

# **DIVISION SCOPE OF SERVICE**

**Division: NORTH FLORIDA** 

**Classification: PICC LINE NURSE** 

**Applicant Name:** 

### **PICC Line Nurse:**

PICC Line Nurse must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.

### **Definition of Care or Service:**

The PICC Line Nurse inserts peripherally placed central, midline, and peripheral IV catheters. Acts as a resource and consultant for staff with regard to IV therapy assessment, products and procedures. Scope of Service may include:

- Verifies physician's orders for placement of PICC line
- Performs pertinent chart review
- Verifies informed consent has been obtained from the patient or empowered other
- Assesses for antecubital access and vein for catheterization
- Determines need for ultrasound guidance
- Places PICC line and demonstrates strict compliance with all protocols, policies and procedures.
- Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians

## Setting(s):

Healthcare facilities including but not limited to hospitals, outpatient treatment facilities

## **Supervision:**

• Direct supervision department director, site manager or designee of department caring for the patient

Evaluator: Department director or designee

Tier: 2

**eSAF Access Required:** YES

## **Qualifications:**

- Associate's degree or higher
- Current licensure as RN
- Certificate of attendance at a PICC line insertion and management course or proof of training in PICC line insertion (Can be found on Skills Checklist)
- American Heart Association or Red Cross health care provider BLS Certification

NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.

# **State Requirements:**

• Current licensure as RN in the State of Florida

## **Experience:**

• 1-3 years current PICC line insertion experience

## **Competencies:**

The PICC Line Nurse will demonstrate:

- Safe environment for patients
  - Demonstrates responsibility and accountability in the performance of assessment and reassessment during the PICC procedure



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- Aesthetic protocols
- o Labels all medications and solutions necessary PICC procedure
- Inserts PICC, midline and IV catheters and documents the procedure; using hospital required equipment and infection control guidelines; document time out and procedure in med record
- Discontinues catheters as ordered;
- Proficient in both standard percutaneous and ultrasound-guided technique for line placement;
- Keeps current on advances in IV therapy;
- Assists nursing staff by troubleshooting PICC line problems if they arise, i.e., repositioning, de-clotting, and catheter changes;
- Confirms proper placement of PICC line following X-ray. Consults with radiologist as necessary to obtain proper line placement; and,
- Consults with physician(s) as needed to determine line type selection based on purpose of central venous access device, infusion type, and duration/length of therapy.
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE) when required
  - Required immunizations per Division requirements
  - Complies with Isolation precautions
  - Maintains sterile field

### References:

Nursys: <a href="https://www.nursys.com/LQC/LQCTerms.aspx">https://www.nursys.com/LQC/LQCTerms.aspx</a>

Nursing Compact States & Nurse Licensure: <a href="https://www.travelnursing.com/what-is-travel-nursing/nursing-nursin

compact-states/

Florida License Verification: https://appsmga.doh.state.fl.us/MQASearchServices/HealthCareProviders

## **Document Control:**

- Content updates 6/30/2017
- Cosmetic updates 7/16/2020

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name:	
Signature:	
Date:	