**Skill Checklists to Accompany Taylor’s Clinical Nursing Skills:**

*A Nursing Process Approach, 2nd Edition*

*Wolters Kluwer/Lippincott Williams & Wilkins*

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**Goal:** The needle is removed with minimal to no discomfort to the resident.

- 1. Gather equipment.
- 2. Identify the resident.
- 3. Explain procedure to resident.
- 4. Perform hand hygiene.
- 5. Raise bed to comfortable working height.
- 6. Put on clean gloves.
- 7. Gently pull back transparent dressing, beginning with edges and proceeding around the edge of the dressing. Carefully remove all the tape that is securing the needle in place.
- 8. Clean the injection cap and insert the saline-filled syringe. **Unclamp the catheter’s extension tubing and begin to flush with a minimum of 10-mL normal saline.**
- 9. **Remove the syringe and insert the heparin-filled syringe, flushing with 5-mL heparin (100 U/mL or agency’s policy). Clamp the extension tubing while maintaining positive pressure on the barrel of the syringe. Remove the syringe.**
- 10. Secure the port on either side with the fingers of your nondominant hand. Grasp the needle/wings with the fingers of your dominant hand. Firmly and smoothly, pull the needle straight up at a 90-degree angle from the skin to remove it from the septum.
- 11. Apply gentle pressure with the gauze to the insertion site. A Band-Aid may be applied over the port if any oozing occurs.
- 12. Remove gloves and place bed in the lowest position. Make sure that the resident is comfortable before you leave the room.

**Comments**