DEACCESSING A PORT

LOCAL CVAD PROCEDURE ©

To be read in conjunction with SCHN CVAD Practice Guideline

Equipment list

- Gather equipment as per ANTT
- 2x 10mL luer lock syringe
- 2x blunt drawing up needle
- Locking solution
- 1x pre-filled 0.9% sodium chloride 10mL syringes. Alternatively use 0.9% sodium chloride ampoule, drawing up needle and 10ml syringe
- Sterile gauze
- Band-Aid®
- 3x 2% chlorhexidine gluconate in 70% alcohol (large) swabs

Procedure

Practice Point: Explain the intended procedure to the patient/family/carer and obtain verbal consent.

1. Set up as per ANTT risk assessment.
2. Draw up lock solution (as per Medication Administration Practice Guideline)
3. Remove gloves and perform hand hygiene
4. Don gloves
5. Remove Port dressing
6. Remove gloves and perform hand hygiene
7. Don gloves
8. Using 2% chlorhexidine gluconate in 70% alcohol swab, remove IV line and discard
9. Take a new 2% chlorhexidine gluconate in 70% alcohol swab and vigorously clean the NAD for 20 seconds. Allow to dry

10. Attach sodium chloride 0.9% syringe to NAD. Flush Port using a pulsating technique. Remove syringe from NAD.
11. **a)** Attach lock solution syringe to NAD, instil lock solution using positive pressure lock technique whilst removing Port needle during instillation of the last 0.5mL of lock solution

    OR

    b) Attach lock solution syringe to NAD, instil lock solution using positive pressure lock technique whilst clamping Port needle extension during instillation of the last 0.5mL of lock solution. Then remove Port needle.

Practice Points:

Positive pressure instillation of lock solution is achieved by continuous flushing of solution while removing needle or clamping extension line during instillation of last 0.5mL.

If assistance is required e.g. with difficult patient, consider gaining assistance from second nurse with de-accessing.

The use of a pulsating technique will not create a positive pressure lock.

12. Apply pressure to site with sterile gauze until any bleeding has resolved, then place Band-Aid® over Port site.
13. Remove gloves and perform hand hygiene
14. Discard waste in appropriate receptacle and return equipment to designated areas.
15. Document in patient's medical record as per minimum documentation requirements in Section 1.6 in CVAD Guideline.

NB: If a port is to remain accessed, the non-coring port needles should be changed every 7 days.

Revision History

Version (date)	Approved by	Amendment notes *(summary of what was changed)*
14th Nov 2023	PPG Committee	Due for mandatory review – no changes made
6th Dec 2021	CNS2 Vascular Access	Minor review to add statement "*If a Port is to remain accessed, the non-coring Port needles should be changed every 7 days*".
11th May 2020	PPG Committee	No major practice changes for deaccessing a port from v5 CVAD Guideline. Now presented in CVAD Local Procedure.