Title	Portacath: Accessing an Implantable Port
Version	3 .0

Implemented	V2 07.12.2022, V3 16.07.2026
Review Date	16.07.2029

Appendix 4: Standard Operating Procedure Template

Standard Operating Procedure (SOP)

Procedure to Access an Implantable Port

University Hospitals of North Midlands NHS Trust

Scope:

Trust-Wide SOP ☒ Local Directorate / Divisional SOP ☐

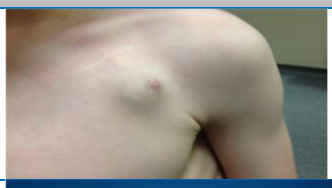
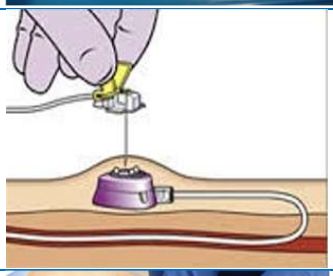
Version:	2
Summary of Changes:	Change of layout Caveat regarding frequency of flushes
Date Approved and by which Group(s): *(delete if SOP is contained within a policy document)*	
Date Issued: *(delete if SOP is contained within a policy document)*	
Date to be reviewed:	*New SOPs - the review should be completed one year post ratification, unless changes in national legislation override this.* *Existing SOPs – should be reviewed within 3 years of ratification, unless there has been a specific request to review sooner.*
Purpose of this SOP:	To ensure safe use and access to a Portacath. The port should be accessed for flushing as recommended by the manufacturers, usually every 4-6 weeks but can be up to 12 weeks.
Which Trust Policy does this SOP link to? *(delete if not applicable)*	C78 Central Venous Access Devices (CVAD) Care and Management
Trust Contact:	Kelly Bakewell

Part A: Preparation

No.	Description of Procedural Steps
1	All healthcare professionals accessing a Portacath should have had appropriate training and completed competencies. Staff will also need to be competent at ANTT. The port should be accessed for flushing to maintain patency. Manufactures recommend every 4-6 weeks. (There is growing evidence that it is safe to leave port flushes for 8-12 weeks).
2	Prepare equipment and medication required using ANTT.

No.	Description of Procedural Steps
	• Sterile dressing pack • Sterile gloves/apron • 2% Chlorhexidine/70% alcohol (3ml sponge applicator) • 10ml Luer lock syringes and 21G hypodermic needles • 0.9% Sodium Chloride and Heparin 100units/ml • 20/22G Non Coring Gripper/Huber needle (appropriate length). • Needleless injection cap/white bung • Transparent semi-permeable dressing • Sharps Box
3	Check the patient's identification and medication with 2 trained members of staff (Medicines Management: Policy MM03/MM04)
4	Wash hands, apply gloves and apron. Continue with the procedure using ANTT. Prime gripper needle with 0.9% saline and clamp the line.

Part B: Procedure

No.	Description of Procedural Steps	
1	Ensure the patient is comfortable. Remove any topical local anaesthetic cream from the port site. Locate the port and identify the septum.	
2	Clean the patient's skin over the port site with 3ml 2% chlorhexidine/70% alcohol applicator. Gently apply to the skin using repeated up and down, back and forth strokes for 30 seconds. Allow to dry for 30 seconds.	
3	Stabilise the port between your thumb and index finger. Using a perpendicular angle, push the portacath needle through the skin and port septum until the needle just hits the back of the plate of the port.	
4	Remove protective cap from the gripper set and attach an empty 10ml luer lock syringe. Maintain positive pressure on the syringe plunger prior to unclamping/clamping. Undo the line clamp; draw back gently on the syringe to obtain a 'flashback of blood.' (If no flashback-proceed with a slow 0.9% sodium chloride flush if confident that the needle is in the correct place. Stop and seek medical advice if any resistance, pain or swelling).	

No.	Description of Procedural Steps	
5	If blood samples are required, take a 3ml discard of blood, clamp the line, disconnect the syringe, then attach a new 10ml luer lock syringe and obtain the sample then clamp the line. Then flush with 20-30mls 0.9% sodium chloride using pulsatile pressure. If no bloods are taken, flush with 10mls.	
6	If the needle is to be left in situ. Secure portacath needle by placing a small piece of gauze around the entry site (if required) and apply a semi permeable dressing. If removing portacath needle, flush with 4mls of 100units/ml of Heparin.	
7	To remove the portacath needle; stabilise the port with your thumb and index finger. Withdraw the needle gently, using steady traction. Apply a small plaster if required. Discard waste and equipment safely and appropriately (IP Manual, IP01 a/b)	

Appendix 1 -