

CF Guidelines - T.I.V.A.D & Part-a-Cath Care

T.I.V.A.D Care:

Care of totally implanted venous access devices (T.I.V.A.D.) e.g. Port-a-Cath:

This is only a quick reference guide for CF - Different local policies may be in place for other conditions:

- Protocols & procedures to follow:
 - Apply local anaesthetic cream to site prior to accessing if required.
 - T.I.V.A.D should be accessed by an appropriately trained person with appropriate size non – coring (e.g. Gripper) needle using aseptic technique and following trust protocol.
 - Ensure site completely covered with large Semi permeable, transparent dressing. E.g. Opsite I.V.3000 and ensure entry site visible at all times.
 - Ensure Trust approved, positive pressure, needle free bung is attached and changed weekly under aseptic technique.
 - Ensure only 10ml syringes (or larger) are used to reduce pressure and use a “push/pause” technique when flushing to ensure turbulence in the line.
 - Change Semi-permeable dressing weekly and assess site. If site perfectly clean and dry then non-coring needle can be left for a fortnight, just re place dressing. If site not satisfactory then de-access as instructed below, and ask appropriately trained person to re-access following Trust protocol and using aseptic technique.
 - Inspect site at each use for signs of leaking, moisture, inflammation, redness, tenderness or swelling. Inform medical staff if site unsatisfactory or of any pain or discomfort during administration.
 - Maintain Asepsis if breaking the line.
 - If any moisture noted under dressing then change dressing, maintaining asepsis. Keep site dry whilst bathing.
 - At the end of each use, and when line is to stay accessed for further doses, the last flush should be 5 ml of Heparinised saline 10 i.u. per ml. Ensure this is prescribed. This maintains patency of the line.
 - To De-access the line it must first be flushed with 6 ml of Heparinised saline 100 i.u. per ml, and positive pressure ensured, to maintain patency. Ensure this is prescribed. Then appropriately competent person may remove the Gripper and cover entry site with dry Gauze until healed.
 - If taking blood from the line ensure line is flushed with at least 20ml normal saline immediately afterwards using a “push/pause” technique then flush with heparinised saline as above.

Procedure for accessing implanted devices using a non-coring needle:

- Anaesthetic cream may be used over the access site if necessary.
- Frequency of needle change, - when left in situ - weekly for oncology patients and fortnightly for respiratory medicine.
- The needle should be removed earlier if any signs of inflammation/infection are observed.
- Equipment:
 - Clean trolley or Tray
 - Apron
 - Dressing Pack
 - Non – coring needle with extension set (Gripper)
 - 10ml 0.9% Sodium Chloride

- 6ml heparinised saline (100u/ml)
- Blue Needle x2
- 10ml Syringe x 2
- 3ml 2% Chlorhexidine sponge applicator (eg Chloroprep) x1
- Tape

- Technique:
 - Cleanse hands if visibly soiled, wash and dry hands thoroughly, or if visibly clean, wash and dry hands thoroughly or rub alcohol hand gel into all surfaces until completely dry.
 - Put on apron. Prepare equipment required (*See separate sheet). And check solutions and expiry dates.
 - Once device has been located cleanse hands again and apply sterile gloves.
 - Using 2% Chlorhexidine sponge applicator disinfect the area around the access site in a circular motion moving outwards to a diameter of 10cm (4 inches). Ensure contact time of at least 30 seconds over TIVAD site.
 - Allow area to air dry.
 - Connect the non-coring needle with extension set to a 10ml syringe with 0.9% sodium chloride. Prime the line. Leave 0.9% sodium chloride syringe attached.
 - Immobilise the "port" by placing a finger each side, avoiding the access site.
 - Push needle into the "port" chamber at a right angle. Confirm placement by withdrawing blood and flushing with sodium chloride using the push/pause technique, checking that it does not infiltrate the surrounding tissue. Occasionally it is not possible to draw blood back. This does not necessarily mean that the port is not working. If it flushes easily and does not cause any discomfort continue with the flushing procedure.
 - Clamp the line.
 - Remove the sodium chloride syringe.
 - Attach the heparin 100units per ml syringe, unclamp the line and flush the line using the push/pause technique until 1 ml is left in the syringe.
 - Start to push in the last ml of heparin and clamp the line whilst continuing to do this (clamping the line under pressure).
 - Immobilise the "port" by placing a finger each side and pull out the access needle. Put a square of gauze on the puncture site and apply pressure.
 - Check that the site is not bleeding and then tape the piece of gauze over the site. This should be left on for a minimum of 1 hour.
 - Ensure safe disposal of all sharps in a sharps bin, and all clinical waste in a yellow bin.

Document approved - December 2011
Document due for review - December 2013

Acknowledgements: *The Peninsula CF team acknowledges the use of guidelines produced by The CF Trust, Manchester, Papworth, Leeds and Brompton CF teams during development of these local Peninsula protocols and guidelines.*