These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Definitions

A. Function:
This procedure will take place when a percutaneous tube or catheter (including CVC) requires suturing.

II. Background Information

A. Setting:
The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of this protocol will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the protocol. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications:
To percutaneous place or replace sutures to secure tubes and catheters for the following indications:

1. Percutaneous tube or catheter that is insecure
2. Significant tenderness, erythema, or irritation at current securing suture site
3. Accidental dislodgement of securing suture

D. Precautions/Contradictions: Thrombocytopenia (platelet count less than 50,000), bleeding disorders, coagulopathy or cutaneous infections at the suture
STANDARDIZED PROCEDURE
PERCUTANEOUS PLACEMENT/REPLACEMENT OF
CATHETER OR TUBE SUTURE (Adult, Peds)
sites. Allergy to local anesthesia.
STANDARDIZED PROCEDURE
PERCUTANEOUS PLACEMENT/REPLACEMENT OF CATHETER OR TUBE SUTURE (Adult, Peds)

III. Materials
   a. 4-0 silk or nylon nonabsorbable suture with attached cutting needle
   b. 1% lidocaine
   c. 1ml syringe with 27-30 gauge ½” needle
   d. Chlorhexadine skin prep
   e. Sterile gloves
   f. Sterile gauze sponges
   g. Sterile scissors and forceps or needle holder
   h. Central line dressing kit or equivalent if replacing CVC suture

IV. Percutaneous Suture Procedure
   A. Pre-treatment evaluation
      1. The tube or catheter site will be inspected by the AHP and/or a physician to determine the necessity for suturing.
      2. Evaluate for the potential to experience pain, and pre-embedicate the patient appropriately.

   B. Set-up
      1. Assemble materials and set-up sterile field on bedside table

   C. Patient Preparation
      1. Obtain consent if indicated.

   D. Suture Replacement Procedure:
      1. Prep the skin in an aseptic manner with chlorhexadine solution.
      2. Inject intradermal 1% lidocaine wheal (0.5-1.0 ml) with a small 27-30 gauge needle where suture is to be placed.
      3. Using 4-0 silk or nylon nonabsorbable suture with cutting needle attached, place single interrupted suture at attachment site of percutaneous catheter or tube. Tie knot.
      4. Apply pressure for hemostasis.
      5. Ensure the involved tube or catheter is secure and optimally positioned for comfort.
      6. Clean chlorhexadine solution from site with sterile normal saline solution.
      7. Dress the site as appropriate.
E. Post-procedure

2. Advise patient to observe site for bleeding or signs/symptoms of infection and to call clinic or MD on call for any problems.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, type and size of suture used, Site appearance, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings, complications are reviewed with the attending physician.

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
   a. Medical indication and contraindications of percutaneous replacement of tube or catheter suture
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology
   d. Consent process (if applicable)
   e. Steps in performing the procedure
   f. Documentation of the procedure
   g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure at least once and perform the procedure **three** times under direct supervision.
STANDARDIZED PROCEDURE
PERCUTANEOUS PLACEMENT/REPLACEMENT OF CATHETER OR TUBE SUTURE (Adult, Peds)

4. Supervising physician will document Advanced Health Practitioner’s competency prior to performing procedure without direct supervision.

5. The Advanced Health Practitioner will ensure the completion of competency sign-off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.

2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least three times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY
Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY
Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016