

Port-a-Cath

PORT-A - CATH

Surgically implanted under local anesthesia by a surgeon or an interventional radiologist, an implanted port, also known as a *vascular access device* or a *vascular access port*, is a type of central venous access device. It consists of a silicone or polyurethane catheter attached to a reservoir, which is covered with a self-sealing silicone septum. The catheter is placed in the central venous system, with the reservoir typically implanted in a subcutaneous pocket in the upper anterior chest wall. Alternatively, the reservoir may be placed in the upper arm, abdomen, side, or back.

INDICATION

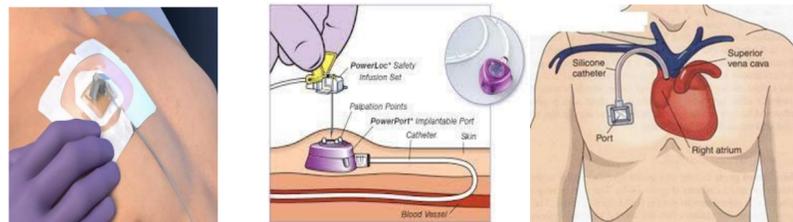
- An implanted port is used to deliver intermittent infusions of medication, parenteral nutrition, chemotherapy, and blood products. port can be used immediately after placement.
- Implanted port is used for the blood sampling

ADVANTAGES

- This type of needle has a deflected point, which slices the port's septum. Compared to externalized tunneled catheters, implanted ports have a decreased risk of infection, a minimal maintenance requirement, and a more discrete design, resulting in a high level of patient acceptance.

FLUSHING

- According to the Infusion Nurses Society, the implanted port should be flushed with preservative-free normal saline solution or heparin lock solution. The port should be flushed before each infusion to assess port function, after each infusion to prevent mixing of incompatible medications and solutions, and after blood sampling
- Implanted port access, site care, infusion, and flushing and locking may be performed by a nurse, a practitioner, or another appropriately trained patient or caregiver. Accessing the port requires sterile technique to reduce the risk of vascular catheter-associated infection



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PORT NEEDLE



ALERT

- Keep in mind that a vascular catheter-associated infection is considered as hospital-acquired condition *because it can be reasonably prevented using various best practices*. Make sure that infection prevention techniques (such as performing hand hygiene, performing a mechanical scrub of the needleless connector, and maintaining sterile technique) are followed *to reduce the risk for vascular catheter-associated infections*.
- - Change the transparent semipermeable dressing at least every 5 to 7 days and gauze dressing every 2 days
- -Anticipate use of antimicrobial locking solutions for patients who have a history of catheter-related bloodstream infections

REFERENCES

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- Jarrett, N., & Callahan, M. (2016). "Evidence-based guidelines for selected hospital-acquired conditions: Final report" [Online]. Accessed July 2017 via the Web at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Downloads/2016-HAC-Report.pdf>