How to Use a Port-a-Cath

Why does my child need a Port-a-Cath?

When a child is diagnosed with a serious condition, parents often feel out of control because they do not understand everything that is happening. However, once they learn about the illness and how to do home care skills, parents get their sense of control back.

Perhaps you, too, are feeling out of control and overwhelmed because you need to learn about Port-a-Cath (implanted port) care. This information may seem like too much to handle right now, but do not give up. Like other families, you will also be able to take care of your child’s Port-a-Cath.

Why is a Port-a-Cath necessary? Some children with medical problems need frequent IV (intravenous) treatments. A Port-a-Cath is one option for long term access to a vein. Your child’s doctors will decide if a Port-a-Cath is right for your child. They will discuss their thoughts with you and your child.

Port-a-Caths may be used to give IV medicines, blood transfusions, fluids, and nourishment, or draw blood samples. A Port-a-Cath may also make it possible to do some of these things at home.

Many families find that the Port-a-Cath helps make their child’s medical treatment a little easier. Your child’s nurses will review this with you. They will answer your questions. If you have any questions, ask the members of your child’s health care team.

Name of Child: ______________________________   Date: _________________
Putting in the Port-a-Cath

The Port-a-Cath is a safe way to keep tubing (a catheter) in a large vein. This way, whenever your child has to get medicines, blood transfusions, fluids, or nourishment in, or take blood samples out, your child will not need to be poked for an IV.

The Port-a-Cath will be placed in your child under general or local anesthesia in the operating room. The Port-a-Cath is not painful to your child when it is in place. When the Port-a-Cath is in, you cannot see it. You just see a small lump, like a bottle cap under the skin.

The main part of the Port-a-Cath is called the port or reservoir. It may be made of stainless steel, titanium, or plastic. It is placed under the skin, usually in the upper chest.

The port is connected to a tube (catheter). The surgeon threads this tube through a large vein. A large vein can handle medicines and fluids which may bother a small vein.

An x-ray is taken after the surgery to make sure that the catheter is in the right position. The skin over the Port-a-Cath will be covered with gauze or small pieces of tape (Steri-Strips). There may be a little blood draining from the spot.

For a day or two after the Port-a-Cath is put in, your child may feel a bit sore or uncomfortable. Ask your doctor what you can give your child to treat the soreness.

The Port-a-Cath can stay in place a long time. However, each child is different. The doctor will decide how long the catheter must stay in place.

Until you, your family, and your child get used to the Port-a-Cath, talk about how you feel about it.
Using the Port-A-Cath

To use a Port-a-Cath to put fluids in or take blood samples out, it needs to be accessed. The Port-a-Cath is accessed through a special needle that is shaped at a 90-degree angle. This is called a port needle or Huber needle. Only nurses, doctors, and families with special training can put this needle in the port. Your child will have a specific size port needle. Make sure you know what size needle your child needs.

Your child has a ___________ (gauge and length) needle.

One to three hours before the needle is put in, the skin over the Port-a-Cath is usually numbed with EMLA or LMX cream. If you want to learn more about this cream, ask your nurse or doctor.

Port Care:

Once the port is placed, your child’s health care team will teach you how to care for the port. When they tell you how often to do each of the steps, fill in the blanks on the checklist below.

To keep the port working well, and to find problems early:

• Change the needle every ________ days.

• Each time you access the port, you will need a new needle.

• Look at the skin around the needle insertion site every time you do a needle change.

• Dressings are only needed on the port if the needle is left in.

• Change the dressing every _______________________
  □ yes □ no transparent dressing (see page #12)
  □ yes □ no other type of dressing ordered_______________________

If another type of dressing is ordered, ask your doctor for directions on how to change the dressing.
• Any time you see that the dressing becomes wet, dirty or loose, the dressing and needle should be changed right away. If the dressing is not clean and well-attached, germs may be able to grow. They can enter the skin through the needle insertion site and cause an infection.

• Flush the port:
  — after blood is drawn
  — after any fluid is put through the tube

• At least once a month, your child’s port needs to be flushed with heparin, even if it is not being used. This is done with a higher dose of heparin 100 units/ml. It is called packing a port. This helps prevent clots in your child’s port.

• Never use a syringe smaller than a 10 ml syringe to flush the port. The pressure of using a small syringe can break the port. If you will be giving medicines through the port, these medicines may be delivered to you from your home health company in smaller syringes. You can use smaller syringes for giving medicines as directed once the port has been flushed using a 10 ml syringe.

Your health care team will teach you the skills you will need to know to safely care for your child’s port at home. If you will be accessing the port at home, be sure someone from your health care team watches you care for the port before you go home. This will help you to be comfortable and gives you a chance to ask questions. Ask all those “what if?” questions until you are comfortable with the answers.

Get your child ready for accessing the port:

If your child is young, you may need someone to help you when you access the port at home. Ask this person to help the child stay still during port care. It is important that the child’s hands stay away from the port while you do port care. This person can talk to the child, sing, or play word games like naming colors, counting things, or saying the alphabet. Older children can listen to music or watch TV during port care.

When children get used to port care, they may ask to help. Before helping, your child needs to wash his or her hands, or use an alcohol-based hand rub. Always watch what your child does when helping you.

Teens may want to care for their own ports. If your teen asks to learn port care, tell your child’s nurse or doctor. If they think your child is ready, they will teach your child and will make sure your child understands how to do it right.
What you need to access the port:

Dressing change kit with the following:
- clean gloves
- 1 pair of sterile gloves
- 1 chlorhexidine (CHG) applicator
- 1 transparent dressing (if the needle will be left in the port)
- one mask
- sterile drape
- EMLA or L-M-X 4 cream (optional)
- tissue to wipe off EMLA or LMX cream
- a watch or clock with a second hand
- antimicrobial soap
- alcohol based hand rub (optional)
- 4 chlorhexidine with alcohol pads or 4 alcohol pads
- four prefilled sterile normal saline syringes
- 1 prefilled sterile normal saline syringes
- yes □ no one prefilled Heparin syringe 10 units/ml
- yes □ no one prefilled Heparin syringe 100 units/ml
- medicine to be given
- 1 needleless connector
- 1 port needle (Huber needle)
- a strong container with cover (such as a used bleach bottle or coffee can) or sharps container
- 2 more masks (for your child and anyone else near you)
- skin protectant prep (if ordered)
- yes □ no antimicrobial disk (for example, Biopatch)
- household disinfectant cleaner
- Paper towels
- the correct medicine, if ordered
How to do it:

1. Before you do each step, tell your child what you are going to do. Make sure your child knows what will happen next.

2. Look at your child for signs of possible problems.

   **Signs of infection at the port site can be:**
   - drainage or oozing, such as pus
   - swelling
   - tenderness, soreness
   - warmth
   - pain
   - redness
   - odor from the exit site

   **Or if your child:**
   - has a temperature above 101° F by mouth one time or greater than 100.4 F more than one time taken more than one hour apart by mouth (check with your health care provider)
   - has chills

If you see any of these signs, call your child’s nurse or doctor right away.

3. **Optional:** Put EMLA or LMX cream on the skin over the port, one to three hours before you access the port.

4. If you will be giving medicine through the port when you access it, check that you have the right medicine, the right dose, and that it is the right time to give it to your child.

5. Clean your hands with antibacterial or antimicrobial soap and water for 15 to 30 seconds. Wash every surface of your hands. Wash under your fingernails, the backs of your hands, your wrists and between your fingers. Rinse completely and dry your hands with a clean towel or paper towel. Make sure to turn the water off with a paper towel after you finish drying your hands.
If your hands are not visibly dirty, you can use alcohol-based hand rub to clean them using the following steps:

1. Put enough alcohol-based hand rub to fill the palm of your hand.
2. Spread the hand rub over all parts of your hands. Make sure to spread it around your nails and between your fingers.
3. Rub hands until dry.

6. Find a quiet place to access your child's port, where you will not be disturbed.

7. Clean your work area with a household disinfectant cleaner and a paper towel.

8. Remove EMLA or LMX cream with a tissue (if it was used). Throw the tissue away.


10. Put a mask on your child. A mask should be worn by anyone helping or who is nearby.

11. Clean your hands again.

12. If the child is active, you will need another person to help keep the child still while you access the port.

13. As you open the supplies, touch only the packaging. Keep everything sterile. **Sterile** means there are no germs at all. Even though you washed your hands, they are not sterile until you put on sterile gloves.

14. Make a sterile field on the work area. Open the glove package flat on the work area to make a sterile field. Do not put on the sterile gloves yet. If you are leaving the port needle in place, open the sterile drape and put it on your child, just below the port site. Only touch the side that will be down. The side that will be up when flat should not touch anything as you open it because it is sterile.

15. Open the package of the port needle. Touch only the outside of the package. Gently drop the needle onto the sterile open glove package.

16. Open the package of the needleless connector. Touch only the outside of the package. Gently drop the connector onto the sterile open glove package.
17. Open the package with the sterile saline syringe. Touch only the outside of the package. Gently drop the syringe onto the sterile open glove package.

18. Open the chlorhexidine (CHG) applicator package now only if you are not using a dressing change kit. Touch only the outside of the package. Gently drop the applicator onto the sterile open glove package.

19. If you will be leaving the needle in the port, you will also need to open these three items:
   — Open the transparent dressing package. Touch only the outside of the package. Gently drop the transparent dressing onto the sterile open glove package. If you are using a dressing change kit, it is already opened.
   — If an antimicrobial disk is ordered, open the package. Touch only the outside of the package and gently drop it onto the sterile field.
   — If Skin Prep is ordered, open the package. Touch only the outside of the package. Ask your nurse before you go home to help you decide the best way to secure this package for your situation.

20. Open the other prefilled saline syringe packages and the heparin syringe package.

21. Remove air bubbles and any extra liquid from the prefilled heparin and saline syringes:
   — Point the syringe up and away from the sterile supplies.
   — Gently tap the side of the syringe with your finger.
   — Large air bubbles will rise toward the top.
   — Press the plunger until a small amount of fluid squirts out with the air bubbles. Gently take the cap off to get the air out. Do not touch the tip of the syringe while the cap is off because it is sterile.

Your homecare company may give you prefilled heparin or saline syringes with more than the amount ordered. Check your doctor’s order. If your order is to give 3 ml of heparin or saline to flush the catheter, but the syringe has 6 ml in it, you will need to squirt out some of the liquid before the flush:
   — After you have removed the air bubbles from the syringe, press the plunger until the ordered amount remains in the syringe.
   — When air and any extra liquid are out, put the cap back on the syringe while making sure you do not touch the tip of the syringe.
Sometimes when you first press the plunger on a prefilled syringe, it feels stuck. It may be easier to pull back on the plunger, break the seal, and then push on it.

22. Put the pre-filled saline and heparin syringes **next** to the sterile field. These syringes are not sterile, so do not put it on the sterile field.

23. Put on the sterile gloves without touching the outside with your hands.

24. Pick up the CHG applicator and hold it pointing down over your child’s port. Squeeze the applicator. Scrub the port site back and forth with the pad for 30 seconds. Let the port site dry for at least 30 seconds or until you can see that it is completely dry. Do not blow on it or wave your hand over the site to help it dry faster. This will put germs on the site.

25. Remove cap from port needle tubing. Pick up the needleless connector and screw it onto the end of the port needle tubing.

26. Pick up the sterile saline syringe from the sterile field and hold it upright. Take the cap off and press the plunger gently until any air and a small amount of saline comes out. Do not let saline drip from the syringe onto the sterile field.

27. Attach the sterile saline syringe to the needleless connector.

28. Flush the normal saline through the needleless connector and port needle tubing until a drop of saline comes out at the end of the needle. Clamp the tubing. Leave the saline syringe connected to the needleless connector.

29. Touch the wings of the port needle. Remove the needle cover.

30. With your other hand, find the edges of the port. Use two or three fingers to hold the port in place.

31. Hold the needle and aim the needle straight down at the center of the port. Push the needle firmly through the skin until it touches the back of the port chamber.
32. Unclamp the tubing. Pull back on the plunger of the syringe until you see blood coming into the tubing. This lets you know the needle is in the right place.

33. Push a small amount of saline into the port tubing using the **push-and-pause method**. Push a little saline, then pause for 1 to 2 seconds. Then push a little more saline, then pause for 1 to 2 seconds. Flush _____ ml of saline through the tubing as directed by your child’s doctor. Push small amounts and pause until all of the saline is used. Clamp the tubing.

- If the tube does not flush easily, make sure the clamp is open
- Do not use force to flush. If you cannot flush the tube call your child’s nurse or doctor.
- Check the needle placement. Is the needle in far enough? Is the needle in the center? **Do not remove the needle and put it back into the port.** If the needle is not in the port correctly, you will need to remove the needle and begin this process over from the start (step #1).

34. If the needle will be staying in the port:
   — If an antimicrobial disk is being used, put it around the needle. Make sure the skin is dry before putting the antimicrobial disk on the catheter.
   — Apply the Skin Prep to the skin where the dressing will touch.
   — Put the transparent dressing over the port and needle.

**If the needle will be removed after this procedure, skip this step.**

35. Remove the empty saline syringe from the needleless connector. Open a chlorhexidine wipe and scrub the needleless connector back and forth 10 times. Let it dry for 30 seconds. Hold the cap so it does not touch anything.

36. Put the syringe with the medicine on the needleless connector. Unclamp the tubing and give the medicine as ordered. Keep pressure on the medicine syringe plunger while you close the clamp on the port needle tubing.

37. Remove the medicine syringe from the needleless connector. Open a chlorhexidine wipe and scrub the needleless connector back and forth 10 times. Let it dry for 30 seconds. Do not let the cap touch anything. Allow to completely dry. Do not fan or blow on it.
38. Attach the second saline syringe to the needleless connector. Unclamp the tubing and slowly flush the saline through the line. Push the saline a little at a time using the push-and-pause method. Clamp the tubing.

39. Scrub the needleless connector back and forth 10 times. Let it dry for 30 seconds. Do not let the cap touch anything.

40. Attach the heparin syringe to the needleless connector. Push heparin into the port to flush the line as ordered by your doctor using the push-and-pause method. While you are flushing the last 1/2 ml into the catheter, but before the syringe is empty, close the clamp. Keep pressure on the heparin syringe plunger while you close the clamp on the port needle tubing. Then remove the syringe from the needleless connector. This is called using positive pressure to get liquid to the tip of the catheter inside. There should be a small amount of liquid left in the syringe when it is removed.

If you are taking the needle out, it is important to de-access the port with the correct heparin. This helps prevent clots inside the port. You must pack the port with the prefilled heparin syringe 100 units/ml (not the 10 units/ml heparin).

You need to pack the port with ____________ml when you de-access your child’s port.

If have just finished giving a medicine, make sure to flush with normal saline before packing the port with heparin.

41. Throw the heparin syringe away. You cannot use this heparin syringe again.

42. □ yes □ no If you are going to take out the needle, use two fingers to hold the port in place so it does not move. Use your other hand to pull the needle straight out. Pull the safety shield over the needle.

□ yes □ no Put a gauze square on the site, and press until the bleeding stops.

43. □ yes □ no If you are going to leave the needle in the port, close the clamp.
Make sure the clamp is closed when you are not using the port. Ask your nurse or doctor to show you how to tape the tubing. This will keep it from getting pulled.

44. Put the transparent dressing over the port site and antimicrobial disk. Gently smooth it down and out from the center of the port site to the edge of the dressing. This helps it firmly attach to your child’s skin and helps keep germs out. All of the edges of the dressing should be completely sticking to your child’s skin.

45. Tear a one-half inch wide piece of tape. Slide the tape, sticky side up, under the connector at the end of the port tubing where the dressing ends. Cross each end over, in a V shape (a chevron). The tape will be stuck to the top of the transparent dressing. This helps keep the port tubing from moving.

46. Put another wider piece of tape over the chevron.

47. Thank your child for helpful behaviors while accessing the port.

48. Put the needle in the sharps container if it was removed from the port. Keep this container out of the reach of children.

49. Take off the sterile gloves, and throw them out with the other trash.

50. Clean your hands.
How to give medicine through a Port-a-Cath when the needle is already in the port:

Important safety information:

- The Port-a-Cath goes directly into the blood.
- Do not put anything into the port that does not belong in your child’s blood.
- Stop and think before you inject anything into the port.
- If you put the wrong thing into the port, like food or medicine that is supposed to go in the mouth, it could hurt or even kill your child.
- If you give medicine through the port often, you may want to leave the needle in the port. If you leave the needle in, make sure the clamp is closed when it is not in use.
- The dressing and needle must be changed at least once a week.

What you need:

- antimicrobial soap
- clean gloves
- 4 chlorhexidine pads
- yes □ no one prefilled heparin syringe 10 units/ml
- yes □ no one prefilled heparin syringe 100 units/ml
give:
  - □ heparin syringe is labeled 10 units/ml, unless ordered differently by your child’s doctor.
and
  - □ amount to give: __________ ml, as ordered by your child’s doctor. If your syringe has more than the amount ordered, see step #6 for instructions on how to waste the extra amount.

- 2 saline syringes
- □ the correct medicine
What to do:

1. Check to be sure you have the right medicine, the right dose, and that it is the right time to give it to your child.

2. Find a quiet place to give the medicine, where you will not be disturbed.

3. If the child is active, you will need another person to help keep the child still while you flush the catheter.

4. Clean your work area with a household disinfectant cleaner and a paper towel.

5. Clean your hands with antibacterial or antimicrobial soap and water for 15 to 30 seconds. Wash every surface of your hands. Wash under your fingernails, the backs of your hands, your wrists and between your fingers. Rinse completely and dry your hands with a clean towel or paper towel. Make sure to turn the water off with a paper towel after you finish drying your hands.

If your hands are not visibly dirty, you can use alcohol-based hand rub to clean them using the following steps:
   1. Put enough alcohol-based hand rub to fill the palm of your hand.
   2. Spread the hand rub over all parts of your hands. Make sure to spread it around your nails and between your fingers.
   3. Rub hands until dry.

6. Put on clean gloves.

7. Open a chlorhexidine wipe and scrub the needleless connector back and forth 10 times. Let it dry for 30 seconds. Do not let the cap touch anything. Allow to completely dry. Do not fan or blow on it.

8. Remove the air bubble from the saline flush and attach the saline flush to the needleless connector. Unclamp tubing. Pull back on the syringe slowly to check for blood return. If port has blood return, it is okay to give the medicine as ordered. Flush a small amount of saline through the port and clamp the tubing. Remove saline syringe.

9. Double check that you have the right medicine, the right dose, and that it is the right time to give it to your child.
10. Open a chlorhexidine wipe and scrub the needleless connector back and forth 10 times. Let it dry for 30 seconds. Do not let the cap touch anything. Allow to completely dry. Do not fan or blow on it.

11. Put the syringe with the medicine on the needleless connector. Unclamp the tubing and give the medicine as ordered. Keep pressure on the medicine syringe plunger while you close the clamp and the port needle tubing.

12. Remove the medicine syringe from the needleless connector.

13. Open a chlorhexidine wipe and scrub the needleless connector back and forth 10 times. Let it dry for 30 seconds. Do not let the cap touch anything. Allow to completely dry. Do not fan or blow on it.

14. Remove the air bubble from the second saline flush and attach the saline syringe to the needleless connector. Unclamp the tubing and slowly flush the saline through the line. Push the saline a little at a time using the push-and-pause method. Clamp the tubing.

15. Open a chlorhexidine wipe and scrub the needleless connector back and forth 10 times. Let it dry for 30 seconds. Do not let the cap touch anything. Allow to completely dry. Do not fan or blow on it.

16. Attach the heparin syringe to the needleless connector. Push heparin into the port to flush the line as ordered by your doctor using the push-and-pause method. While you are flushing the last 1/2 mL into the catheter, but before the syringe is empty, close the clamp. Keep pressure on the heparin syringe plunger while you close the clamp on the port needle tubing. Then remove the syringe from the needleless connector. This is called using positive pressure to get liquid to the tip of the catheter inside. There should be a small amount of liquid left in the syringe when it is removed.

17. Throw away all used supplies, including saline and heparin flushes.

18. Thank your child for helpful behaviors while giving medicine.
Living with a Port-a-Cath:

Important Safety Information:

If your child has a feeding tube and a port tube, use colored tape to label each tube. Phoenix Children's Hospital uses white tape for port lines and purple tape for feeding tubes. For extra safety, you need to write on the colored tape to label what it is for. For example, write “port” on the white tape of the port tubing.

Play:

Ask your child’s doctor what activities your child can do once the skin over the port is healed. Help your child to live as normally as possible. The port is just a part of your child’s life.

The port needs to be kept safe. Your child should not play a contact sport.

Other people may not know your child has a port. Your child may want to show it to family and friends.

Water:

After the skin over the port is healed, the surgeon will tell you when you can get the skin wet.

**When there is no needle in the port** your child can take a bath or shower. You may wash the skin as usual. Ask your child’s doctor if your child can go swimming.

**When there is a needle in the port:**

— Your child should not swim when the needle is in the port, but can take a shower or tub bath if the proper dressing is applied and the area around the dressing is kept dry.

— Before your child takes a shower or tub bath cover the port with a special dressing called an **Aquaguard** or plastic wrap.
— Even when covered, do not spray the port site directly with water or put the port site under water in the tub.
— When done with the shower or bath, take off the protective cover. If the dressing is wet, or if there is water under the dressing, the dressing needs to be changed right away.

**Child Care or School:**

Tell all the people who take care of your child that he or she has a port. Tell them what your child can and cannot do with it, and whether the site can get wet.

Tell them to let you know right away if the child is bumped or hurt near the port.

**Tell them to call you right away if the site around the Port-a-Cath has:**
— bruising
— swelling
— redness
— bleeding
— pain

**Or if your child:**
— has a temperature above 101º F by mouth one time or greater than 100.4 F more than one time taken more than one hour apart by mouth (check with your health care provider)
— has chills
— the port seems to have moved

**Dental Care:**

A Port-a-Cath puts your child at higher risk for an infection when getting dental work. Before and after dental work, your child should be given antibiotics. Call your child’s doctor before your child sees a dentist.

**Dressings:**

A dressing is only needed on the port if the needle is left in. The dressing over the exit site must be changed on a regular basis. It may be changed daily, every two days, or once a week. Your child’s health care team will tell you how often to change the dressing. As your child’s condition changes, the schedule may too.
Your child’s dressing needs to be changed at least every ______ days if the dressing is transparent.

There are several different types of dressings which can be used to protect a port site. Instructions for a transparent dressing change are listed in this handbook. If your doctor orders a different type of dressing change, ask your doctor for instructions.

However, if the dressing ever becomes wet, dirty or loose, the dressing and the needle should be changed right away. If the dressing is not clean and well-attached, germs may be able to grow. They can enter the skin through the exit site and cause an infection.

**Supplies:**

Your nurse or doctor will help you order your child’s supplies for Port-a-Cath care. Order only the supplies you need, but keep a few extras at home.

**What to do:**
Order supplies through: ________________________________

To order call: ________________________________

Order at least _________ days before the supplies are needed.

☐ Supplies will be delivered

☐ Supplies need to be picked up

Telephone number of your child’s health care team: ________________________________

Keep your supplies in a clean, dry place. A kitchen cabinet or closet shelf that is too high for children and pets to reach would be good places.

**Dealing With Problems:**

Look at the skin over the Port-a-Cath every day. If the port stops working, or causes discomfort, the child will have to return to the doctor’s office or hospital to have it checked. The port may not work or get infected.
A port that does not work:

If you cannot flush the port, or cannot get a blood return:

1. Do not use force to flush the port. The pressure could loosen a plug so it is free to block a blood vessel. Forceful pressure could even break the port.

2. Make sure the tubing is not clamped.

3. Make sure the port needle is pushed in so it touches the back or the port.

4. Have your child raise his arms over his head, or lay on his side, and try again.

5. If you cannot flush the port or get a blood return, call your child’s health care team.

Infection:

• Look at the skin over the Port-a-Cath every day.

• Signs of infection can be:
  — drainage or oozing, such as pus
  — swelling
  — tenderness, soreness
  — warmth
  — pain
  — chills
  — redness at the exit site
  — redness along the catheter path beneath the skin
  — a temperature above 101°F or has a fever of 100.4 more than one time, taken more than one hour apart by mouth (check with your health care provider)
  — odor from the exit site

If you see any of these signs call your child’s health care team right away.
**Words to Know:**

**Access**  
The port is accessed when the non-coring needle is placed into the center of the port to flush the port, draw blood, or give medicine.

**Antibacterial or antimicrobial soap**  
A liquid soap that is made to kill germs. Examples include Hibiclens and Dial soap.

**Aquaguard**  
Before your child takes a shower or tub bath cover the port with this special dressing.

**Chlorhexidine**  
A clear liquid used to kill germs on the skin before a non-coring needle is put into the port.

**Dressing**  
A covering placed over the port. It helps to keep germs from getting under the skin.

**EMLA cream or L-M-X 4 cream**  
A cream with medicine used to numb the skin over the port. 30 to 60 minutes after it is put on the skin, your child will feel the pressure of the needle, but should not feel a sharp pain of the needle stick.

**Heparin**  
A medicine that prevents the blood from clotting. This is one of the medicines in a group called anticoagulants.

**Heparinization**  
The process of putting heparin into the port to prevent the blood from clotting between uses.

**Huber needle or port needle**  
The only type of needle that can be used to access a Port-a-Cath. It does not tear the rubber center or the port, which seals itself every time the needle is taken out.

**IV**  
See intravenous.

**Intravenous (IV)**  
Inside the vein.
Needleless connector  A plug with one rubber end, and the other end screws onto the end of the tubing of the port needle. A syringe can be placed into the rubber end to inject saline, heparin, or medicine.

Packing a port  Flushing your child’s port with a higher dose of heparin 100 units/ml when your child’s port is not accessed. This needs to happen at least once a month to help prevent blood clots in your child’s port.

Port needle or Huber needle  The only type of needle that can be used to access a Port-a-Cath. It does not tear the rubber center or the port, which seals itself every time the needle is taken out.

Reservoir  The round end of the port. The non-coring needle goes through the skin into the reservoir. When the port is not in use, a small amount of heparin stays in the reservoir, to keep blood from clotting in there.

Saline  A special sterile mixture of salt and water used to flush the port.

Sterile  Free from living bacteria or other microorganisms. Sterile means there are absolutely no germs at all. Your skin cannot be sterilized and still be alive itself. It can only be disinfected, where most of the germs on it are killed.

Sterile gloves  Gloves that have no germs on them.

Transparent dressing  When the needle is left in the port, it is covered by this thin clear dressing.

(Tegaderm or Sorbaview)
Now that you’ve read this:

☐ Tell your nurse or doctor what two people will learn how to care for your child’s port. (Check when done.)

☐ Tell your nurse or doctor what you will look for at the site where the Port-a-Cath is placed. (Check when done.)

☐ Tell your nurse or doctor where in your home you will access your child’s port, and when. (Check when done.)

☐ Tell your nurse or doctor who can help you when you care for your child’s port. (Check when done.)

☐ Show your nurse or doctor how you access your child’s port, and give medicine. (Check when done.)

☐ Tell your nurse or doctor what the medicine heparin is for, and when your child’s Port-a-Cath needs it. (Check when done.)

☐ Tell your nurse or doctor where you will store your child’s port supplies.

If you have any questions or concerns,

☐ call your child’s doctor or ☐ call ______________________
If you want to know more about child health and illness, visit our library at The Emily Center at Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
www.phoenixchildrens.org
Facebook: facebook.com/theemilycenter
Twitter: @emilycenter
Pinterest: pinterest.com/emilycenter

Disclaimer
The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children’s Hospital urges you to contact your physician with any questions you may have about a medical condition.

October 21, 2016 • Draft to family review
#810 • Written by Lori Wagner, RN • Updated by Michelle Gillard, MSN
Illustrated by Dennis Swain and Irene Takamizu
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How to Use a Port-a-Cath

Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read?  ☐ Yes  ☐ No

Would you say this handout is easy to read?  ☐ Yes  ☐ No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read?  ☐ Yes  ☐ No

Why or why not?

Would you do anything differently after reading this handout?  ☐ Yes  ☐ No

If yes, what?

After reading this handout, do you have any questions about the subject?  ☐ Yes  ☐ No

If yes, what?
Is there anything you don’t like about the drawings? ☐ Yes ☐ No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

The Emily Center
Health Education Specialist
Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016-7710

602-933-1395

Thank you for helping us!