IMPLANTED PORT ACCESS (S04)

FR/EMR	EMT	PARAMEDIC

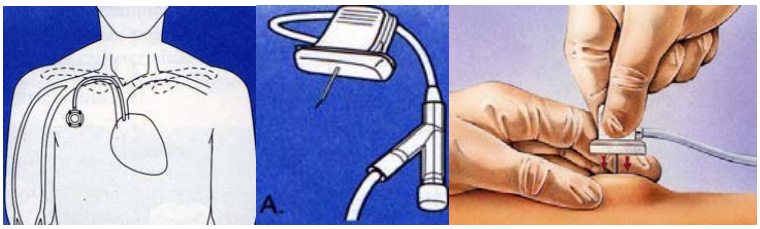
Do Not Use Hemodialysis Shunts (grafts, fistulas)

Implanted ports (Port-a-Cath/Life Port) may be used if the patient is in extremis. Implanted port access should only be used in patients requiring fluid therapy or IV medications. Inspect skin over implanted port prior to access. If skin is red and/or tender, alternative vascular or intraosseous access must be used.

Following are steps required to access implanted ports:

Wash your hands and apply non-sterile gloves.

- Clean skin with chloraprep applicator, starting at the portal and working outwards in a spiral motion to at least 3 inches over 30 seconds. Allow to dry.
- Prime the non-coring needle and extension tubing with 0.9% sodium chloride. Leave the syringe attached. Close the clamp on the extension tube.
- Locate the dressing field close to the implanted port. Relocate and stabilize the portal by placing first and middle fingers of non-dominant hand on either side of the implanted ports implanted ports.
- Push the non-coring needle at a 90 degree angle to the implanted port firmly through the skin and the silicone septum until the needle touches the metal at the back of the implanted port. This can often be felt as a Tap.



- Open clamp and after checking for flashback of blood to confirm patency, slowly inject sodium chloride, using a pulsating motion to create turbulence within the line. If the patient experiences any pain on flushing, observe the site for any swelling. If swelling is present, do not use the implanted port.
- If resistance is felt, check that the needle is located correctly and is touching the back of the implanted port, and you have released the clamp. Attempt to relocate the non-coring needle if necessary.
- If the needle is thought to be correctly located and resistance is still felt, do not use the implanted port. Apply positive pressure on the syringe plunger before closing the clamp. Close clamp and remove syringe.
- If the line is patent, attach the IV line, unlock the clamp, and begin infusing at the prescribed rate of flow.
- Remove the white plastic gripper top from the non-coring needle.
- Over the needle area, apply a 2 inch x 2 inch square of sterile gauze with transparent semipermeable dressing over the top, ensuring the whole area is sealed and the extension line is not causing pressure on patient's skin.