

## Indications

---

- Intravenous fluid or medications **emergently** needed AND
- Peripheral IV cannot be established AND
- Patient exhibits one or more of the following:
  - Presence of Indwelling Port
  - Altered mental status (GCS of 8 or less)
  - Respiratory compromise (SaO<sub>2</sub> of 80% or less following appropriate oxygen therapy and/or respiratory rate <10 or >40/min)
  - Hemodynamically unstable

## Contraindications

---

- Infection, significant edema or excess tissue at insertion site
- Inability to locate landmarks

## Procedure/Technique (*next page*)

## Notes:

- Port-A-Cath access in the field should only be utilized in **EMERGENCY** situations.
- Access should only be attempted by those who have documented competency.
- You may utilize the patient's supplies if necessary and appropriate.
- **Always access under sterile conditions.**

## Technique for Accessing the Port

1. Assemble Supplies:
  - a. 10 cc NS Syringe
  - b. Chloraprep
  - c. Masks & Sterile Gloves
  - d. Huber needle with attached extension tubing & IV/fluid setup
  - e. Transpore tape
2. Cleanse hands and place PPE (including mask)
3. Peel open one corner of the Huber needle package; Extend end of extension tubing only out the opening, attach 10 cc NS flush, and prime tubing and needle with NS.
4. Place Huber needle package on a secure flat surface and peel back package open.
5. Put on sterile gloves ( **Do NOT touch Huber needle until sterile gloves are on**).
6. Use repeated back and forth strokes of the Chloraprep applicator for approximately 30 seconds. Allow the area to air dry. Do not blot or wipe away.
7. Pick up Huber needle with NS syringe attached--touch *only* the Huber needle as this is sterile and the syringe is not--grip securely and remove clear protective sheath.
8. Locate and stabilize the port site with your thumb and index finger, creating a "V" shape.
9. Access the port by inserting the Huber needle at a 90° angle into the reservoir. Once accessed, the needle must not be twisted; this will cut the septum and cause leakage.
10. Insert gently, flush the port with 2-5 cc NS and then attempt to aspirate a blood return. This confirms proper placement; if the port is difficult to flush **DO NOT FORCE**.
11. Slowly inject the remaining 10 cc NS; observe for resistance, swelling or discomfort. If present, assess needle placement. If still present remove the Huber and re-access.
12. Attach IV Solution tubing and initiate flow.
13. Hold slight pressure with a 2x2 if bleeding. (There should never be excessive bleeding.)

## Technique for Dressing the Site

1. Assemble CVC dressing kit on a flat clean work surface.
2. Open the package of 2x2s if extra padding is needed.
3. Place one 2x2 *under* the needle to provide padding if Huber is not flush with chest.
4. Tear a 3" piece of tape; split it lengthwise; tape over Huber needle in a "X" format.
5. Cover site with transpore tape.
6. Secure the extra tubing with tape to prevent catching on clothes.