Procedure Guidelines

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Implanted Vascular Access Device</th>
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<tr>
<td>Original Adoption Date:</td>
<td>03/2003</td>
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<tr>
<td>Past Protocol Updates</td>
<td>03/2003, 07/2004</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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**Purpose:**
Utilize the ability to access the central venous system through a surgically placed port for the administration of fluids or medications.

**Possible Complications:**
1. Infections  
2. Occlusion  
3. Thrombus formation

**Contraindications:**
1. Inability to flush or withdraw blood from the site  
2. Inability to palpate the port

**Procedure:**
1. Prepare equipment.
2. When feasible don a surgical mask and other appropriate BSI.
3. Prep site using aseptic technique.
4. Using non-coring (Huber) needles and 10cc syringe of saline (anything less than a 10cc syringe can create pressures greater than 40 PSI which can result in catheter damage)
5. Palpate the area over the port and find its septum.
6. Anchor the port with your non-dominant hand.
7. Insert the needle perpendicular to the port septum and push the needle straight downward through the skin until you reach the bottom of the reservoir.
8. Check needle placement by aspirating for blood return.
9. If you can’t obtain blood, remove the needle and repeat the procedure with a new needle.
10. Once access has been obtained flush the device with saline and connect the IV fluid.

**Note:** **DO NOT leave the system open to air.**
11. Always flush between any medication administrations.

Observe site for any signs of subcutaneous infiltration, swelling, or pain. If noted, immediately discontinue infusion and look for an alternate site.