

Great Ormond Street Hospital for Children



NHS Trust

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IV Team

IMPLANTABLE PORT DISCHARGE INSTRUCTIONS

The Port is especially susceptible to infection during the first 2 weeks after the operation.

Keep both incisions (on the neck and by the Port) dry for the first week after the operation. After one week your child may have a bath, and if Steri-strips are still present they can be removed.

Observe the incisions, by the port and on the neck for signs of infection:-

Redness,

Swelling,

Discharge, i.e. blood or pus, from either incision.

Pain.

An infection of the skin over the port needs to be treated promptly as it may progress to a line infection. Contact your local hospital / Paediatric community nurse if there are any signs of infection.

ALWAYS CHECK THE PORT DAILY FOR SIGNS OF INFECTION

The most important part of caring for a child with a very low neutrophil count is prompt investigation and treatment if he or she becomes unwell or develops a fever. **For immunosuppressed children.** If your child seems unwell and feels hot whilst neutropenic, take their temperature. One possible cause of a temperature is an infection inside the Port.

If their temperature is raised to 38.5°C once, or is 38.0°C for one hour, phone the doctor at your local hospital. Your child will need to be admitted to hospital, so you need to take them there promptly, for examination, and to have blood cultures taken. A course of intravenous antibiotics will be commenced.

Ensure you are given some Ametop gel (anaesthetic gel) to take home with you.

If you have a community nurse you may need some supplies to take home with you. We will check with your local that they have some needles, if they don't, we will give you some to take with you.

When someone is removing the needle the port will need supporting so as not to pull the port away from the muscle that it is sutured to.

..... needle length ismm or.....inches
on the

Please consider that children will put on or lose weight, so the needle length is assessed with each access.