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NURSING SKILLS CHECKLIST

Accessing/De-Accessing an Implanted Port

Date: ________________________ **Facility:** ____

Nurse's Name: ____

PROCEDURE	YES	NO	N/A
1. Verify orders.			
2. Explain procedure to resident.			
3. Perform hand hygiene. Don clean gloves.			
If de-accessing:			
1. Verify patency by aspirating for blood return and flushing with the appropriate saline and/or heparin solution.			
2. Remove old dressing correctly.			
3. Stabilize port and remove needle by pulling straight up. Ensure safety mechanism is engaged. Dispose of needle properly in sharps container.			
4. Place dressing over site for 24 hours.			
5. Remove gloves and perform hand hygiene.			
6. Document procedure.			
If accessing:			
1. Assemble equipment and supplies. Choose correct non-coring needle length and gauge.			
2. Set up sterile field correctly.			
3. Maintain awareness of equipment that is not sterile and cannot be placed into tray (e.g., If using Pre-filled flush syringes: flush solution is sterile, but outside of syringe is clean not sterile).			
4. Don sterile gloves.			
5. Perform skin antisepsis and allow to air dry completely.			
6. Assemble non-coring needle and needleless connector and primes needle with 0.9% sodium chloride.			
7. Remove gloves and don second pair of sterile gloves.			
8. Stabilize and successfully access port using correct technique.			
9. Aspirate for a blood return.			
10. Flush catheter for patency per facility policy using turbulent flushing technique.			
11. Clamp extension tubing.			
12. Apply transparent dressing correctly. Label dressing with date, gauge and length of needle, initials.			
13. Remove gloves and perform hand hygiene.			
14. Secure IV tubing to prevent tension on IV catheter.			
15. Complete patient teaching: protecting IV site and reporting problems.			
16. Document procedure/observations per facility policy.			

Evaluated By: ____