

Port Access Documentation Form

Patient Name: _____ DOB: _____ MRN: _____

Location of port _____

Needle used for access _____

Proper identification of type of port. Identification scanned into RIS account. When x-ray is used for identification, order must be placed in RIS and images dictated by radiologist for confirmation.

- ☐ Power injectable port
- ☐ Non power injectable port: HAND injection only if applicable
- ☐ NO port identification available: HAND injection only if applicable

- ☐ Port accessed using sterile technique
- ☐ Positive blood return
- ☐ Flushes without difficulty
- ☐ Contrast administered without difficulty
- ☐ Port flushed with saline & heparin post contrast injection (SASH method)
- ☐ Port de-accessed (clean procedure) without difficulty

Nurse/Radiologist signature

Date

SASH METHOD: Saline, Antibiotic, or Contrast, Saline, Heparin

Completed forms must be scanned into patient account.