



UI Community HomeCare

*2949 Sierra Court
Iowa City, Iowa 52240*

*319-337-8522 **Tel***

*888-262-6469 **Tel***

*319-337-8524 **Fax***

<http://www.uihealthcare.com/homecare>

PORT ACCESS

Assemble supplies:

- CVC Kit
- Huber safety needle
- Normal Saline in pre-drawn syringe
- Heparin (if needed)
- Micro-clave valve
- Tape

Procedure:

1. Explain procedure to patient
2. Wash hands
3. Open CVC Kit
4. Cleanse skin over port with Chloraprep applicator using side-to-side application for 30 seconds. Allow to dry for 30 seconds.
5. Flush non-coring needle & tubing with normal saline till drop comes out end of needle, keeping needle sterile.
6. Wash hands and put on sterile gloves
7. Locate port septum by placing thumb and forefinger on non-dominant hand on outer edges of port. The septum is located between these outer edges.
8. Using dominant hand, grasp fin on non-coring needle with thumb and index finger
9. Holding needle perpendicular to port, push needle through skin and septum until you feel needle hit back of port
10. Aspirate blood to verify patency, then flush with 10cc normal saline.
11. Clamp tubing, remove syringe, attach Micro-clave valve
12. Apply skin prep to edge of where dressing will occur
13. Place 2x2 under fin & needle wings if desired. **Do not cover insertion site.**
14. Apply transparent dressing. Secure tubing with tape to decrease tension on needle.
15. Attach IV tubing and begin infusion or attach Heparin syringe to heparinize port and flush



PRECAUTIONS:

- Only non-coring needles should be used to access ports. These needles are changed once per week
- Dressings must be changed once every 7 days when implanted port needs reaccessing
- Needle insertion site should be assessed regularly for signs of infiltration, infection or irritation
- Dressing is to be changed if it becomes loose, soiled, or non-occlusive. If dressing is changed before 7 days, the needle does not need to be changed as long as the needle site does not become contaminated.
- Port **must** be flushed with heparin prior to deaccessing (unless unable to flush due to malfunction of port)

PORT DEACCESS - (REMOVAL OF HUBER NEEDLE)

1. Wash hands
2. Put on gloves
3. Attach 10cc NS to port tubing
4. Check for blood return
5. Flush with 10cc NS
6. Flush with Heparin
7. Remove old dressing. Observe for redness, drainage, signs of infection or infiltration
8. Grasp the wings of the Huber needle and gentle push in on the wings, which will cause the needle to be pushed up and out of the implanted port. The Huber Safety Plus allows for one-handed Huber needle removal. **Do not stabilize the port with your non-dominant hand**
9. Bandaid/dressing may be applied if needed