

The effect of heparin or saline on the blockage rate of infusion ports for flushing and sealing tubes

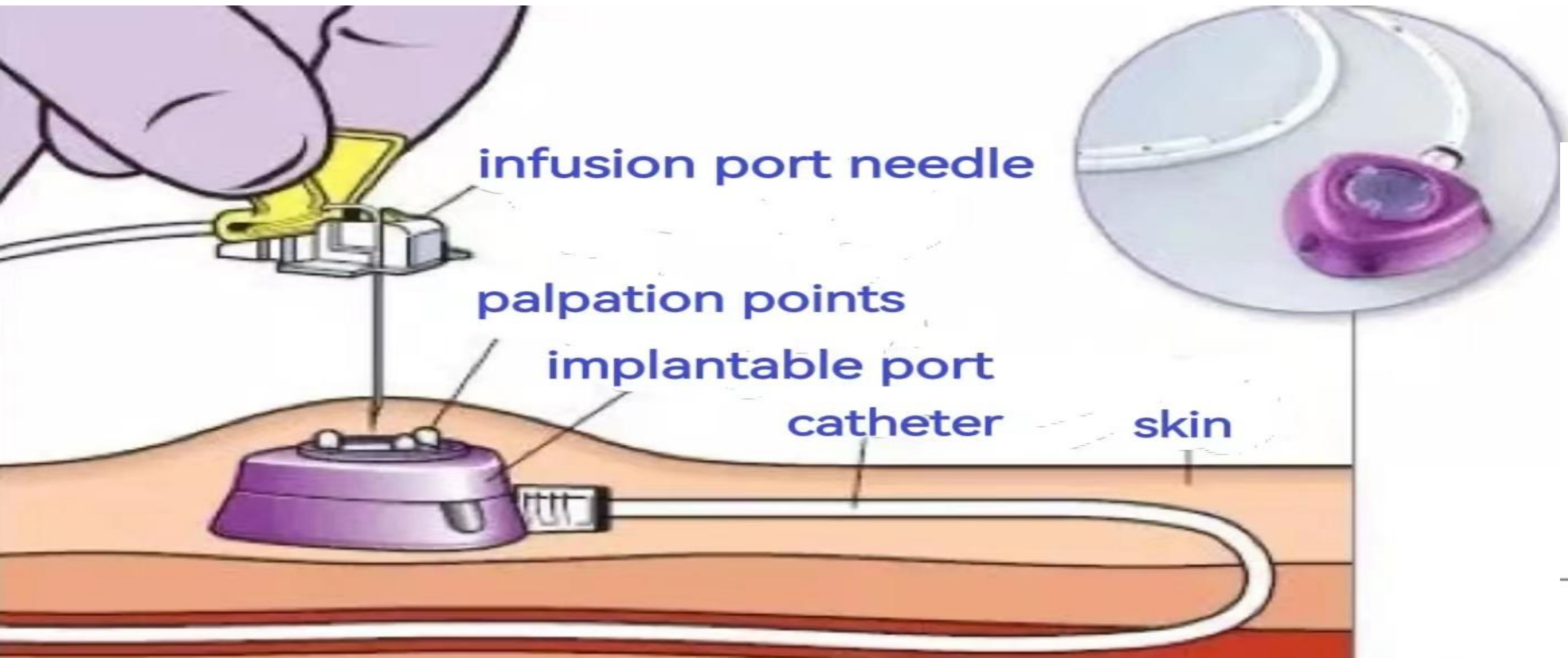
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INTRODUCTION

In daily infusion port maintenance, nurses seek the safest and most effective way of flushing and sealing tubes, so as to provide patients with the safest and most suitable infusion port maintenance while ensuring the quality and safety of nursing.

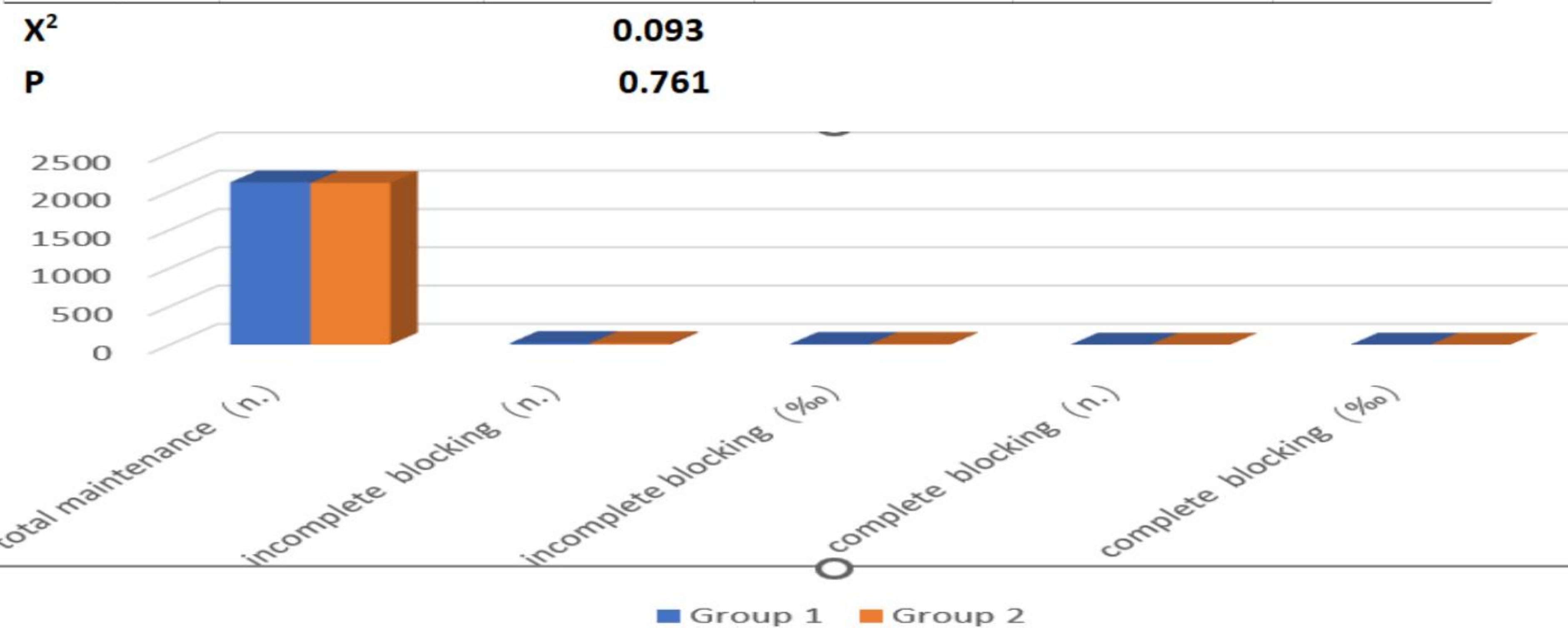
METHODS

- 1.Data of infusion port patients from October 2020 to October 2021
- 2.Patients were randomized into two groups with different maintenance methods
- 3.Flushed and sealed with 0.9% NS VS. heparin saline



Group 1: Flushed and sealed with 0.9% NS.
The method was as follows: 0.9% NS 10ml pulse flushing, followed by 0.9% NS 10ml positive pressure sealing.
Group 2: Used heparin saline to flush and seal the tube.
The method was as follows: 0.9% NS 10ml pulse flushing tube, 10ml heparin saline (100u/ml) positive pressure sealing tube.

	total maintenance (n.)	incomplete tube blocking (n.)	incomplete tube blocking (‰)	complete tube blocking(n.)	complete tube blocking (‰)
Group 1	2119	21	9.9	0	0
Group 2	2110	19	9.0	0	0



RESULTS

0.9% NS positive pressure tube sealing and heparin sodium saline (100U/ml) positive pressure tube sealing have no significant effect on the recanalization of the implantable infusion port.
Academic significance ($\chi^2=0.093$, $P>0.05$).

DISCUSSION

During the maintenance of the infusion port, whether the positive pressure tube sealing with normal saline or the positive pressure sealing with heparin sodium normal saline (100U/ml) has no significant effect on the blocking rate of the infusion port. However, it is worth discussing that heparin sodium is a high-efficiency anticoagulant in clinical practice. The use of heparin sodium saline during maintenance not only increases the economic burden of patients, but also has potential safety hazards for patients with abnormal coagulation function. is more harm than good.