

PROCEDURE: ACCESSING & DEACCESSING THE IMPLANTED PORT

SUPPLIES:

- Non-coring safety (Huber) needle with an attached extension set -20 gauge
- (1) 10cc pre-filled saline flush
- Chloro Prep applicator
- Sterile gloves
- Sterile gauze
- Sterile drape sheet

ACCESSING:

If the port is to be injected using a power injector verification of the Power Port is required. If it is determined the implanted port is not a Power Port only hand injection of contrast medium is acceptable.

Assessment prior to accessing the implanted port:

- A. Check for chest wall swelling
 - B. Assess condition of skin over and around implanted port
 - C. Palpate implanted port under skin and check for flipped-over portal body
1. Wash hands with antimicrobial soap.
 2. Identify the septum by palpating the outer perimeter of the port.
 3. Create sterile field using sterile drape.
 4. Open non-coring Huber needle, 2-prefilled NSS and Heparin syringes and Chloro Prep applicator and an extension set, drop onto sterile field.
 5. Put on sterile gloves.
 6. Attach NSS filled syringe to extension set and prime.
 7. Clamp off extension tubing.
 8. Prep the skin over the port with Chloro Prep applicator using a circular motion extending from the center to the periphery and allow it to dry completely.
 9. Stabilizing port between thumb and index finger of non-dominant hand, insert non-coring needle into the septum at a perpendicular angle maintaining sterile technique. Advance needle until reaching back of port.
 10. Check for patency. Instruct the patient to assume the position they will be in during the contrast injection. Once in this position aspirate blood into extension set and then flush with 10cc NSS. If unable to obtain blood, have patient change position or cough. If still unable to obtain blood return, flush the catheter with an additional 3-6cc NSS and

attempt to aspirate again. If resistance is met, withdraw needle and re-access port. If still unable to obtain blood return, de-access and notify Practitioner.

11. Once patency has been established, clamp extension tubing but do not remove empty NSS syringe.
12. Apply sterile gauze over top of non-coring needle and lightly tape to chest wall. Extend tubing behind the patient and tape tubing down.
13. Remove empty NSS syringe and attach the power injection device to extension tubing. Unclamp extension tubing.
14. Proceed with contrast enhanced scan.

IMPORTANT: Please be advised that non-coring safety (Huber) needles will be available for both hand and power injections. Take extreme care in needle selection when using power injection. Use only power injection rated product and follow manufacturer standards for usage.

DEACCESSING

1. Remove dressing.
2. Clamp device extension tubing.
3. Attach prefilled 10cc NSS syringe and unclamp extension tubing.
4. Flush with 10cc NSS. Clamp extension tubing.
5. Remove NSS syringe and immediately attach prefilled 5cc Heparin flush solution (5cc/100u/cc) syringe. Unclamp extension tubing and flush with 5cc Heparin. Clamp extension tubing.
6. Remove non-coring needle with dominant hand while stabilizing port with non-dominant hand.
7. Cover site with gauze and/or band-aid.
8. Documentation following power injection and de-accessing should include the following:
 - Date and time accessed
 - Gauge of non-coring needle used
 - Type and amount of priming/flushing solutions used
 - Ease of which the port was flushed
 - Blood return was positive or negative