

## 15

## Implanted (Infusion) Port

Patient name: \_\_\_\_\_ Admission: \_\_\_\_\_

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- I. The client/caregiver can define implanted port access device.**
- It is a self-sealing injection port in a plastic or metal case, placed in subcutaneous tissue below the collarbone.
  - It has a metal base and a rubber top usually about 1 inch in diameter and a small, flexible catheter that goes to the bloodstream via the subclavian or jugular vein.
  - No external parts are visible.
  - The implanted port can be used for the same purpose as other CVADs.
- II. The client/caregiver can demonstrate flushing procedure, which is usually done monthly or after each use.**
- Wash hands well. Use masks for self and client per policy.
  - Gather equipment (Huber needle, alcohol swabs, heparin, povidone-iodine swabs).
  - Create sterile field.
  - Assess site for redness, swelling, tenderness, drainage, or bleeding.
  - Locate port by feeling bump on upper chest.
  - Clean injection site with three antimicrobial swabs by moving in a horizontal pattern, secondly a vertical pattern and finally in circular pattern moving outward. Allow to dry.
  - Apply sterile gloves.
  - Attach end of sterile extension tubing to syringe and attach correct size Huber needle to the other end. Fill tubing with saline solution.

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- Palpate port with nondominant hand.
  - With dominant hand holding wings or hub, insert Huber needle through skin at a 90-degree angle.
  - Check for signs of correct needle placement by aspiration of blood.
  - If good blood return, flush tubing with saline. Observe for swelling.
  - Stop infusion if unusual resistance is felt or swelling noted, and notify physician.
  - If continuous infusion is not needed, flush with 3 ml of heparin solution.
- III. The client caregiver can list precautions necessary with a port.**
- Protect skin over port.
  - Assess and report any signs of infection.
    - Redness, pain, or swelling
    - Drainage
    - Fever
    - Shortness of breath

## REFERENCES

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