Title	Procedure to Administer Intravenous Medications via an Accessed Implantable Port
Version	3 .0

Implemented	V2 07.12.2022, V3 16.07.2026
Review Date	16.07.2029

Standard Operating Procedure (SOP)

Procedure to Administer Intravenous Medications via an Accessed Implantable Port.

Scope:

Trust-Wide SOP ☒ Local Directorate / Divisional SOP ☐

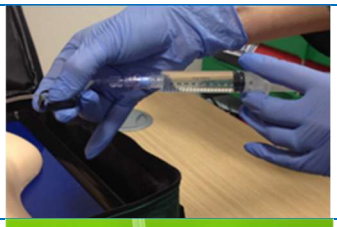
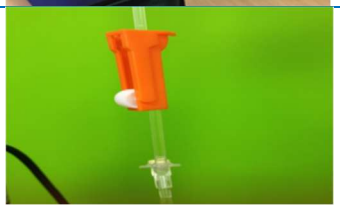
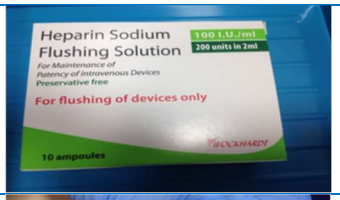
Version:	2
Summary of Changes:	Change of lay out Removed the advice - If treatment is completed or not due for 12 hours or more, flush line with 4mls of Heparin 100units/ml using positive pressure.
Date Approved and by which Group(s): *(delete if SOP is contained within a policy document)*	
Date Issued: *(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.
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	This procedure must only be carried out by health professionals who have received training and achieved competency in the skill. - 1 x Wipe containing CHG 2% and 70% alcohol. - Luer lock syringes 10ml - Infusion line (if required) - Needles - 0.9% Sodium Chloride/medication - ANTT blue IV tray
2	Check the patient's identification and medication with 2 trained members of staff

No.	Description of Procedural Steps
	(Medicines Management: Policy MM03/MM04)
3	Wash hands, apply gloves and apron. Continue with the procedure using ANTT.

Part B: The Procedure

No.	Description of Procedural Steps	
1	Clean needleless injection cap with a wipe containing chlorhexidine gluconate 2% and 70% alcohol in a clockwise and anti-clockwise manner for a minimum of 15 seconds and allow to dry for 30 seconds (EPIC3). Change needleless injection caps every 3 days.	
2	Attach a luer lock syringe (Not smaller than 10mls) containing 10ml 0.9% sodium chloride to a needle free connector (bionector) using clockwise ¼ turn to lock syringe in place. Open clamp, inject using positive pressure technique. Stop the procedure if there is any swelling and/or pain around portacath site. Discuss with senior nurse/doctor and consider CXR/linogram.	
3	Clamp catheter, remove empty syringe. Connect a luer lock syringe or infusion line containing medication to the needle free connector (bionnector). Open clamp, inject/infuse using positive pressure technique.	
4	On completion of infusion, clamp extension line above and below needleless injection bung. 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.	
5	When the treatment course has ended, flush line with 4mls of Heparin 100units/ml using positive pressure. All medication including 0.9% sodium chloride flushes and heparin should be prescribed.	
6	To de-needle: • 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 Discard waste and equipment safely and appropriately (IP Manual, IP01a/b).