during routine dressing changes
- Current research is lacking surrounding the frequency of dressing changes and the associated CLABSI rates in the NICU population

Purpose/PICO

The purpose of this project is to revise the PICC dressing change policy from the current routine to PRN only.

P - NICU Infants

I - PRN only PICC dressing changes

C - 24 hr and then every 7 day PICC dressing changes

O - Reduce risk of skin breakdown, malposition and/or infection

Evidence

- Multiple sources recommend to change dressings only if it becomes “damp, loosened or visibly soiled” because the risk of dislodgement outweighs the benefit (O’Grady et al., 2011 & CDC, 2010)

- A RCT showed a noninferior increase in CLABSI rates following switching from 3-day to 7-day dressing changes concluding that 7 day dressing changes are safe (Timsit et al., 2009)

Implementation Plan

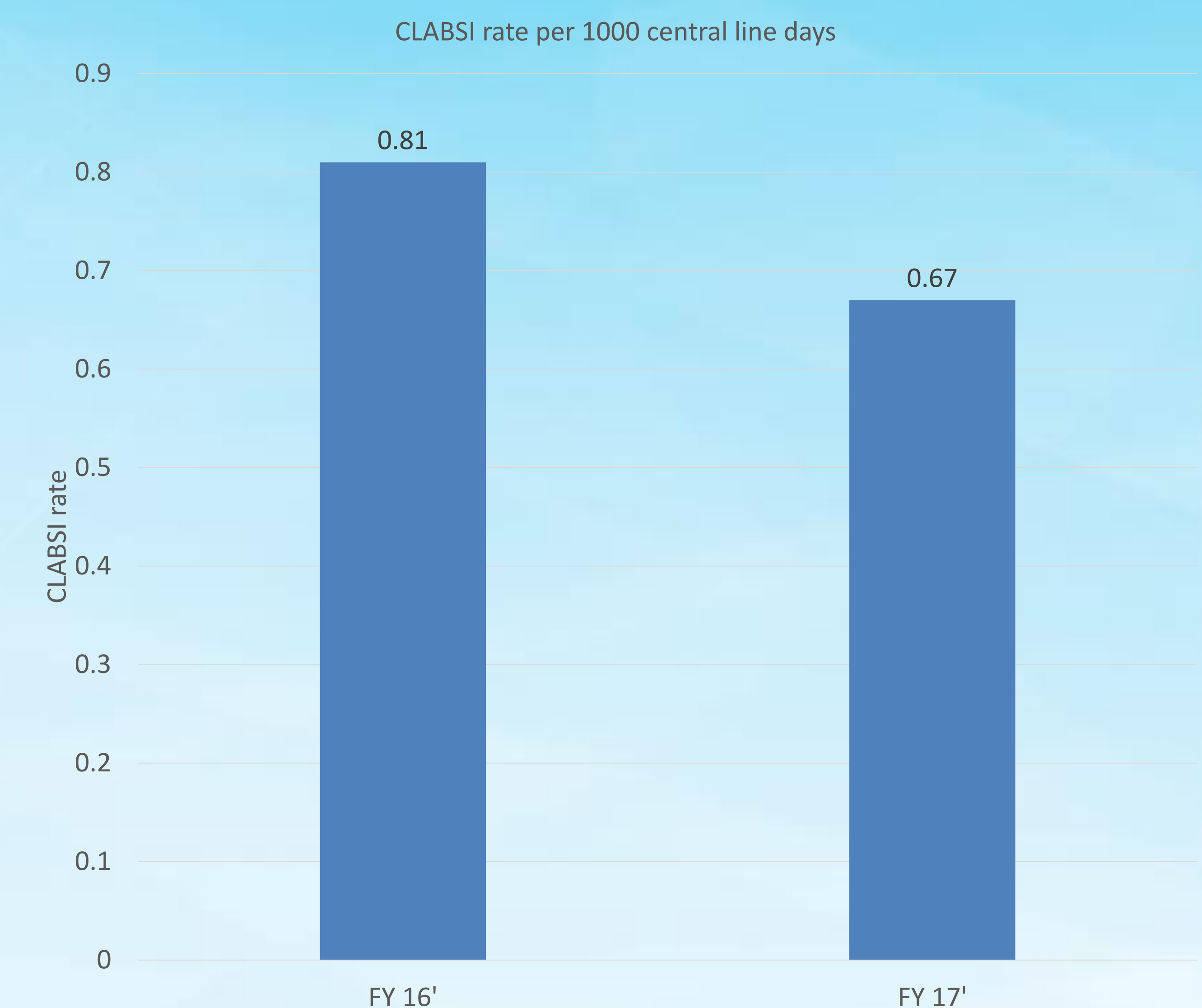
- Due to lack of evidence in Neonatal patients, we consulted with two reputable Children’s hospitals as to their policies on PICC redresses:
 - Hospital “A” – Dressing is changed only when it becomes damp, loosened, soiled or when inspection of the site is necessary
 - Hospital “B” – had recently changed from routine 7 day redresses to PRN only
 - Post PRN dressing change implementation in both hospitals showed no increase in CLABSI rates
- Between Feb and May 2017 monitored all episodes of PICC dressing changes to document complications
- Presented evidence to Infection Control Specialist and Neonatology providers and obtained their approval
- Educated all NICU Providers and RNs on policy change and rationale for the change via email
- Implemented PRN policy change and monitored for complications from May through August 2017

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Outcome

- No complications were noted for the first three months after implementing the policy change
- Overall infection rate did not increase after new policy was implemented



Conclusion

- Neonatology provider group and Infection Control Specialist determined that due to the potential benefits and lack of adverse events during the three month pilot we will continue with PRN only dressing changes for an additional three months and continue to monitor for complications

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