Omnicare

Skills Checklist 18: Accessing and De-accessing an Implanted Venous Port

Nurse Name:	Date:
This activity was performed in a: ☐ clinical setting ☐ classroom setting	

Critical Behaviors	Performs Satisfactorily	Needs Improvement/Comments
***Note: If using topical anesthetic, follow manufacturer's instructions for application (may need to be applied ½ to 1 hour prior to accessing port).**		
1. Verify physician/licensed independent practitioner order.		
2. Identify patient using appropriate identifiers.		
3. Explain procedure to patient/significant other.		
4. Perform hand hygiene		
5. Position patient for comfort and expose port site.(Most ports are accessed more easily by placing the patient in a Semi-Fowler's or supine position).		
6. Evaluate port site and surrounding tissue for signs and symptoms of infusion related complications.		
7. Locate port under skin by palpating between thumb and index finger of dominant hand.		
8. Perform hand hygiene.		
9. Assemble equipment and supplies on clean work surface.		
10. Place sterile equipment on sterile field: 10.1 Non-coring safety needle (if applicable) 10.2 Needleless connector 10.3 STERILE normal saline syringe, if applicable		
11. Don masks.		
12. If using STERILE packaged normal saline syringe: 12.1 Don sterile gloves 12.2 Attach needleless connector to non-coring safety needle extension set 12.3 Prime extension set and non-coring safety needle with prescribed normal saline leaving syringe attached 12.4 Place on sterile field 12.5 Proceed to step 14		

Critical Behaviors	Performs Satisfactorily	Needs Improvement/Comments
13. If using NON-STERILE pre-filled syringes: 13.1 Don sterile gloves 13.2 Attach needleless connector to non-coring safety needle extension set 13.3 Prime extension tubing and non-coring needle with prescribed normal saline maintaining sterility 13.4 Place needle and extension set on edge of sterile field with syringe on non-sterile area		
14. Vigorously cleanse implanted venous port site with antimicrobial solution according to the manufacturer's instructions. Allow to air dry.		
15. Remove protective cover from non-coring safety needle.		
16. Using non-dominant sterile gloved hand, repalpate and stabilize implanted venous port between thumb and index finger.		
17. Using dominant sterile gloved hand, insert needle through the skin into septum of port pressing firmly until needle touches the base of the port.		
18. Aspirate the catheter to obtain positive blood return to verify vascular access patency. 18.1 If no blood return: flush with 2 mL of normal saline; then pull back on syringe again 18.2 If still no blood return: have the patient perform a Valsalva maneuver and lift arms above head 18.3 If still no blood return: attempt access again using all new sterile equipment, and consider using longer needle 18.4 If second attempt is unsuccessful, call physician/LIP for order for x-ray to determine catheter placement		
19. If port will remain accessed, place sterile transparent dressing over needle and site, centering needle under dressing.		
20. After blood return is established, flush implanted venous port with remaining saline. Remove syringe.		
21. If heparin required, vigorously cleanse needleless connector with alcohol. Allow to air dry.		
22. Flush with heparin. Close clamp.		

Critical Behaviors	Performs Satisfactorily	Needs Improvement/Comments
23. Secure extension set.		
24. Dispose of used supplies per facility policy.		
25. Remove mask and gloves.		
26. Perform hand hygiene.		
27. Label dressing with date, time and nurses initials.		
28. Document in the medical record.		

Implanted Port De-Accessing		
29. Verify physician/licensed independent practitioner order.		
30. Identify patient using the appropriate identifiers.		
31. Explain procedure to patient/significant other.		
32. Perform hand hygiene.		
33. Assemble equipment and supplies on clean work area.		
34. Position patient for comfort and ease of access to implanted venous access port.		
35. Don gloves.		
36. Disconnect administration set (if present) from needleless connector.		
37. Vigorously cleanse needleless connector with alcohol pad. Allow to air dry.		
38. Attach syringe with prescribed flushing agent. Verify vascular access patency. Flush using prescribed flushing agent(s).		
39. Disconnect syringe.		
40. Remove old dressing, being careful to not disturb port needle. **Never use scissors or any sharp object around a port needle.**		
41. Assess site for complications. Notify physician/ licensed independent practitioner as needed.		
42. Using non-dominant hand, stabilize implanted venous access port between thumb and index finger.		
43. Using dominant hand, remove non-coring safety needle according to manufacturer's instructions.		
44. Dispose of used supplies per facility policy.		
45. Remove gloves.		
46. Perform hand hygiene.		
47. Document in the medical record.		

Nurse Signature Evaluator Signature

Refer to Procedures 5.8 Implanted Venous Port Accessing and 5.10 Deaccessing Implanted Venous Port, if needed