How to Use Your Implanted Venous Port

Your implanted port is a special intravenous (IV) device that has been placed so you can receive IV medications and fluids. It is made up of a small chamber with a self-sealing silicon septum attached to a very flexible tube that goes to the large vein just outside your heart. The type of port you have is a [brand]. If properly cared for, the port should stay in place until your therapy is complete. For use, the port will be accessed with a special type of needle that will not damage the silicon septum. When not in use, your port will not be accessed with a needle and will need no daily care, only flushing with [x] milliliters (ml) of [x] every [x] days.

PREVENTING PROBLEMS

If your port is being used often for administration of medication or fluids, the needle may stay in place for up to 7 days. Because the port catheter is in your bloodstream, you must be careful that an infection does not develop around the port or enter your bloodstream while the port is accessed with a needle. A local anesthetic cream may be ordered before the needle puncture. A dressing must remain over the needle and port while it is accessed. The dressing over the needle site must be occlusive. This means the dressing sticks tightly to the skin and needle site, with no air pockets, moisture, or peeling edges. Gauze may be used to pad around or under the needle part that touches your skin. Tape may be used outside the dressing to secure the needle’s extension tube for your comfort and help prevent the needle from being accidentally pulled out. Saline and heparin solutions are flushed through the port to keep it from becoming blocked.

This dressing should be changed

- Whenever it becomes wet, soiled, or starts to peel,
- Any time you note the needle pulling out of the port,
- Every [x] days.

GUIDELINES

Use the following guidelines to help you decrease your risk for infection and to keep the port needle in place and working properly.

1. Always wash your hands with antibacterial soap and running water before touching any part of the accessed port’s tubing or extensions.
2. Keep the dressing dry. During bathing do not allow water to come in contact with the dressing or any tube outside the dressing.
3. Make sure the cap, needleless valve, or extensions stay tightly connected together and the clamp is closed between doses of medication.
4. Check to see that the needle is in place frequently before, during, and after use.
   a. Look for redness, swelling, or drainage.
   b. If you have a fever or the port is tender, swollen, or draining, call the nurse immediately.
   d. If the dressing starts to peel off, call the nurse immediately unless you have been trained to change the dressing.
5. Flushing your port will help keep it from becoming blocked.
   a. Flush with [x] milliliters (ml) of sodium chloride (saline solution) before administration of medications or fluids.
   b. Flush again with the same amount of saline after the medication or fluid is completed.
   c. Finally flush with [x] ml of heparinized solution (heparin lock flush).
   d. You may remember this as SASH: Saline–Administration–Saline–Heparin.
   e. Always use 10-ml syringes. Smaller syringes...
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make too much pressure and may damage your port.

6. Prepare the syringe for flushing as follows:
   a. Prepare a work surface by cleaning the selected area with soap/water or alcohol and allowing the area to air-dry.
   b. Wash your hands.
   c. Gather your equipment
      • 0.9% sodium chloride (saline),
      • Heparinized solution (heparin lock flush) ________ units/ml,
      • Sterile 10-ml syringes with needle attached,
      • Alcohol prep pads.
   d. Repeat steps e through j to prepare the saline and heparin syringes needed. Tag the heparin syringe with a label or piece of tape so you know the heparin is the last flush to be given.
   e. Pop the cap off the solution bottle, open an alcohol wipe, and use it to clean the rubber top of the bottle.
   f. Remove the cap from the needle and pull the plunger back to the ________ ml mark. Do not touch the needle or the cleaned bottle top with your fingers. If you accidentally touch the needle, get a fresh one and start again.
   g. Insert the needle into the rubber top of the bottle.
   h. Turn the bottle, needle, and syringe upside down. Inject the air and withdraw ________ ml of solution.
   i. Remove the needle and syringe from the bottle. If air bubbles remain in the syringe, hold the syringe with the needle up. Draw the plunger back slightly and gently tap the barrel of the syringe until the bubbles rise to the top. Push the plunger slightly to get the air out.
   j. Carefully re-cap the needle and lay the syringe down on the cleaned surface.

7. Flush your implanted port.
   a. Open any clamp present on the needle extension tube.
   b. Clean the cap or needleless valve with alcohol, scrubbing briskly.
   c. Allow it to air-dry.
   d. While leaving the needle on the syringe, puncture the cap or remove the needle from the syringe for direct connection of the syringe to the valve.
   e. Inject the fluid by pushing the plunger, until the full amount is used. If resistance is met, do not force the fluid in. Stop and call your home care nurse. If you have pain or swelling around the port, stop and call your home care nurse.
   f. After flushing, close the extension clamp.
   g. Remove the syringe.
   h. Discard all used needles/syringes in a puncture-proof container with a lid. Dispose of full receptacle according to your town’s requirements.

8. Before changing a dressing on a port accessed with needle, patient or caregiver must have training and specific doctor’s order.
   • Change your port dressing whenever it is wet, loose, or soiled, and routinely as ordered by your doctor.
   • Have sterile supplies or dressing change kits available.
   • Store your supplies in a clean, dry place away from children and pets.
   • Find a clean, well-lit work area. A mirror may be helpful if you change your own dressing.

9. Change your dressing.
   a. Prepare a work surface by cleaning the selected area with soap/water or alcohol and allowing it to air-dry.
   b. Wash your hands.
      • Remove all jewelry,
      • Wash with warm running water and liquid antibacterial soap,
      • Scrub fingers, nails, knuckles, back of hands, and up to 3 inches above the wrist,
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- Rinse well.
- Dry your hands with paper towels, and turn the faucet off with those towels. Do not touch the faucet or sink after your hands are clean.
- If caring for someone else’s dressing, caregivers should put on clean latex gloves after washing and drying their hands.

c. Gather your supplies
   - Prescribed antiseptic cleanser,
   - Sterile dry swabs (large) or prepackaged antiseptic swabs,
   - Sterile dressing material (gauze or clear occlusive dressing) or
   - Prepackaged “dressing change kit” with all the above included,
   - Paper tape,
   - Bag for waste.

d. Set up your sterile supplies within easy reach.

e. Remove the old dressing by gently loosening the edges. Then remove the dressing over the insertion site by holding the skin and needle access with one hand and stretching the clear dressing out along your skin. Do not stretch up and out.

f. As the dressing is stretched and the adhesive is loosened, gently pull it away from the needle. Take care not to pull out the needle.

g. If sutures are in place, be careful not to pull them loose.

h. Discard the old dressing in the waste bag.

i. Wash your hands again and change to clean gloves.

j. Moisten a dry swab with the antiseptic cleanser or use a premoistened swab to cleanse the insertion site. Clean in a circular motion, working out away from the site about 3 to 6 inches. Include the needle (if present), as well as the skin. Look for signs of redness, swelling, or drainage. If any of these signs are present, finish the procedure and call your nurse.

k. Discard the swab in the waste bag, without touching the dirty end with your hands. Repeat twice more with a new, clean wet swab.

l. Gently wipe the needle and insertion site with an alcohol wipe. Clean from the insertion site down the extension tube away from your body. DO NOT REMOVE THE NEEDLE.

m. Air-dry your skin and catheter completely before replacing the dressing.

n. If padding for the needle is needed, use a sterile gauze pad.

o. If using a clear or transparent dressing.
   - Remove the paper backing from the clear dressing and apply the sticky side over the needle.
   - Place a piece of tape over the extension tube, where it comes out of the dressing, to anchor it to skin.

p. If using gauze and tape.
   - Place a gauze pad over the needle and cover the gauze pad completely with strips of tape.
   - Make sure no gauze is exposed.

q. Label the dressing with the date of the dressing change.

r. Dispose of used supplies.

10. How to remove a needle access from an indwelling port. Before deaccessing port needle, the patient or care giver must have training and specific doctor’s order.

a. Before taking the needle out, be sure to flush the needle. Clamp the extension while you still have pressure on the barrel of the syringe. This keeps positive pressure in the port so that blood is not drawn back into the catheter.

b. Remove the old dressing by gently loosening the edges. Remove the dressing over the insertion site by holding the skin and needle with one hand and stretching the clear dressing out along your skin. Do not stretch up and out.

c. As the dressing is stretched and the adhesive is loosened, gently pull it away from the needle. Be careful not to pull the needle out.

d. Discard the old dressing in a waste bag.

e. Hold the edges of the port pressing in with your thumb and first finger to stabilize it.

f. Grasp the needle with your other hand. Pull straight out and away. Be careful to not stick yourself or anyone else with a bloody needle.

11. How to access an implanted port with a needle. Before accessing the port with a needle, the patient or care giver must have training and specific doctor’s orders.

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a. Prepare a work surface by cleaning with soap/water or alcohol and allowing it to air-dry.

b. Wash your hands.
   • Remove all jewelry.
   • Wash with warm running water and liquid antibacterial soap.
   • Scrub fingers, nails, knuckles, back of hands, and up to 3 inches of the wrist.
   • Rinse well.
   • Dry your hands with paper towels, and turn the faucet off with those towels. Do not touch the faucet or sink after your hands are clean.
   • If caring for someone else's dressing, care givers should put on clean latex gloves after washing and drying their hands.

c. Gather your supplies
   • Prescribed antiseptic cleanser
   • Sterile gloves
   • Noncoring needle size: __________ gauge __________ inches long (only non-coring needles should be used with an implanted port. The noncoring needle has a special point that protects the port.)
   • 10-ml sterile syringe filled with saline
   • Sterile dry swabs (large) or prepackaged antiseptic swabs
   • Sterile dressing material (gauze or clear occlusive dressing) or prepackaged “dressing change kit” with all the above included.
   • Paper tape
   • Bag for waste

d. Set up your sterile supplies within easy reach.

e. Look at the skin over the port. Report any redness, swelling, or broken skin to your home care nurse.

f. Feel for the silicon septum.

g. Using sterile technique, put on the sterile gloves.

h. Clean the area over the port with an antiseptic swab, starting over the port and moving outward in a spiral motion to cover an area about 5 inches in diameter. Allow the area to air-dry.

i. Connect the noncoring needle and extension set to the 10-ml saline syringe and push the saline through, removing all of the air.

j. Locate the port silicon septum with a sterile gloved finger.

k. Insert the needle firmly through skin and straight into port septum to the bottom. Do not tilt or rock the needle once the septum is punctured.

l. Pull back the barrel of the syringe and check for blood return. If blood is pulled back, push the saline in and clamp the extension. If no blood is pulled back, remove the needle from the skin and start the procedure over with new sterile supplies.

m. When a blood return is noted and the port flushes without resistance, the needle is correctly placed in the port septum. Apply a dressing as instructed above in Guideline 8.

SPOTTING PROBLEMS

Call your home health nurse immediately if you experience any of the following:

Signs of Infection

• Swelling, pain, or drainage around the insertion site,
• Chills or fever over 101°F.
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Signs of a Damaged or Blocked Port

• Inability to flush the port,
• Pain or swelling when you attempt to flush the port,
• Fluid leaking from the port during an infusion or while flushing the port.

Signs Your Dressing Is No Longer Occlusive

• Air pockets,
• Moisture,
• Loose or peeling edges.

Signs of Serious Complications That May Require Immediate Medical Treatment

If during infusion of medication or flushing of port you have any of these symptoms, activate the Emergency Medical System immediately (call 911).

• Sudden pain in your chest, shoulder, or lower back,
• Cough and shortness of breath,
• Pounding headache,
• Fast, irregular heartbeat,
• Dizziness or fainting.

OTHER INSTRUCTIONS