Purpose
Utilize the ability to access the central venous system through a surgically placed port for the administration of fluids or medications.

Possible Complications

Contraindications
- Inability to flush or withdraw blood from the site
- Inability to palpate the port

Procedure
1. Don PPE and in addition:
   a. Place a surgical mask on the patient.
   b. Place a surgical mask on yourself.
   c. If available, wash hands or use hand sanitizer.
   d. Apply new set of gloves.
2. Palpate the implanted port for the center of the port. Feel for a spongy area surrounded by firm plastic just under the skin. Alternately, the port may also have three small, round raised parts, the insertion site is directly in the middle of the triangle of raised sections.
3. If unable to palpate site, DO NOT attempt insertion.
4. Ask patient to turn head away from port in order to view site and reduce infection risk.
5. Prep site using aseptic technique and included iodine swabs.
6. Utilizing a 10 ml syringe, flush non-coring (Huber) needle with saline.
   a. Anything less than a 10 ml syringe can create pressures greater than 40 PSI which can result in catheter damage.
7. Remove needle guard from a non-coring (Huber) needle, if needle is touched prior to insertion, discard and obtain a new needle. Once out of package, do not set down.
8. Anchor the port with your non-dominant hand.
9. 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.
10. Check needle placement by aspirating for blood return.
11. If you can’t obtain blood, remove the needle.
12. Once access has been obtained flush the device with saline and connect the IV fluid.
   a. DO NOT leave the system open to air.
13. Always flush between any medication administrations.
14. Observe site for any signs of subcutaneous infiltration, swelling, or pain. If noted, immediately discontinue infusion and look for an alternate site.