

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Nursing	SUBJECT: Accessing a Chemodome Port	SECTION: A
DATE: June 2002	Administrator: <u>J. M.</u>	POLICY: 1
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ACCESSING A CHEMODOME PORT

PURPOSE:

The Chemodome port, located under the skin, allows access to withdraw blood, administer intravenous medication as prescribed by the Physician, and flush to maintain potency.

PROCEDURE:

1. Accessing the port and equipment needed for use in intravenous medication:
 - a. Sterile dressing tray
 - b. Sterile gloves
 - c. Masks (2) – one for resident, one for the RN
 - d. Yellow gown
 - e. Tape, tegaderm – 4 x 4 in size
 - f. 4 10 cc syringes filled with N/S
 - g. 1 – 5 cc filled hepalean solution syringe
 - h. Huber needle kit
 - i. Needleless lock
 - j. Alcohol pads
 - k. IV tubing and IV pole (depending on procedure ordered)
 - l. IV medication (depending on procedure ordered)
 - m. Chlorahexadine swabs – (3) packages.
2. Once the equipment has been gathered, wash your hands. Prime the tubing by placing the roller clamp into the down position. Taking the spike end of the tubing in one hand, pull the plastic ring of the IV bag off and spike into the IV bag. You will need to twist in an upward motion. Hang the IV bag onto the IV pole. Gently squeeze the chamber to fill halfway. Then open the tubing. You will then need to slowly release the fluid, ensuring you invert at each port site on the tubing to avoid air bubbles. Once fluid comes out the end of the tubing use your roller clamp to roll downward to shut the fluid flow off. The IV medication bag can remain on the IV pole with the tubing attached.
3. Place the resident in a comfortable position, slightly reclined. Obtain a B/P and pulse rate before the IV infusion. It is easier to access the chemodom port if the resident is in a johnny shirt.

4. Wash your hands and put on the yellow gown. Give the resident a mask and place one on yourself. This is a sterile procedure and you must maintain sterility at all times.
5. Open your sterile dressing tray to create a sterile field. Drop onto the sterile field the following:
 - a. 2 – 10cc syringes
 - b. 2 – 22 G¹ needles
 - c. 1 tegaderm
 - d. Swabs
 - e. 3 alcohol pads
 - f. huber needle
 - g. needless lok
 - h. 1 bottle N/S.
6. Once all equipment is set up, don your sterile gloves. Taking the 4 x 4's in the tray, pick up the N/S bottle. Using an alcohol swab from the sterile field, tip the N/S bottle over and cleanse the top off the bottle. Using a 10cc syringe with the 22g needle attached, draw up 10cc of air and push into the bottle, then withdraw 10cc of N/S solution. Remaining sterile, take an alcohol swab from the sterile field and cleanse the connector of the huber needle. Remove the needle from the syringe and prime the tubing attached to the needle by pushing the N/S solution through until a bubble comes out the end of the needle. Clamp the tubing. Remove the syringe and place the huber needle on the tray. Cleanse the top of the needless lok and using the 10cc syringe filled with the remainder of N/S, hold in a horizontal position. Prime this as well.
7. Place 1 sterile white sheet from the tray on the resident near the dome. Take the 3 chlorahexadine swabs in your hand and using swab # 1 cleanse the center of the dome – apply slight pressure in a circular motion outward. With swab # 2 again cleanse the center and outward a little further than the first. Repeat process again with swab # 3.
8. With your sterile glove, using the index finger, feel the dome site and center. Taking the primed huber needle with the needless lok attached, grasp the butterfly end holding it with your index finger and thumb. Anchor the dome in place with your non-dominant hand and explain to the resident that there will be a pick. Insert the needle straight into the center of the dome. You will need to apply some pressure when inserting the needle. Once the needle is in, cover with a tegaderm, with an alcohol swab cleanse the lok. Using the 10cc syringe with N/S, push the syringe into the needless end and turn to secure. Unclamp the tubing, hold the syringe and tubing upward at approximately a 45-degree angle and pull back on the plunger. When you see blood come back you are in the proper position. Slowly flush the 10cc of N/S into the tubing and then clamp the tubing. Remove the syringe and attach the IV tubing to the needless lok.
9. IV medications will have their own administration instructions. For this policy's purpose, Aredia is the IV medication infused.
10. Unclamp the tubing on the huber needle and open the roller clamp slowly to the point where you are counting the drops at 8 – 9 drops in 15 seconds, for a total of 32 – 36 drops per minute. Aredia is to be infused over a 4 hour duration.

11. Once the IV is infusing, secure the IV tubing upward on the chest toward the resident's shoulder. Replace the resident's johnny shirt. Remove the masks and gown. Wash your hands.
12. The drops and infusion need to be monitored closely, checking every 15 - 30 minutes to ensure the resident is comfortable and the rate is accurate. Document B/P and pulse and the start of the infusion.
13. The post flush after the infusion does not have to be as sterile, no need for masks and gown. Wash your hands and use non-sterile gloves. Cleanse the N/S bottle with alcohol. Fill 1 – 10cc syringe and set aside. Cleanse the top of the hepalean solution and draw up 5cc.
14. Once the IV medication is infused, close the roller clamp on the IV tubing and clamp the tubing of the huber needle at the dome site. Disconnect from the needless lok.
15. Cleanse the lok with an alcohol swab. Using the filled 10cc syringe of N/S, unclamp the huber needle tubing and flush the tubing and the huber needle creating positive pressure with the last .5cc by clamping the tubing and pushing the plunger. Followed by 5cc of hepalean solution, flush again. Create positive pressure with the last .5cc.
16. Once the flushes are completed, carefully remove the tegaderm, gathering it to the center of the dome. With your non – dominant hand, anchor the dome with your dominant hand, remove the huber needle by pulling straight out. Cover the area with a 2 x 2 and secure with tape. This can be removed the same day.
17. Dispose of all sharps and other equipment in the proper place.
18. Take a post infusion BP and Pulse.
19. Document the post infusion BP, Pulse and IV medication infused. Report how the resident tolerated the procedure.
20. If you are accessing the chemodome for blood draw purposes, you will follow the set up of the sterile procedure:
 - (a) mask and gown
 - a. cleansing of area remains the same
 - b. the priming and insertion of the huber needle is unchanged.
 - c. ensure the needless lok is connected to the huber needle tubing.
21. After cleansing the area and inserting the huber needle, you will take the 10cc syringe and withdraw 10cc of blood and discard. Then withdraw 5cc for chemistry. Set on a sterile field.
22. Flush with 20cc N/S, followed by 5cc of hepalean solution following the same principles as indicated in the above points.
23. Once the dome has been flushed, you have the option of leaving the huber needle in place until the results of the blood work are received.

In the event the blood work deviates the norm, with directives from the Physician, the IV Aredia will not be infused. The huber needle is then removed.

Where the resident has a chemodome not being accessed for IV infusion, the dome will need to be flushed. The frequency will be ordered from the Physician. If the dome is only being accessed to flush, follow sterile procedure and follow the flushing technique.

The DOC will communicate with the Physician or, if necessary, the liaison at the WRCC and ensure that any necessary blood work is completed prior to any IV infusion, especially prior to infusing Aredia.

Blood work required one week prior to an Aredia infusion is:

- Creatinine
- BUN
- Phosphorus
- Magnesium
- Serum Calcium.