Morningside Ministries

Skill Checklists to Accompany Taylor's Clinical Nursing Skills:
A Nursing Process Approach, 2nd Edition
Wolters Kluwer/Lippincott Williams & Wilkins

Name: _____ Date: _____

Unit: _____ Position: _____

Instructor/Evaluator: _____ Position: _____

Met	Unmet	Accessing an Implanted Port	
		Goal: The port is accessed with minimal to no discomfort to the resident.	**Comments**
____	____	1. Gather equipment and verify physician's order.	
____	____	2. Identify the resident.	
____	____	3. Explain procedure to resident.	
____	____	4. Perform hand hygiene.	
____	____	5. Raise bed to comfortable working height.	
____	____	6. Attach the blunt needles to the 10-mL syringes. Withdraw 10 mL of .9% sodium chloride (NSS) from the vial.	
____	____	7. Connect the intermittent injection cap to the extension tubing on the noncoring needle. Attach the 10-mL syringe to the intermittent injection cap and flush the needle with sodium chloride. Clamp the tubing. Remove the syringe from the injection cap.	
____	____	8. If transparent dressing is in place, put on clean gloves and gently pull it back, beginning with edges and proceeding around the edge of the dressing. Once dressing is removed, gently pull straight back on needle. Discard in appropriate receptacle and remove gloves.	
____	____	9. **Open the kit using sterile technique. Put on the mask and sterile gloves. Set up your sterile field.** If port is not accessed, proceed to Step 10.	
____	____	**10. Cleanse according to agency policy. For example, using an antimicrobial swab, cleanse in a circular fashion from the insertion site outward (2"-3" area). Use each swab once and discard. Allow site to dry.**	
____	____	11. **Locate the port septum by palpation.** With your nondominant hand, hold the port stable, keeping the skin taut but without touching the port side.	
____	____	12. Visualize the center of the port. **Push the Huber needle (noncoring 90-degree) through the skin into the portal septum until it hits the back of the port septum.**	
____	____	13. Cleanse the injection cap with an antimicrobial swab and insert the syringe with normal saline.	
____	____	**14. Open the clamp and push down on the syringe plunger, flushing the device with 3 to 5 mL of saline, while observing for fluid leak or infiltration. It should flush easily, without resistance.**	
____	____	15. Pull back on the syringe plunger to aspirate for blood return. Aspirate only a few milliliters of blood; do not allow blood to enter syringe.	

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Met	Unmet	Accessing an Implanted Port *(Continued)*	Comments
____	____	16. Flush with the remainder of saline in syringe.	
____	____	17. Clamp the tubing, remove the syringe, and attach the heparin-filled syringe (if appropriate for the institution). Clamp the tubing while maintaining positive pressure on the syringe barrel at the end of the flush.	
____	____	18. Remove the syringe. **If space exists between the skin and the needle, place a sterile folded 2 x 2 gauze in the space to support the needle.** If using a "Gripper" needle, remove the gripper portion from the needle by squeezing the sides together and lifting off the needle while holding the needle securely to the port with the other hand.	
____	____	19. Apply tape or Steri-Strips in a starlike pattern over the needle to secure it.	
____	____	20. Cover the entire needle and port with the transparent dressing, leaving the ports of the extension tubing uncovered for easy access.	
____	____	21. Remove gloves and discard. Perform hand hygiene.	
____	____	22. Label the dressing with the date, time, size needle used, and your initials, according to agency policy.	
____	____	23. Document procedure, including time, date, type and location of port, condition of skin at site, size needle used, presence of blood return, and any difficulties encountered.	