

I am a AMDA Certified Medical Director (CMD) for Long Term Care and Board Certified in Internal Medicine. I am also the new president of the Connecticut Chapter of the American Medical Directors Association. I am the medical director at one Skilled Nursing Facility. A question has arisen over the last year concerning the legal ability of the mid-level practitioners: Nurse Practitioners (APRNs) or Physician Assistants (PAs) to be able to remove PERIPHERALLY inserted central lines (PICC). The APRNs have been removing these lines when the patients are done receiving their antibiotics. Recently it was noted by one Long Term Care pharmacy that there is a DPH law (19.28 #3 ) which states "Only a physician may initiate and terminate a central vein access"

I believe this law was written when patients were sent out with femoral, internal jugular or sub-clavian central lines and before PICC lines were in common use. Patients are almost never sent out with the older type CENTRALLY inserted central lines any more.

The hard part is inserting the PICC lines and this is often done in hospitals by IV nurses who are only RNs and not even APRNs.

Removing a PICC line is very similar to removing any other peripheral hep lock IV from the arm, the exception being that the tubing of the PICC catheter is longer. This is a very low risk procedure that any nurse could really do safely and certainly the mid-level practitioners, (APRNs or PAs) ought to be able to do. Many nursing homes have credentialed mid-level practitioners to deliver care in the building. They are often more readily available to remove a PICC line than their collaborating or supervising physicians. Allowing them to remove the PICC lines can reduce potential morbidity for the patients who otherwise would have to await the physician to visit the facility and risk thrombosis or infection of the PICC line, or be sent out to the hospital to have their PICC lines pulled out in the emergency room (which certainly is an inappropriate utilization of the Emergency Departments).

Perhaps the law needs to be amended to keep up with current practice of PICC lines and authorize at least mid-level practitioners (if not all nurses) to be able to remove PICC lines, a very similar practice to removing peripheral hep locks which they do already.

I appreciate your consideration and await your reply. Please to not hesitate to call on me if I can be of further assistance.

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