

## **DIVISION SCOPE OF SERVICE**

<b>Division: FAR WEST</b>
<b>Classification: PICC LINE NURSE</b>
<b>Applicant Name:</b>

  

<p><b>PICC Line Nurse (RN):</b> The PICC Line Nurse must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.</p>
<p><b>Definition of Care or Service:</b> The PICC Line Nurse demonstrates advanced knowledge and skills in the care of patients requiring IV access. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Inserts/places PICC lines</li> <li>• Removes sutures</li> <li>• Advance/remove drains with physician order</li> <li>• Demonstrate competency in placement of PICC lines using fluoroscopy (requires completion of CO Fluoroscopy certification)</li> <li>• Maintains PICC and other central venous access devices</li> <li>• Monitors quality metrics related to these devices</li> <li>• Observes, evaluates and reports clinical findings to the supervising physician <ul style="list-style-type: none"> <li>○ Documents these findings in the medical record</li> </ul> </li> <li>• Provides patient and family education regarding PICC lines and other central venous access devices</li> <li>• Demonstrates Clinical and Service excellence behaviors to include HCA code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including acute care settings.</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Involves general guidance and direction by the CNC, Patient Care Director and/or Nurse Manager.</li> </ul> <p><b>Evaluator:</b> CNC, Patient Care Director and/or Nurse Manager.</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• RN – Graduate of a Diploma, Associate Degree, or Bachelor of Science nursing program</li> <li>• Currently licensure as a RN State Board of Nursing.</li> <li>• 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)</li> <li>• American Heart Association or Red Cross health care provider BLS Certification</li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p><b>Experience:</b> Experience as a PICC/Vascular Access Nurse within the past two years.</p>
<p><b>Competencies:</b> The PICC Line Nurse demonstrate:</p>

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- A safe environment for patients
  - Uses at least two ways to identify patients before inserting or removing PICC line or device
  - Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
- Accurate patient information review
  - Collects and documents data in the medical record
  - Facilitates communication between the physician, patient, family and nursing staff
  - Notifies the appropriate member of the interdisciplinary patient care team of issues that require immediate intervention or attention
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Maintains current immunization for influenza
  - Complies with Isolation precautions
- PICC Line Insertions:
  - Certificate of attendance at a PICC line class
  - Proctoring of first three PICC line insertions by a physician or nurse who have demonstrated competence in PICC line insertion
  - Ongoing evaluation (every two years at reappointment) – insertion of a minimum of 12 PICC lines in two years. If the requirement is not met, the nurse will be proctored for at least one PICC line insertion.

### References:

**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:** \_\_\_\_\_