

## Getting Ready to Learn about an Implanted Port

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review the following information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.
- This information is important to your health. We may explain something more than once. If there is something you don't understand **it's okay to ask** us to explain.

### What I need to Learn about my Implanted Port (Port)

By the time I leave the hospital; I will be able to tell the staff:

- What a port is and what kind I have
- How a port is placed
- How a port works
- How I will care for my incision
- How my port is accessed
- How my port will be flushed
- What to do if I think something is wrong with my port

The staff will use three questions and answers to teach me about my port:

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show them what I have learned. They want to make sure that I know about my port and what to do if I have problems.

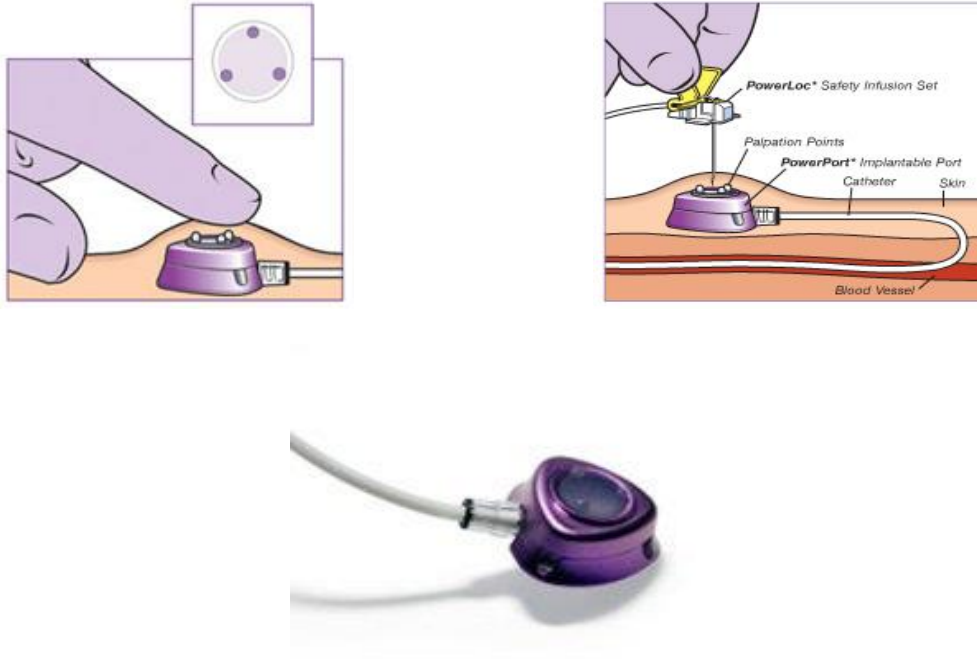
### **What is my main problem?**

I need to know what a port is, understand how to care for my port, and how to watch for complications at home.

### **What do I need to do?**

I will be able to tell the staff what a port is and what kind I have.

- A port is a device that is used to give medicine into the blood. Ports are usually placed under the skin in the upper chest, but can also be placed under the skin in the arm or abdomen. The port will be seen only as a small raised area under my skin. Daily care is not needed (unless the port is being used daily). The port does not affect my normal activities.
- A port has two basic parts:
  - The port – a small metal or plastic chamber that is sealed at the top by a rubber disc and made to be used over and over.
  - A thin tube or catheter – one end is placed into the vein inside my body and the other end is attached to the port.
- Many ports are made to be “power-injectable”. These are often called “power ports”. This means that this port can be used to power-inject contrast during a CT scan or an MRI.
- I have a:
  - \_\_\_\_\_ Power Injectable Port
  - \_\_\_\_\_ Non-Power Injectable Port
- My port is in the \_\_\_\_\_ vein..



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I will be able to tell the staff how a port is placed.

- The port is placed under the skin in the operating room or the Interventional Radiology Department.
- I may be given medicine to help me relax during the procedure.
- The skin where the port will be placed will be numbed.
- One or two small incisions will be made in my skin to insert the port.

I will be able to tell the staff how a port works.

- Medicines or IV fluids are given through the port using a special needle. The needle is put through the skin and into the port. The port is ready to be used as soon as it is inserted
- If I feel the needle poke is uncomfortable, my doctor may prescribe something to apply over the port. This is used about an hour before

the needle is to be placed into the port. This helps to numb the skin over the port.

- If my port is a power port and is going to be used for a power injection, it **MUST** be accessed with a special power injectable needle. If the special needle is not used my port can be damaged. If I do not know what kind of port I have, the staff can help me find out.
- Once the medicine or IV fluids are done and before the needle is taken out, the port will be flushed with Heparin to keep the port open.

I will be able to tell the staff how I will care for my incision.

- I may have tape (called steri-strips) or glue (called dermabond) over my incision sites. There is usually one incision on my chest and one near my neck.
- I should not take the tape off my incisions; it will fall off on its own.
- The incision may be sore for 1 to 4 days. Pain medicine can help.
- I should not do any heavy work for the first few days after my port is inserted. I will follow the instructions from my doctor.
- I should not get the incisions wet. I may shower if I cover the incisions with plastic wrap and secure it with tape. I may not soak in the bath tub.
- The incisions should heal in 5 to 7 days. A small scar may form after it has healed.
- Once the incision has healed I may begin my normal daily activities.

I will be able to tell the staff how my port is accessed.

- When it's time to use my port, a special port needle will be placed through my skin into the port. This is called accessing my port. A numbing cream can be placed on my skin over the port before the port is accessed.
- A sterile technique will be used to access my port.
- I need to let the staff know whether or not I have a "power port". This will determine how the staff uses my port.
- Once the port is accessed the nurse will check to see if there is a blood return from my port. This makes sure the port is working right.
- While my port is accessed a dressing will cover the needle and port site.
- If my port is accessed for a long period of time the dressing and needle should be changed once a week or if it becomes loose or wet.
- The dressing over the needle and port should stay clean and dry. I should not get it wet. I can shower if there is currently a needle in my port. The needle will be covered with a dressing and must be covered with plastic wrap and kept dry during my shower.

I will be able to tell the staff how my port will be flushed.

- My port needs to be flushed to keep it working right.
- My port needs to be flushed after being used for medicines.
- My port needs to be flushed after drawing blood from it.
- If my port is not being used it needs to be accessed and flushed at least one time a month.
- My port will be flushed with normal saline and Heparin according to my doctor's orders.
- I should tell anyone using my port if I am allergic to Heparin.

I will be able to tell the staff what I will do if I think something is wrong with my port.

- I will call my doctor if I notice any signs of infection such as:
  - Swelling, redness, or soreness over my port or in the skin around my port.
  - Drainage coming from the port incision.
  - Fever over 102 degrees.
- I will call my doctor right away if I have pain or swelling in my chest, neck, arm or hand. This could mean I have a blood clot in the vein where the port is placed.
- I will call my doctor if my port will not flush or draw blood.

**Why is this important to me?**

- To keep port complications from happening.
- To know what to do if a complication is seen.

## Personal Port Information

I have a:

\_\_\_\_\_ Power Injectable Port

\_\_\_\_\_ Non-Power Injectable Port

My port is in the \_\_\_\_\_ vein.

If I have any questions or concerns once I get home I can call:

Vascular Access Specialist Team (VAST) office: 269-341-7573

Hospital Operator: 269-341-7654 (ask to have VAST paged)

Interventional Radiology: 269-341-6130

## Port/Implanted Port Education Plan

### Resources for Staff

- Implanted Port (Port-a-Cath) Education Plan
- INS (Intravenous Nurse Society) Manual
- [Bronson Policy Manuals](#) Search for Portacath (L-73)
- [Portacath](#)-LexiComp
- [Implanted Venous Access Port](#)- Nursing Reference Center Plus

### Teaching Tools

- Port-A-Cath Education Plan

### References

- INS (Intravenous Nurse Society) Manual
- [Portacath](#)-LexiComp
- [Implanted Venous Access Port](#)- Nursing Reference Center Plus

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