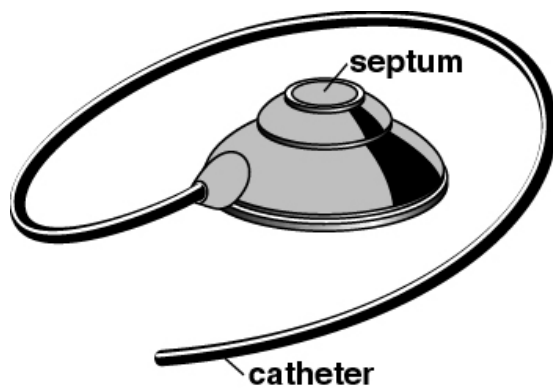


## Port

A port is a device that allows easy access to give medicine into the veins and take blood samples from the veins. It is implanted under the skin of the chest. It is about a half inch thick and about the size of a quarter. You can feel its raised center under your skin. A flexible piece of tubing (catheter) is connected to it. This is tunneled under the skin to an area near the neck where it enters a vein.



The center of the port is made of a tough, self-sealing, rubber-like material that can be punctured through the chest skin with a special needle many times. It will reseal right away each time.

### Purpose of the Port

The port may be used to draw blood for tests and to give medicines into the bloodstream. It is used when large amounts of fluids are needed, such as blood transfusions, IV antibiotics, IV chemotherapy, or IV nutrition.

### Port Placement

See *Health Facts for You* #5958 to learn what to expect with port placement.

### Hand-Washing

When caring for your port and touching any supplies, you should wash your hands and

put on clean gloves. These steps help prevent infection.

- If hands **do not look dirty**, you can use an alcohol-based hand sanitizer such as Purell® gel. Rub it well, all over your hands, front and back, until dry.
- If hands **look dirty**, use soap and water. Wash well, for at least 15 seconds. Use a new, clean towel or paper towel to dry hands well.

### Flushing Your Port

Flushing the port keeps the port clear of blood and medicine. Heparin is a medicine used to stop blood clots from building up inside the lumen. Your port must be flushed after each use, before the needle is removed, and once a month if it's not in use. Flushing the port may be done by your clinic, local health care provider, the patient, or family member.

**Daily:** If you receive infusions at home, your port must be flushed after each use (at least once per day).

- Use 10 mL normal saline followed by 5 mL of the daily heparin (**10 units/mL**).

**Monthly:** If not in use, your port should be flushed monthly. You will use a larger dose of heparin. **Before** removing the needle:

- Use 5 mL of monthly heparin (**100 units/mL**).

### How to Access and Flush Your Port

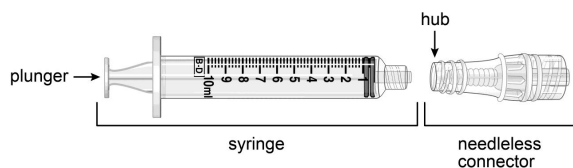
Most patients have their ports accessed by a health care provider. An accessed port is a port that has a needle in it. You may be asked to flush your port daily or flush your port and remove the needle from it. Follow the steps in this handout for flushing and

removing the needle.

### Supplies

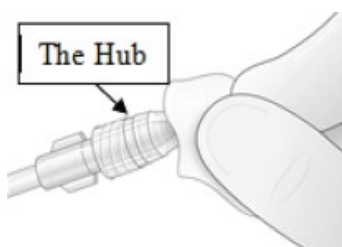
- 1-prefilled (**10 u/mL**) saline syringe for flush
- 1 – prefilled 5mL heparin\* syringe (**10 units/mL**) \*
- 1- 5mL prefilled heparin\* (**100units/mL**) for flushing prior to needle removal
- Alcohol wipes
- Gloves

**\*Note which heparin syringe you need. You will only use one.**



### Steps for Flushing Your Port

1. Clean work area.
2. Gather supplies.
3. Wash hands.
4. Put on gloves.
5. To prepare the flush, remove from the plastic wrapper. Remove the plastic cover from the tip of the syringe.
  - a. **For daily flushes:** Use 5ml heparin syringe with 10 units/mL.
  - b. **For monthly flushes or before needle removal:** Use 5 ml heparin syringe with 100 units/mL.
6. Make sure port tubing is clamped.
7. Scrub the hub of the needleless connector with an alcohol wipe for 15 seconds. Allow hub to dry and do not let it touch anything.



8. Connect the syringe filled with saline to the hub of the needleless connector. Twist on.
  - a. If anything touches the hub before you attach the flush syringe, stop and scrub the hub again for 15 seconds.
  - b. If the tip of the syringe touches anything other than the end of the port, stop, and replace the syringe.
9. Unclamp the port.
10. Begin flushing using a “push-pause method” on the syringe plunger. Push the contents of the syringe into the port, leaving a small amount of fluid in the syringe.
11. **Note:** The port should flush easily. If you find it hard to push the fluid in, check to make sure the clamp is open and that the port is not kinked. If it is still hard to push the fluid in, **do not** force the plunger. Stop and call your home care agency or clinic.
12. Clamp port.
13. Remove syringe.
14. Connect the syringe filled with heparin to the hub of the needleless connector. Twist on.
  - a. If anything touches the hub before you attach the flush syringe, stop and scrub the hub again for 15 seconds.
  - b. If the tip of the syringe touches anything other than the end of the port, stop, and replace the syringe.
15. Unclamp port.
16. Begin flushing using a “push-pause method” on the syringe plunger. Push the contents of the syringe into the port, leaving a small amount of fluid in the syringe
17. Clamp port.
18. Remove syringe.
19. Wash hands.

20. Follow the instructions your clinic or home health nurse gave you for throwing away the used supplies.

### Removing the Needle

When your infusion is finished, you may be told to remove the needle from the port. The port should be flushed after the infusion. Follow the steps on this handout to flush your port.

**After** the port has been flushed:

1. Remove dressing.
2. Secure the port with two fingers of one hand, pull out the needle.
3. Engage the safety device for the needle and place it in the Sharps Box.
4. If the site is bleeding, apply a gauze and hold pressure at the site until the bleeding stops.



*Port and needle with safety in place*

### Activity Guidelines

When your port is not being used, you may safely swim, exercise, and do most of your normal activities.

You will need to **avoid**:

- Any direct blow to port site.
- Heavy contact sports (i.e., football, hockey, etc.). Talk to your doctor or nurse if you're wanting to play a heavy contact sport.

### When to Call

Call your doctor if you notice any of these signs of infection:

- Site becomes red and hot
- Site becomes tender to the touch
- Fever above 100°F.
- Excess swelling or bleeding of the skin
- Drainage from the site
- Pain at the site
- Trouble flushing the port

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©6/2021. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4237.