

Title	Administration of Intravenous Medications via an Accessed Implantable Port
Version	2.0

Part A	Preparation
Part B	Procedure
Part C	References



The purpose of this SOP is to ensure safe use and access to a Portacath.

All healthcare professionals involved directly with accessing a Portacath, with appropriate training and completed competencies.

Part A: Preparation

No.	Description of Procedural Steps
1	<p>Prepare equipment and medication required using an aseptic technique. (ANTT or traditional sterile technique)</p> <ul style="list-style-type: none"> • Infusion line • 1 x Sani-Cloth CHG 2% (Disinfection of Hubs and connection ports) • Luer lock syringes 10ml • Needles • 0.9% Sodium Chloride/medication • Plastic/metal IV tray
2	<p>Check the patient's identification and medication with 2 trained members of staff (<i>Medicines Management: Policy MM03/MM04</i>)</p>
3	<p>Wash hands. Apply gloves and continue with the procedure using an aseptic technique. Clean needleless injection cap (Bionector) with Sani-Cloth (Chlorhexidine gluconate 2%) in a clockwise and anti-clockwise manner 5 times and allow to dry. Change Bionector every 3 days.</p>

Part B: Procedure

No.	Description of Procedural Steps
1	<p>Attach a Luer lock syringe containing 10ml 0.9% sodium chloride to Bionector using clockwise $\frac{1}{4}$ turn to lock syringe in place. Open clamp, inject using positive pressure technique.</p>  <p>On completion of infusion, clamp extension line above and below bionector, remove line and attach syringe containing 10ml 0.9% Sodium Chloride to extension line ensuring ANTT is adopted, unclamp and flush using positive pressure technique, then clamp.</p> <p>Stop the procedure if there is any swelling and/or pain around Portacath site. Regularly review site if medication is infused. Discuss with senior nurse/doctor and consider CXR/linogram.</p>
2	<p>If treatment is completed or not due for 12 hours or more, flush line with 4mls of Heparin 100units/ml using positive pressure.</p>
3	<p>To de-needle:</p> <ul style="list-style-type: none">• Remove dressing.• Stabilise Portacath hub between thumb and index finger• Pull needle out gently using steady traction with your free hand• Apply small plaster to site if required 

References

Loveday H. P. et al (2013) National Evidence Based Guidelines for preventing Healthcare Associated Infections in NHS Hospitals in England (epic 3)

http://www.his.org.uk/files/3113/8693/4808/epic3_National_EvidenceBased_Guidelines_for_Preventing_HCAI_in_NHSE.pdf

NHS Improvement High Impact Interventions

https://www.ips.uk.net/files/6115/0944/9537/High_Impact_Interventions.pdf

Royal Brompton Clinical guidelines: Care of Children with CF 2020

The Royal Marsden Manual of Clinical Nursing Procedures

<https://www.rmmonline.co.uk>

LRI Children's Hospital Standard Operating Procedure (SOP)

Title: Needling and Flushing Implanted and Central Venous Access Device - Port a Cath UHL

Childrens Nursing Guideline Trust Ref: C157/2016 V: 3 Approved by The Children's Clinical Practice

Group: May 2019

UHNM Medicines Management: Policy MM03/MM04

<https://www.gov.uk/government/news/public-information-campaign-focuses-on-handwashing>
