PURPOSE

- To provide guidelines in accessing a subcutaneous port-a-cath with a non-coring needle in the paediatric population.

STANDARD

1. RN’s in designated areas of RVHS will be approved to perform Accessing a Subcutaneous Port-a-Cath with a Non-Coring Needle following verification of competency.
2. This procedure is performed when a subcutaneous port is being accessed to initiate I.V. infusion, for blood sampling, or if being heparinized (needle to be removed).
3. When the needle is left insitu, routine needle changes are required every 7 days.
4. If not being used routinely, the port must be heparinized every 4-6 weeks.
5. For infusions, newly primed tubing should always be attached to a new port needle.
6. For elective needle insertions, EMLA is applied one hour prior. If it is a routine needle change, remember to heplock the port prior to removing the needle and then apply EMLA cream.

GUIDELINES

PROCEDURE

1. Mask and gown. Wash hands.
2. Prepare sterile tray with supplies, maintaining sterility of equipment.
3. If heparinizing the port – cleanse top of multiuse Heparin vial and place near sterile tray.
4. Apply sterile gloves.
5. Attach a plastic blunt cannula to the empty 10 mL syringes except the syringe for the Heparin.
6. Attach a plastic blunt cannula to each of the sterile saline syringes.
8. If Heparinizing the port: Using the 21 gauge needle attached to syringe, draw up the appropriate amount of Heparin maintaining sterility. Remove the 21 gauge needle and attach a plastic blunt cannula.
9. Remove gloves.
10. Explain the procedure to the child. Determine the child’s preference of being supine or the sitting position for procedure. Have the child wear a mask or turn his or her head away from the port site.
11. Landmark the port by palpating over the subcutaneous tissue, assessing for the borders of the port reservoir and the flat surface of the silicone septum. Take this time to also assess the condition of the site.
12. Using the flat surface of the 2% Chlorhexidine swab stick, clean the skin surrounding the port site; using a back and forth from the top of the port area and working downward to the bottom of...
the port area.
13. Using a second 2% Chlorhexidine swab stick, clean site using concentric circles starting from the centre of the port area and working outward to a distance of 5 cm beyond the margins of the dressing to be used. Repeat using the other side of the swab stick. Repeat this process with a third swab stick. **Do not backtrack towards the centre. Wait one minute.**
15. Place the sterile towel from the dressing tray on the child's chest just below the port site.
16. Re-landmark your needle insertion site on the port by palpating and locating the hard circular rim surrounding the silicone septum. The needle will be inserted within this area.
17. Stabilize the port with your non-dominant hand. With your dominant hand, hold the Miniloc needle at 90° angle above the skin. Indicate to the patient that the needle will be inserted.
18. Firmly insert the needle through the skin and into the port. The needle should be inserted until resistance is met: the point of the needle should rest at the back of the port body.
19. To validate correct needle placement, attach an empty syringe to Clearlink adapter and aspirate for blood return.
20. If blood sampling required, complete procedure at this time. Refer to Blood sampling policy PR-29. Otherwise, flush port with two – 10 mL normal saline syringes using turbulent flushing method.
21. Apply Tegaderm occlusive dressing over the Miniloc needle.
22. If Heparinizing line, administer appropriate amount of Heparin and use positive pressure technique to clamp the line.
23. If initiating IV infusion, take care to maintain sterility of the Clearlink adapter and the end of the IV tubing as the connection is luer locked together.
24. Tape and secure all connections. Apply 10 cm × 10 cm gauze “sausage” roll around the end of the Miniloc needle infusion set. Secure tubing to patient to prevent accidental dislodgement of the needle.
25. For IV infusions, assess the port site hourly and document on the flow sheet.

CONSUMER EDUCATION GUIDELINES
- Ensure child/family know to report any pain, swelling or bleeding from the port.
- Avoid sustaining trauma to the port.

EQUIPMENT
- Gown
- Sterile gloves
- Sterile dressing tray
Subject: Accessing a Subcutaneous Port-A-Cath with a Non-Coring Needle

Site: X BOTH □ RVC □ RVAP

Issued by: Program Director, Women’s & Children’s Health

Page: 3 of 3

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- (3) Chlorhexidine swab sticks
- 21 gauge needle (if heparinizing)
- 10 mL syringes x 2 (or more if collecting blood specimens)
- Miniloc safety infusion set – 3/4, 1, or 1½ inch length - assess patient for appropriate size x 1
- Clearlink cap x 1
- Sterile 10 mL Normal Saline Prefilled Syringes x 2
- Blunt Plastic Cannula (one for each syringe)
- Tegaderm dressing if needle to be left insitu.
- Sterile 10 cm x 10 cm gauze
- Tape
- New primed I.V. tubing with ordered solution or heparin vial (100 units/ml) as appropriate for situation.

Documentation

- Report date and time of the procedure, the function of the port and any observations in the multidisciplinary progress notes. Document date and time in the Kardex as well. Ensure that the IV tubing is dated.

References

3M Canada, 3M Product Inquiry S10207, March 29, 2012

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