

<b>Title</b>	Competency Document for Nurses Administering Intravenous Medication Using an Implantable Port
<b>Version</b>	2.0

It is the responsibility of each registered nurse to:

- Have their own set of competencies signed and dated by an assessor.
- Observe accessing, administering intravenous medication and de-needling an implantable port THREE times.
- Be supervised accessing, administering intravenous medication and de-needling an implantable port for a minimum of THREE times.
- Discuss with an assessor when they are confident to be signed off as competent.

	ACTION	OBSERVED Date & Signature	SUPERVISED Date & Signature	COMPETENT Date & Signature
1	In the clinical room, wash hands using bacterial hand soap hand washing procedure. Apply apron and gloves and draw up required IV treatment. Use the principles of ANTT throughout (Staff must be trained in the theory and practice of ANTT). Dispose of gloves and apron and wash hands when medication has been prepared.			
2	Enter patient's room with prepared medication. Check patient's identification. Obtain consent. Explain to the patient you are going to administer their intravenous medication via their portacath. With children also explain to their parents. Consider the use of distraction and involvement of the play specialist.			
3	Wash hands, apply gloves and continue with the procedure using ANTT. Clean needleless injection cap with a wipe that contains chlorhexidine gluconate 2% and 70% alcohol. Wipe in a clockwise and anti-clockwise manner for a minimum of 15 seconds and allow to dry (EPIC3). <b>Change needleless injection cap every 3 days.</b>			

	ACTION	OBSERVED Date & Signature	SUPERVISED Date & Signature	COMPETENT Date & Signature
4	Attach 10ml luer lock syringe containing 10mls 0.9% sodium chloride. Maintain positive pressure prior to unclamping/clamping the line. Flush the line with 10mls of 0.9% sodium chloride using pulsatile pressure and observe the port site for signs of swelling or increased resistance, or if the patient reports discomfort. Clamp the line. <b>If not flushing, refer to SOP for Management of Implantable Ports.</b> Administer prescribed intravenous medication and then clamp the line. Administer 0.9% sodium chloride between each medication, clamping the line after each administration. 5% Glucose may be used if drug is not compatible with 0.9% sodium Chloride.			
5	If prescribed medication is to be administered at 12/24 hourly intervals then continue to end with a final flush of 4mls heparin 100 iu/ml. Change the Gripper needle every 14 days or sooner if there are signs of infection, swelling or patient discomfort. <b>All medication including Heparin must be prescribed.</b>			
6	Discard equipment in an appropriate waste container as per infection control standard procedures safe working practice. Wash hands. Sign prescription chart. Observe patient for potential side effects of prescribed medication			
7	When the prescribed medication course is complete flush the line with 10mls sodium chloride 0.9%. Using pulsatile pressure lock the line with : <b>4ml heparin 100 IU/ml For adults and children.</b> Re-clamp the line. Disconnect syringe and discard.			
8	Remove portacath needle if access no longer required To remove the portacath needle – press down on either side of the port with two fingers to stabilise the device. Withdraw the needle using steady traction, discard needle in sharps container.  Discard waste and equipment safely and appropriately.			