Discharge Instructions for Implanted Venous Port

An implanted venous port is a device placed under the skin to deliver medications or nutrients. Only a bump and incision scar are visible on the skin. The access site (the location of the port reservoir) is usually on the upper chest.

General Guidelines
- The venous port needle (Huber needle) and transparent dressing must be changed at least every seven days (more often if the dressing becomes soiled, loose or wet) by a nurse or caregiver trained in the process.
- Flush a venous port not accessed with a needle with heparin once a month.
- Flush a venous port accessed with a needle with heparin at least daily.

Prepare Work Area
- Clear the room of pets and children.
- If the surface of the work area is washable, clean it with soap and water, then dry with a clean cloth or paper towel.
- If the surface is not washable, such as wood, wipe it free of dust and spread a clean cloth or paper towel over it.
- Move away from the work area to cough or sneeze.

Wash Hands
- Wet hands and wrists.
- Work up a lather with antibacterial soap.
- Scrub hands thoroughly for three minutes.
- Rinse hands with fingers pointing toward drain.
- Dry hands with a clean cloth or paper towel. Use this towel to turn off the faucet.
- Once your hands are clean, don’t touch anything other than your supplies.

Gather Supplies
- Numbing cream (optional)
- Clean gloves and sterile gloves
- Mask
- Appropriately sized Huber needle
- Transparent dressing
- Sterile 10mi syringe
- Three pre-filled saline flush syringes (unless ordered differently)
- Needleless valve
- Chloroprep 3mi applicator (If allergic, use alcohol and Betadine swabsticks)
- BioPatch

Change Dressing
• Examine skin of venous port. If it is bruised, red or swollen, call your health care provider and do not proceed.
• If the skin is healthy, apply clean gloves and feel skin for round or hard edges of the venous port. Then feel for softer rubber center. The Huber needle will be placed in the center.
• Optional: Apply numbing cream to port site, as directed by your health care provider, before inserting needle. A transparent dressing can be used to cover the numbing cream. Leave cream on area for at least one hour before inserting needle.
• When ready, remove transparent dressing, wipe numbing cream completely off with gauze and repeat hand-washing procedure.
• Put on mask.
• Open sterile gloves.
• Use inside of sterile glove wrapper as a sterile field.
• Drop Chloroprep applicator, transparent dressing, needleless valve, sterile 10 mil syringe and sterile Huber needle onto sterile field.
• Open second set of sterile gloves.
• Open three syringes of pre-filled normal saline. (Do not place them on sterile field.)
• Remove clean gloves.
• Put on sterile gloves.
• Remove cap at the end of Huber needle connection tubing. Hold connection tubing with non-dominant hand in preparation for flushing. With dominant hand, attach pre-filled syringe (non-sterile) to connection tubing and flush Huber needle.
• Place flushed Huber needle onto sterile field with non-sterile syringe touching only the outer area of sterile field.
• Clamp Huber needle connection tubing.
• Remove syringe. Maintain Huber needle and connection tubing on sterile field at all times.
• Remove gloves and put on a new pair of sterile gloves.
• Attach empty sterile 10mi syringe to connection tubing.
• Cleanse skin over port with Chloraprep applicator or alcohol/betadine.
• If using Chloraprep applicator, pinch wings of applicator break the ampule. This releases antiseptic into sponge. Clean insertion site using back-and-forth motion with friction for 30 seconds. Cleanse entire skin area that is or will be covered by dressing. Allow area to dry completely, at least 30 seconds. Do not blow, blot or wipe.
• If using alcohol/betadine, apply alcohol first, starting from access site and working your way outward in a circle pattern. Allow alcohol to dry, then apply betadine in similar fashion. Allow betadine to dry and remain on skin for three minutes.
• Grasp edges of port with non-dominant hand to stabilize.
• Insert Huber needle into center of port septum penetrating skin at 90-degree angle. Apply steady pressure until needle touches base of port reservoir.
• Draw back on syringe and check for blood return.
• Attach needleless valve.
• Apply transparent dressing.
• Scrub injection cap with Chlorohexidine wipes or alcohol wipes for 15 seconds. Allow another 15 seconds to dry.
• Flush Huber needle connection tubing via needleless valve with remaining two pre-filled saline syringes.
• Repeat above steps if unsuccessful at accessing port, calling health care provider if necessary.

Change Needle
• Gather supplies
  • Pre-filled 10mi saline flush syringe
  • Pre-filled 10mi Heparin flush syringe
  • Chlorohexidine wipes (If allergic, use alcohol wipes)
  • Bandage

Procedure
• Lie down or sit comfortably.
• Scrub needleless valve with Chlorohexidine wipes or alcohol wipes for 15 seconds. Allow another 15 seconds to dry.
• Screw 10mil pre-filled saline flush syringe into cleaned needleless valve.
• Push syringe plunger to force saline flush into catheter. If you encounter resistance, do not force. Call health care provider.
• Use “push-pause” method to flush: Push a bit of saline into catheter, pause, repeat until syringe is empty.
• Unscrew syringe from needleless valve of catheter and discard empty syringe.
• Repeat above steps to flush with Heparin, using only the amount prescribed.
• Clamp tubing as you push the last big of Heparin into tubing.
• Loosen transparent dressing from skin.
• Press port’s edges through skin with one hand.
• Use other hand to firmly grip needle and pull it straight out of skin.
• Apply pressure to site with gauze to 30 seconds to one minute.
• Apply bandage if needed. Remove bandage within 24 hours.