How long will the PICC line stay in place?

The PICC line can stay in for several weeks. The PICC line is usually removed when your baby is feeding well (by breast, bottle or gavage) or when your baby no longer needs intravenous (IV) medications.

If your baby develops an infection, the PICC line is usually removed and a regular intravenous line is put in. Only a specially trained doctor or nurse can remove the PICC line. After a few days of antibiotics, a new PICC line may be inserted.

If the PICC line gets blocked, it must be removed. Another PICC line may be inserted or a regular IV may be started.

If you have any questions about a PICC line, please ask your baby’s nurse or doctor.

What is a PICC line?

A PICC line is a soft, flexible tube placed inside a vein in your baby’s arm, leg or scalp. The tube is long enough to reach the large vein that enters your baby’s heart.

Why does my baby need a PICC line?

A PICC line is used when your baby needs intravenous therapy for longer than 1 or 2 weeks. The PICC line may be needed to give your baby vital nutrients (food), fluids and/or medications. With a PICC line, your baby doesn’t need so many needles.
How is the PICC line put in?

With your permission (consent), a specially-trained doctor or nurse will put in the PICC line.

To prevent infection, sterile technique is followed. The doctor or nurse will wear a mask, a sterile gown and sterile gloves. The skin where the PICC line will go in will be carefully cleaned with an antiseptic solution.

The doctor or nurse puts a needle into the vein and threads the catheter through it. Then the needle is removed and the catheter is gently guided through the vein until it reaches the large vein near your baby’s heart. The catheter is secured and covered with a clear bandage. This takes about 45 minutes.

After the PICC line is put in, your baby will have a chest x-ray to make sure the catheter is in the right position. Sometimes the position needs to be changed.

Does this hurt my baby?

There is some discomfort as the needle is put in, just like putting in a regular intravenous. After that, most babies sleep during the rest of the procedure.

If your baby shows signs of pain (a pain score above 3), we can give your baby pain medication. Sedation is usually not needed when putting a PICC line in or taking it out.

What complications are possible?

| Infection   | • Any time the skin is punctured there is a chance that germs could enter the body and cause an infection. To lower the risk of infection, the PICC line is put in using sterile technique and covered with a sterile dressing. The health care team will regularly check your baby for any signs of infection. |
| Blockage from a blood clot | • There is a chance of a blood clot forming in the vein at the tip of the catheter. This risk is the same for any intravenous, umbilical or central catheter. |
| Difficulty inserting the PICC line | • If the vein is too small, it may be hard to guide the PICC line up towards the heart. If this happens, it may be possible to try again using a different vein. • If the veins are too small or fragile, it may be necessary to ask the surgeon to put in a percutaneous cutdown catheter. This type of catheter is similar to a PICC line. It is usually put in a large vein at the top of your baby’s leg (in the groin area). This procedure can be done in the NICU or L2N and takes about the same amount of time. |
| Incorrect position | • The PICC line may go to the wrong place, even if it has been easily inserted. It may be pulled back into the right position, or removed and put back in. • The catheter can move out of its proper position, usually with the movement of your baby’s arm or leg. This may cause the IV fluid to leak out of the vein into the surrounding tissues and the area becomes puffy or swollen. Very rarely, fluid may leak into the lungs or the sac around the heart, or the catheter is hard to pull out when it is being removed. |
| Changes in the heart beat (arrhythmias) | • It is possible that inserting the PICC line may disturb your baby’s heart beat. If this happens, we may need to change the position of the catheter or take it out. |

Your baby will be monitored carefully and treated for any possible complications. The nurse will examine each IV site at the start of every shift and check them every hour.
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