

# Peripherally Inserted Central Catheter (PICC) Insertion in Non-Queensland Children's Hospital (QCH) Inpatients



## RESPONSIBILITY

- External Facility
- QCH General Paediatrician
- Children's Advice and Transport Coordination Hub (CATCH)

## Points to consider

- PICC insertion is only coordinated during business hours (0700-1600hrs)
- If IHTRF received after hours CATCH will advise referring doctor to contact General Paediatrics 3068 4447 the following day for coordination.

## Hierarchy of list options include:

1. PICC list - Tuesday and Thursday PM
2. Acute list - AM
3. SHOULD ONLY BE BOOKED ON EMERGENCY BOARD or OUT OF HOURS when no other list is available and **under the guidance** of the Duty Anaesthetist (DA).

## \*All PICC bookings require completed:

1. Paediatric Elective Admission Booking or Emergency Booking Form
2. Intraoperative X-ray form
3. Request for Central Venous Access Device form
4. Consent form

**Paediatric Elective Admission Booking** must be completed and delivered to Level 7 - Critical Care Directorate, Cardiac Catheter Administrative Officer (AO) desk (Paula) on 3068 4306 between 0700-1600 hrs.

**Emergency Booking Form** must be completed and delivered directly to Theatre Reception, Level 4, or Theatre Team Leader on 3068 1375.

# PICC Insertion in Non-QCH Inpatients - Monitoring Requirements

- Criteria for overnight admission and apnoea monitoring (line of sight nursing / continuous pulse oximetry and within range of audible alarms):
  - Any term infant (born at or above 37/40) less than 44 weeks post-conceptual age
  - Any preterm infant (born at or below 36/40) less than 54 weeks post-conceptual age
  - Any infant with recurrent apnoea, chronic lung disease, anaemia, sepsis or neurological disease
- Monitoring should continue for 12 apnoea-free hours postoperatively.
- Healthy preterm infants greater than 44 weeks post-conceptual age without co-morbidities may be monitored for 6 apnoea-free hours at the discretion of the Anaesthetist.
- Babies must not be placed in a single room unless line of sight nursing / continuous pulse oximetry and within range of audible alarms can be maintained.
- If the patient fits the criteria for admission to Paediatric Intensive Care Unit (PICU), then monitoring should occur in PICU.
- Babies requiring at least 12 hours of monitoring should go to the Babies Ward. Those having 6 hours and being operated on a morning list may be suitable for the Surgical Day UNIT (SDU).

# PICC Insertion in Non-QCH Inpatients - Decision Tree (abbreviated)

