



APPLICATION FOR CPUI CERTIFICATION RENEWAL

This form establishes CPUI PICC Certification by documentation and does not establish competency. Competency must be established by the employer and facility.

Applicant Name (print) _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Professional License # _____

Employer _____ City/State _____

Employer Address _____

Practice Setting: (circle) Hospital Home Health Clinic/ MD Office Radiology Independent

Other _____

Three Year Renewal Fee \$125 (Must already have CPUI Certification)



CHECKLIST – FORMS REQUIRED FOR CPUI CERTIFICATION RENEWAL

When submitting your application for renewal, please include ALL items from the checklist below:

- Application for CPUI Certification Renewal**
- Signed Verification of PICC Experience (must be signed by your supervisor and you)**
- Supervised Competency Assessment**, signed by Preceptor and performer
- Proof of 6 CEs** (copy of Certificates, or 6 Summary Education forms)
- Copy of **current Professional License**
- Upload documents directly to your online account with PICC Excellence or email to info@piccexcellence.com. Documentation is due on or before the 15th of the month that your CPUI expires!





PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) INSERTION
MODIFIED SELDINGER TECHNIQUE
COMPETENCY ASSESSMENT

NAME _____ DATE _____

INITIAL ASSESSMENT DATE _____

PROCEDURE:	Initials of Preceptor
1. Verify MD order, creatinine level (must be under 2.0), diagnosis, medications, reasons for PICC, pertinent patient history, use of blood thinners	
2. Ensure all supplies needed for procedure are readily available including PICC insertion kit with, gloves, saline, ultrasound sterile cover and gel, anesthetic as needed, additional drapes, gauze, syringes, universal protection equipment	
3. Wash hands and apply clean gloves	
4. Perform time out to confirm patient ID (two forms of identification)	
5. Complete patient education and informed consent	
6. Cleanse table surfaces with disinfecting solution. Place supplies on the table. Set bed to correct height for comfort of the inserter; ensure ultrasound unit is positioned for easy visualization	
7. Have an observer present to complete insertion checklist throughout the procedure, monitoring adherence to aseptic technique and providing an enhanced degree of safety for the patient	
8. Perform vein assessment. Locate veins, arteries, and nerves (basilic, median, cephalic, brachial) with ultrasound. Select the most appropriate vein based on size and vein health. Consider vein size in comparison to catheter French size with/without a tourniquet (Don't exceed 1:3 ratio). Mark site	
9. Apply fresh gel to probe head in preparation for insertion procedure	
10. Estimate catheter length using external tape measure technique (insertion site, clavicular area, right third intercostal) or use fluoroscopy for exact wire measurement. Measure upper arm circumference and document baseline	
11. Wash hands using surgically thorough scrubbing action, 3-5 minutes	
12. Establish sterile field either around patient's arm or separate from the patient	
13. Open tray; fold back outer wrap. Using sterile technique, add additional items not in kit including flushes lidocaine and extra supply items onto sterile field	
14. Place poly-lined pad under patient arm	
15. Don cap, mask, shield, sterile gown, and sterile gloves in a sterile fashion	
16. Prep a large area (8-10 inches or more) around vein selected using Chlorhexidine. Use back and forth frictional scrub for 30 seconds or more. Do NOT wipe off; allow to air dry	
17. Drape arm and body with sterile, full body drapes. Turn patient head away from insertion site or provide patient with a mask to prevent breathing on field	
18. Apply sterile cover to ultrasound probe in sterile fashion. Secure with included rubber bands or sterile tape. Have sterile gel ready for insertion procedure on sterile field	
19. Arrange catheter and supplies in a sterile, organized fashion for easy reach and access, keeping items toward center of the sterile field	





20. Draw up flushing solution(s) or use prefilled syringes marked for sterile field use	
21. Pre-flush to confirm patency	
22. Apply tourniquet now (and change gloves) or have an assistant apply tourniquet	
23. Prepare ultrasound probe with sterile cover and gel. Position on skin and scan area to identify selected vein	
24. Administer subcutaneous anesthetic	
25. Using ultrasound guidance, access vein with a small (21g) introducer needle or cannula. With ultrasound, angle of insertion is acute (60-90 degrees) depending on depth indicated by ultrasound assessment. Watch for needle penetration into vein on ultrasound screen. Look for dimpling, then penetration of vessel. Do not advance needle through back side of vein	
26. Confirm blood return/flashback in hub	
27. Advance short guidewire through introducer needle approximately 10-20cm, maintaining control of wire at all times . Wire should slide easily into vein. Do NOT retract wire back through steel needle	
28. Remove tourniquet	
29. Remove introducer needle by sliding out of skin and off wire while stabilizing guidewire	
30. Inject anesthetic subcutaneously into skin around the wire if not previously performed. If necessary, use blade to nick skin (2-3 mm) and expand cutaneous puncture site. Slide blade into insertion hole approximately 2-3 mm with sharp side facing outward from guidewire	
31. Slide sheath/dilator over the wire and into vein using a firm twisting motion. Maintain control of wire at all times	
32. Prepare catheter by pre-flushing all lumen with normal saline. Apply needleless connector to extra lumen. Determine optimal catheter length, pull internal wire back to cut catheter without cutting wire. Reposition wire almost to the end of the catheter and secure by bending or taping. Position catheter within ready access to thread into sheath	
33. Remove the wire and dilator separately or together. Begin threading catheter immediately to reduce blood loss and prevent air emboli. Cover with thumb if necessary	
34. Thread the catheter through the introducer slowly (1cm/second). Turn patient head toward insertion site as catheter is advanced into chest. Advance catheter to predetermined level. If using navigation or EKG positioning, follow manufacturer's steps to confirm P wave elevation	
35. Aspirate each lumen to check for blood return. Flush all lumens with 10-20mL normal saline	
36. Pull sheath from insertion site and gently peel apart. It may be necessary to thread catheter to final position	
37. Check each lumen again for brisk blood return and flush with 10-20mL normal saline for injection. Apply needleless connectors. Flush again	
38. Using ultrasound, assess for internal jugular tip malposition using a longitudinal view (not necessary if EKG or navigation system used)	
39. Disinfect skin again if blood is present and allow to air dry	
40. Secure catheter and apply sterile, occlusive pressure dressing	
41. If tip positioning system was not used, order radiographic confirmation of terminal tip position prior to use	
42. Document entire procedure and patient reaction to procedure in patient record	





ACTION PLAN/INDICATION OF PERFORMANCE

NAME OF PRECEPTOR (PRINT) _____

SIGNATURE OF PRECEPTOR _____

LICENSE # _____

PHONE _____

EMPLOYER _____

By signing this document, you attest that you have supervised the PICC insertion and confirm the participant's performance of each individual step. Inadequate performance by the participant requires a repeat of the supervised insertion.

SIGNATURE OF PERFORMER _____

(Only one recent Competency Assessment is required for CPUI application purposes.)



VERIFICATION OF PICC EXPERIENCE

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Verification of Requirements for PICC Certification Renewal

I have Inserted _____ PICCs within the last 36 months using ultrasound guidance.

(Must have at least 36 ultrasound-guided insertions to qualify for CPUI PICC Certification Renewal)

I have completed 6CEs (include copy of ctf/summary form with submission) on vascular access continuing education.

I _____, verify that I have completed all the requirements listed for CPUI PICC Certification Renewal. I attest that all information provided is completely true and honestly represents my experience, insertion history and continuing education.

Applicant Signature _____ **Date** _____

VERIFIER'S INFORMATION

I have verified the insertion history of _____ and attest that all information is correct and has been presented to me in a manner confirming a specific number of insertions. I further verify the attendance and successful completion of the courses listed above and I am willing to verify this by phone and or email.

Person verifying information (print name) _____

Title _____ Email _____

Employer _____ Contact Number _____

Professional License Type and # _____

Signature _____ Date _____





SUBMIT APPLICATION

As part of the CPUI Certification Renewal process, you need to complete 6 Educational Summary Forms OR provide proof of 6 CEs.

If using the Summary Education forms, you may select any of the following 3 formats for each of your reviews:

- A published article related to any aspect of vascular access from any medical journal. Article must have been published within the last 5 years
- A vascular access seminar or presentation you have attended within the last 3 years
- Any continuing education course you have taken within the past 3 years pertaining specifically to vascular access and/or PICCs

Regardless of which format of education you choose to review, you will need to complete the description of the education, what you learned and how you will apply this information to your current vascular access practice.

Please complete all pages of the CPUI Renewal application. Upload it directly to your online account or email the forms as pdfs to the Certification Administrator, then purchase the CPUI Renewal.

Thank you for your interest in CPUI Certification and your dedication to safe PICC practice. If you have any questions or need any additional information, please contact us at:

PICC Excellence Inc.

18 East Johnson Street

Hartwell, GA 30643

888-714-1951 ♦ 706 377-3360

info@piccexcellence.com

PICCCertAdmin@piccexcellence.com

