

How to Access an Implanted Port

Please refer to your “Patient Guide to Infusion Therapy” booklet for additional information.

This information is not intended to be a substitute for professional advice. Always do what your doctor, nurse or pharmacist recommends.

Overview

An implanted port, more commonly referred to as a port, is often placed in patients requiring long-term IV treatment. A port allows IV access with only one needle stick and may also be used to draw blood for lab work.

Getting started

Do not attempt to access your port without discussing with your healthcare provider and receiving education from your nurse.

- Use a clean work area
- Clean your hands thoroughly using antibacterial soap and warm water
(if no soap and water is available, use an alcohol-based hand sanitizer)
- Dry your hands with a clean towel
- If anesthetic cream (such as EMLA® or ELE-Max®) has been applied, wipe off with a clean cloth or paper towel
- Palpate the implanted port for the center of the port. The insertion site feels spongy

1 | Gather your supplies:

- A. Flush syringes
 - _____ mL saline
 - _____ mL of heparin _____ units/mL heparin
- B. Medication *(if applicable)*

- C. Non-coring port needle
(commonly referred to as a “Huber needle”)
 - Length: _____
 - Gauge: _____
- D. Injection cap
- E. Port access kit
- F. Sharps container *(if needed)* and/or trash container

Accessing your port is a sterile procedure. You will use a sterile field and technique to prevent introduction of germs during the accessing process. Follow the instructions provided by your healthcare provider or nurse.

2 | Prepare the sterile field

- A. Carefully open the dressing change tray.
- B. Remove and place one of the masks on yourself. If you have a caregiver assisting you, they should also put their mask on at this time.
- C. Remove the two sets of sterile gloves and set aside, leaving them in their packages.
- D. Open the sterile towel using sterile technique as instructed by your nurse. **DO NOT** touch the top surface.
- E. Carefully open and empty all the supplies from the dressing change tray onto the center of the sterile towel without touching any of the items inside the packages or allowing the outer packaging of the tray to touch the sterile towel.
- F. Open the port needle, injection cap, sterile flush syringe(s) and drop carefully onto the sterile towel.
- G. Put on sterile gloves as instructed by your nurse. Remember to only touch supplies on your sterile field with your sterile gloves.

3 | Prepare your port needle and flush syringes

- A. Continuing to use sterile technique, screw the injection cap into the end of the port needle tubing and set aside on sterile field.
- B. Prior to using syringe, push firmly on the thumb press with the tip cap still on, just until you feel the plunger move.

- C. Expel air and excess solution by twisting off tip cap and pushing plunger forward. Push out extra solution to the amount instructed by your nurse.
- D. Replace the syringe cap, being careful not to touch the tip of the syringe with anything that is not sterile. If it does, you will need to start over with a clean syringe. Set aside syringe until you are ready to use it.
- E. Repeat for all flush syringes needed.

4 | Flush the port needle extension set with saline

Using one of your prepared saline syringes from step #3.

- A. Remove the protective cap. **DO NOT** touch the syringe tip after removing the cap.
- B. Attach the saline flush syringe to the injection cap and open the clamp on the tubing, if indicated.
- C. Flush slowly just until the needle and tubing are filled with fluid and a few drops of saline come out of the capped needle.
 - _____ mL saline
- D. Close the clamp on the tubing, if indicated.
- E. Leave the saline flush syringe connected to the injection cap.

5 | Prepare the port site

It is important to continue wearing sterile gloves. Change into new sterile gloves at any time if the gloves have become contaminated.

Scrub the insertion site with a chlorhexidine applicator, working in a back and forth, up and down motion for a total of **30 SECONDS**. Allow to air dry thoroughly before accessing. If you are using a different cleaning solution other than chlorhexidine, please follow the alternate instructions provided by your nurse.

Do not blow on or fan the area in an attempt to dry more quickly.

6 | Accessing port

- A. Remove needle guard from port needle.
- B. Stabilize the port by placing a finger/thumb of your non-dominant hand on either side of the port.

- C. While holding the port steady with your non-dominant hand, firmly insert the needle at a 90 degree angle until you feel the end of the needle hit the back of the port. Be careful not to touch the area where the needle will go into the port.
- D. Carefully release the needle.
- E. Open the clamp on the tubing, if indicated.
- F. Pull back gently on the plunger of the syringe. You should begin to see blood come into the tubing. Stop as soon as you see blood.

If you do not have a blood return, call your nurse or pharmacist.

- G. Flush tubing using a “push/pause” method. **DO NOT** attempt to flush if resistance is met; call your nurse or pharmacist.
 - _____ mL saline
- H. Close the clamp on the tubing, if indicated.
- I. Apply dressing if leaving port accessed.
- J. Infuse medication (*if applicable*) as instructed by your nurse. Please refer to the detailed instruction sheets and videos provided for more information.

7 | If you are removing a port needle, follow the instructions provided on the education sheet for “Removing an Implanted Port Needle” beginning at step #3

8 | If your port needle is staying in place, flush the port needle extension set with saline

Using one of your prepared saline syringes from step #3.

- A. Scrub the injection cap with an alcohol wipe for at least **15 SECONDS** and allow to air dry.
- B. Remove the protective cap from the saline flush syringe. **DO NOT** touch the syringe tip after removing the cap.
- C. Attach the saline flush syringe to the injection cap and open the clamp on the tubing, if indicated.
- D. Flush tubing using a “push/pause” method. **DO NOT** attempt to flush if resistance is met; call your nurse or pharmacist.
 - _____ mL saline
- E. Remove and discard the saline flush syringe in a trash container.

9 | Flush the port needle extension set with heparin (unless port has a Groshong® tip, i.e. PowerPort®)

Using your prepared heparin syringe from step #3.

- A. Scrub the injection cap with an alcohol wipe for at least **15 SECONDS** and allow to air dry.
- B. Remove the protective cap from the heparin flush syringe. **DO NOT** touch the syringe tip after removing the cap.
- C. Attach the heparin flush syringe to the injection cap and open the clamp on the tubing, if indicated.
- D. Flush tubing using a “**push/pause**” method.
DO NOT attempt to flush if resistance is met; call your nurse or pharmacist.
 - _____ mL of heparin _____ units/mL heparin
- E. Close the clamp on the tubing, if indicated.
- F. Remove and discard the heparin flush syringe in a trash container.

Tips

- Beginners may find it easier to have someone help them the first few times they access a port or remove a port needle. This person should be experienced with an implanted port and troubleshooting, as well as being capable of taking over the procedure if necessary.
- If performing the procedure on yourself, you may find it helpful to use a mirror to see your port and visualize as you access or remove a port needle.
- To maintain a sterile process, have children and pets leave the room during the procedure.

Warnings

- **DO NOT** allow any part of the needle or tubing to become contaminated or touch anything that is **NOT** sterile. If it does, you will need to start over using new, sterile supplies. The sterile technique is required to avoid serious infections.
- Syringes must be 10 mL or larger. A smaller syringe may push too much pressure into the catheter and cause it to burst.
- Filled syringes have an air bubble in them. Before using, squirt the air bubble out.