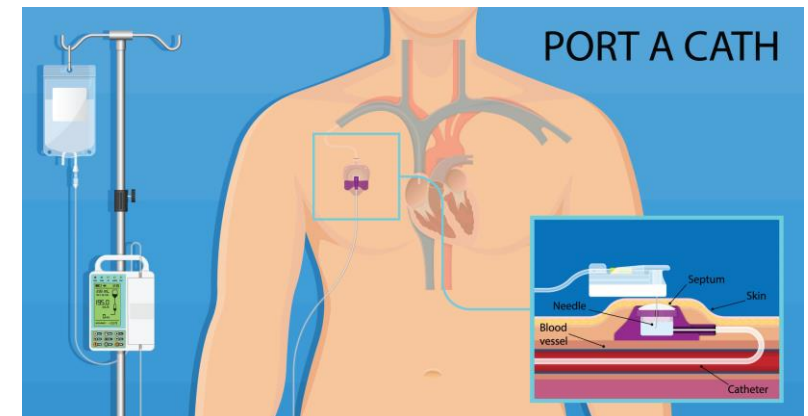

PORTS



August 2024

Clinical Supervisors



WHAT IS A PORT?

- A port is a surgically implanted central line.
 - Made up of two parts:
- **Septum:** This soft silicone top serves as the vein access point.
- **Catheter:** This thin, flexible tube connects the port directly to a vein.
- A bump or raised area is often seen where port is located.

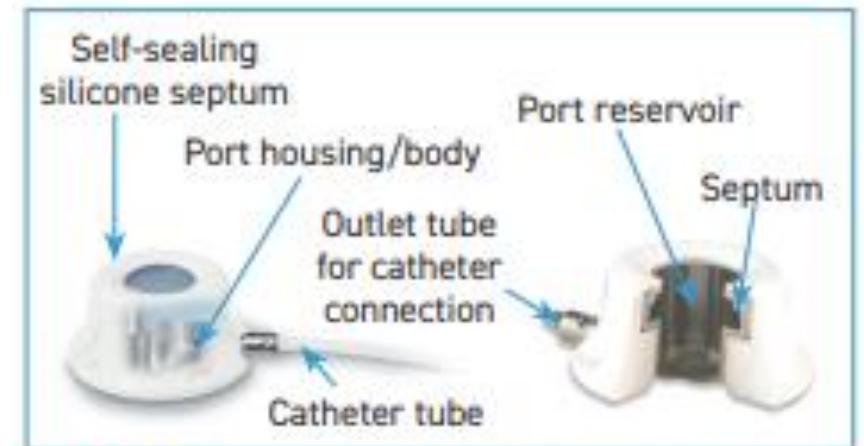
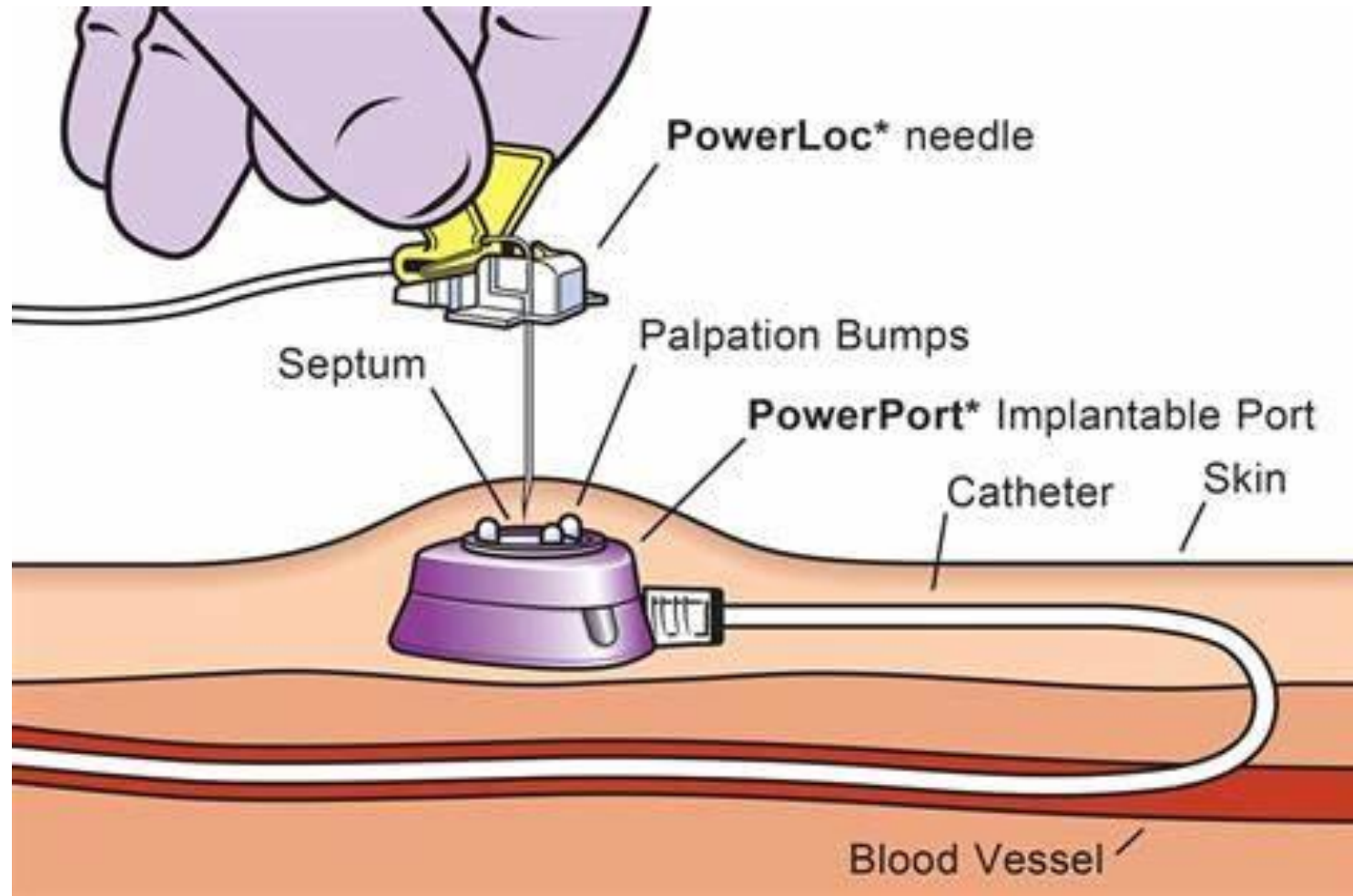


Figure 1. Components of an implanted port



WHY DOES MY PATIENT HAVE A PORT?



Ports are indicated for patients requiring frequent and long-term intravenous therapy, such as the oncology population.



Patients with poor venous access and frequent need for IV infusions.



Having a port allows healthcare professionals easy access to a major vein with low risk of infection.



Additionally, it reduces the pain that would otherwise be experienced with countless needle pokes for IVs, since the skin over a port hub becomes thicker and desensitized.

ADVANTAGES AND DISADVANTAGES OF A PORT

ADVANTAGES:

- Can remain in place and be functional for many years
 - Ideal for intermittent access
- May have less potential for infection than external catheters
- No dressing required when the port is not accessed; therefore, ideal for patients with tape allergies
- Flushing is only required every four weeks when not in use
 - Less potential for the catheter to fall out/migrate
- May be used to infuse all I.V. solutions and blood products
 - Can be used to draw blood
- Has less effect on body image than external catheters

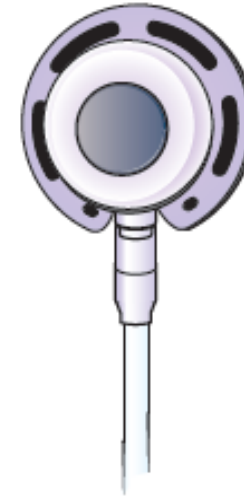
DISADVANTAGES:

- Must be placed with a minor surgical procedure
 - Must be accessed with a needle
- Needle can migrate out of septum, causing extravasation
 - Presence of port may interfere with sleep patterns
- Requires a specially trained nurse to access and de-access
 - Limited lumen options
- Over time, buildup of “sludge” (clotted blood and drug precipitates) may collect in the port reservoir and decrease flow efficiency
- Poses risk of complications such as catheter related infection and thrombosis

TYPES OF PORTS



Various models of ports



One access point



Two access points

Figure 3. Single and double lumen ports

Ports can be single or double ports.
If patient has a double port - be sure to access and flush each side of the port every 4 weeks (or per orders)

HOW TO ACCESS A PORT

You will need:

- Port Access Kit (sterile gloves, CHG cleanser, central line dressing kit, skin protectant)
 - Masks for yourself and the patient
 - Needless Connector
- A Port needle (also called a Huber needle) or PowerLoc needle for PowerPort
 - Sterile Normal Saline flush syringe
 - Heparin flush



[How to Access Port
Video](#)

[How to Access a
Port](#)

HOW TO ACCESS A PORT

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.

Video How to Access a Port

- 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.

1 | Your Option Care Health team is available on call 24/7/365 to assist you

2 | Your Option Care Health team is available on call 24/7/365 to assist you

TYPES OF PORT NEEDLES AND VIDEOS



MiniLoc™ Safety Infusion Set

The safety mechanism on the BD MiniLoc™ Safety Infusion Set is an easy to use, single step safety activation. The needle point safety is designed to help reduce the risk of needlestick injuries.

[MiniLoc Safety Infusion Set Video](#)



PowerLoc™ Safety Infusion Set

The BD PowerLoc™ Safety Infusion Set is a winged power injectable port access needle with a passive needle tip safety designed to protect against healthcare worker needlestick injuries.

[PowerLoc Safety Infusion Set Video](#)



SafeStep™ Huber Needle Set

The SafeStep™ Huber Needle Set increases access site visibility due to a clear plastic base. The BD SafeStep™ safety mechanism requires no additional technique when removing the needle from a port.

[SafeStep Huber Needle Video](#)



PowerLoc™ Max Safety Infusion Set

The PowerLoc™ Max Power-Injectable Infusion Set is a non-winged power-injectable port access needle with a passive needle tip safety designed to help protect against healthcare worker needlestick injuries.

[PowerLoc Max Infusion Set Video](#)

HOW TO CHOOSE PORT NEEDLE SIZE



Port needle size is chosen based on patient

- ❑ Larger patients with less prominent ports will need a longer needle
 - i.e.: 1 or 1 ½ inch needle
- ❑ Thinner patients with more prominent ports will use a shorter needle
 - i.e.: ½ inch (pediatrics) or ¾ inch needle

Needle Gauge is chosen based on the viscosity of the medication to be infused.

- ❑ In home therapy the typical gauges seen are 20G or 22G port needles

HOW OFTEN DO I CHANGE THE PORT NEEDLE?

Like all central lines **Port dressings and needles are to be changed every 7 days.**

When changing the port dressing, you will flush the port with saline and heparin (per orders) and remove port needle. If orders call for re-access or continuation of therapy, you will remove the port needle, and then using sterile technique re-access the port.

[Port Needle Removal](#)

[Port Access Video](#)

VIDEOS

- [Video understanding ports \(for children\)](#)
 - [Port Access Video](#)
 - [Access and De-Access Video](#)
 - [OptionCare Port Access Video](#)
 - [OptionCare Port needle removal](#)

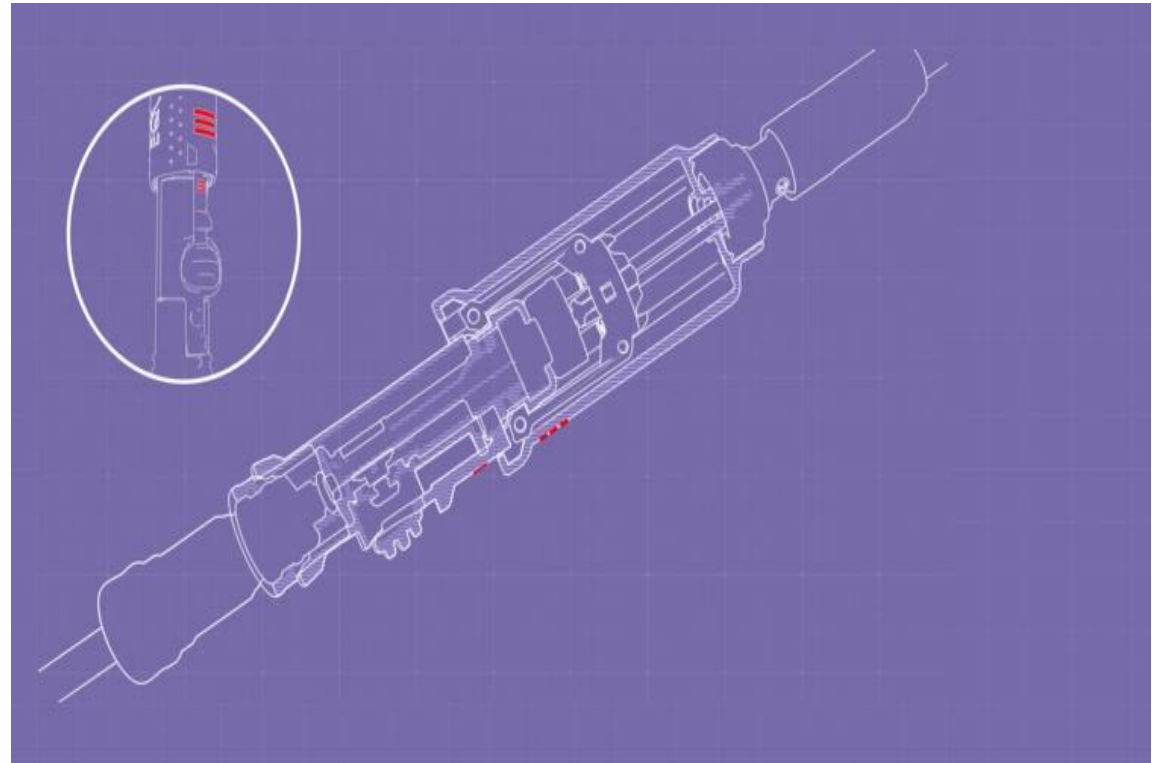
NEW ITEMS SEEN WITH CHEMO AND GANCICLOVIR PATIENTS

- Many patients with certain types of medications (Chemo, Gancyclovir) may have the BP Phaseal System or the Equashield system
- These systems are leakproof system.
- Click links below to learn more about how the BD Phaseal System works
- [Schoox BD Phaseal System In-service](#)
- [BD Phaseal](#)



EQUASHIELD SYSTEM

EQUASHIELD Introduction



Infusion using Equashield

VISIT CONFIRMATION

The nurse is to reach out to the patient 24-48 hours before the visit and re-confirm all is set and ready for visit.

Try sending a message like

- "Hello, this is your nurse with Helms Home Care, just confirming your visit for 09/01/2024. I will arrive between 1-2 pm. Please respond to confirm that you have your medication/supplies. Thank you."

If **you** do not confirm your visits beforehand you risk **wasting time** traveling to a visit and patient not being home or not having supplies.



Communication in Microsoft Teams

- Microsoft Teams is our primary method of communication. Please be sure you are checking your Teams messages (or other messages from HHC) and replying in a timely manner.
- We understand that you may miss a message here and there, but we ask that you do the best you can as **Teams communication is a requirement.**
- The Coordination team must manage and cipher through thousands of messages every day from over 400+ nurses across multiple states. They try very hard to get to them all, but they are not perfect either.
 - We ask that we all continue to do our very best to be understanding, respectful, and responsive.
 - Please be sure that you are using the proper tagging protocols in Microsoft Teams.

The **@TeamHelp-Clinical** tag should **ONLY** be used during business hours (Monday - Friday, 8a - 5p).

When in doubt- use tag **@teamhelp-carecoordination** and **@teamhelp-clinical**.

- During afterhours, which includes evenings and weekends, you should submit a nurse ticket for any issues or questions.
 - [SUPPORT REQUEST / TICKET \(monday.com\)](https://monday.com)
 - Please **DO NOT** create direct chats and add multiple people to the chat.

Microsoft Teams

Team collaboration application



Schedule Changes

If your visit date changes, the Coordination team must let the Pharmacy know about that change as this can affect when the Pharmacy needs to have medication and supplies delivered to the patient.

Visits rescheduled to earlier dates than what the Pharmacy was originally told, can result in the patient not having received their shipment and may also affect insurance authorizations as too many "early" visits could result in the patient exceeding their visit allowances for the year.

Conversely, visits pushed back to later dates can result in delayed infusions and frustrations for the patient if they have already decided to have their visit on a certain day or at a certain time.

Keeping us informed of any changes to your planned visit date is imperative so that we can ensure all parties involved are aware and able to plan accordingly



THANK YOU FOR ALL YOU DO!

Thank you for all you do!

We appreciate you!

[Link to patient and staff survey](#)

