

GUIDELINES FOR BLOOD DRAWS FROM IMPLANTED PORTS

Critical Elements:

1. Not all patients who have implanted ports require blood draws from their ports.
2. Every effort should be made by all disciplines to communicate the following to patients with implanted ports:
 - a. Although bloods can be drawn via an implanted port, there may be times when:
 - i. a peripheral blood draw is required (e.g. certain labs, such as PTTs)
 - ii. it is not feasible for the nurse/clinic to do so.
 - b. Peripheral blood draws often save the patient time, especially during peak hours.
3. Although there is some concern that routine use of implanted venous access devices predisposes the pt to complications, such as catheter thrombosis, withdrawal occlusion, infection, etc., there is no strong evidence to date to suggest that this is the case. However, two prospective studies did show that increased manipulation & use of venous access devices independently raised the risk of CRBSIs. ³
4. The suggested guidelines below are only guidelines. Clinical situations will arise that may warrant more flexibility. The judgment of the clinician must be taken into consideration in regards to patient scheduling of blood draws.

Who should get their bloods drawn centrally via their ports?

1. Patients getting same day treatment, especially:
 - a. Patients with poor venous access-
 - i. requires multiple sticks on more than one occasion
 - ii. has significant vein sclerosis
 - iii. has prior tissue injury from drug extravasation, hematoma, etc.
 - b. Patients whose venous access is limited to one arm, due to:
 - i. surgery
 - ii. axillary dissection
 - iii. stroke or hemiplegia
 - iv. edema
 - c. Patients with needle phobia
 - d. Patients who require large volumes of blood to be drawn (e.g. clinical trial bloods, pre-transplant blood work)

2. For patients NOT getting same day treatment:
 - a. Any patient with poor venous access-
 - i. requires multiple sticks on more than one occasion
 - ii. has significant vein sclerosis
 - iii. has prior tissue injury from drug extravasation, hematoma, etc.
 - b. Venous access limited to one arm (see above)*
 - c. Patients with needle phobia
 - d. Patients who require large volumes of blood to be drawn (e.g. clinical trial bloods, pre-transplant blood work)
 - e. Patients who require a monthly maintenance port flush on the day of blood draw

* Patients should be given the option of having bloods drawn peripherally, as this may save them time, especially during peak hours

Who should get their bloods drawn peripherally?

1. All patients with good venous access who are NOT getting same day treatment [e.g. colo-rectal patients with implanted ports placed upfront for home infusion treatment]
2. Although most patients receiving same day treatment will prefer to have their bloods drawn from their port, patients with good venous access should be given the option of having blood drawn peripherally to save time.
3. Patients who require a PTT blood draw, as heparin used to flush the port has the potential to affect PTT result
4. Patients who routinely have withdrawal occlusions from their ports or who require frequent TPA

References:

1. CDC. "Guidelines for the Prevention of Intravascular Catheter-Related Infections." MMWR, 2002.
2. INS. (2006). Infusion nursing standards of practice. *Journal of Infusion Nursing*. 29 (1S):55–56.
3. Mermel, Leonard. "Prevention of Intravascular Catheter-Related Infections." *Annals of Internal Medicine*. 132 (5): 391-402.