North Shore LIJ Staten Island University Hospital
North Shore-Long Island Jewish Health System

COMPETENCY-BASED CRITICAL ELEMENTS

Reason(s) for Assessment	Implantable Ports ☐ ↑Risk - ↑ volume ☒ ↑Risk - ↓ volume ☐ ↓Risk - ↑ volume ☐ Safety-Related ☐ Infection Control ☐ Performance issue ☐ Regulatory Agency Requirement ☐ Age related ☐ Patient Satisfaction ☐ Quality – Related ☐ Professional development ☐ Learner's needs ☐ Policy change ☐ New Scope of practice ☐ New Equipment ☐ Others:
Reference (s):	☒ Department Policy & Procedure Manual ☒ Professional Organization's Standards Manual ☐ Direct Observation in Simulated Laboratory ☒ Others: Manufacturer's recommendations, Operator Manual
Recommended Validation Methods:	☐ Direct observation of actual behaviors in work environment ☐ Direct Observation in Simulated Laboratory ☐ Indirect observation through superiors, peer reports, document reviews ☐ Documented results of test: Oral or written
Skill set:	**C –** Critical Thinking **T –** Technical Skills **I –** Interpersonal Skills
Age Group:	☐ Newborn ☐ Preschool ☐ Adolescent ☐ Adult ☐ Toddler ☐ School Age ☐ Geriatric

Behavioral Criteria	**Skills**		
	T	**T**	**T**
	Class Repeat Demo	**1st Access**	**2nd Access**
I Chart			
Check chart for the following:			
1. Current accessing order			
2. Date of last port accessing			
3. Allergies to Chlorhexidine gluconate or Isopropyl alcohol			
II Patient			
1. Introduces self			
2. Explain procedure			
3. Answer any question			
4. Ascertain any problem			
5. Examine and palpate portal pocket, catheter tract and upper torso			
III. Bedside			
1. Prepare work surface			
2. Assemble the following equipment			
▪ **Sterile Dressing Change Kit**			
▪ **(2) 10 ml syringe Sterile injectable saline pre-filled syringes**			
▪ **1 empty 10 ml syringe if blood aspirate required**			
▪ **(2) injection capes**			
▪ **(1) Non-coring needles**			
▪ ****Pre-filled 5ml (100units/ml) heparin flush in a 10ml syringe (clean) if no infusion is immediately following accessing of port**			
IV. Standard Precaution Observed			
1. Gown (optional)			
2. Mask			
3. Wash hands			
4. Don Gloves			
V. Procedure			
1. Open sterile dressing change kit			
2. Drop the following onto the sterile field:			
▪ **Huber needle with attached extension tubing**			
▪ **(2) 10 ms syring; add (1) empty 10 ml syringes, if blood aspirate required)***			
3. Assemble huber needle and extension cap			

Behavioral Criteria	Skills		
	T	T	T
V. Procedure (continued)	Class Repeat Demo	1st Access	2nd Access
4. Prime huber needle assembly with saline filled 10ml syringe attached to extension cap			
5. Prepare site by cleansing area with antiseptic applicator for approximately 30 seconds using repeated back and forth motion Let dry 30 seconds			
6. Locate port by palpation			
7. Immobilize the port firmly between the thumb and fingers of the non-dominant hand			
8. Insert the huber needle through the skin and portal septum at the 90° angle			
9. Advance the needle slowly until it touches the bottom of the portal reservoir. Secure huber needle with tape or "dog bone" tape if available.			
10. Gently aspirate for blood approximately two inches visibly seen in the extension tubing. Repositon patient if required. Gently			
Gently flush the system using the attached saline filled syringe. *Note: If port has not been accessed in greater than 2 weeks,* *a. Aspirate 10 ml of blood utilizing empty sterile 10ms then discard* *b. Follow by flushing with final saline filled syringe*			
11. Observe portal pocket, catheter tract and cut down site for swelling or leakage while flushing			
12. Monitor for any complaints of pain, burning or discomfort			
13. Repeat steps 1-13 if accessing a dual port			
14. Apply transparent dressing			
15. Chevron tape to clear dressing to secure tubing Loop and secure tubing with additional tape			
16. Cleanse injection port and start infusion as ordered			
17. Instill heparin solution if port is not to be used			
18. Label and date, including needle size and gauge			
VI. Charting			
1. Progress note to include:			
▪ Date/time of insertion			
▪ Needle length and gauge			
▪ Any difficulties			
▪ Blood return			
2. Patient Education Form			
▪ Include any instructions provided to the patient			
VII. Patient's Medical Record Number			

Instructor: _____ Date_____

Validator #1:_____ Date_____

Validator #2:_____ Date_____

RN Signature:_____ Date_____