



Introcan Safety[®] 2 IV Catheter

With Multi-Access Blood Control



B | BRAUN
SHARING EXPERTISE

Introcan Safety[®] 2 IV Catheter

Small in size. Big in Safety.

Safe and Efficient IV Access

IV access is an indispensable element of today's infusion therapy. However, this invasive procedure continues to be associated with potential risks.

At B. Braun, we developed Introcan Safety 2 Catheter with the guiding principle of making the job of IV access safe for the clinician.¹



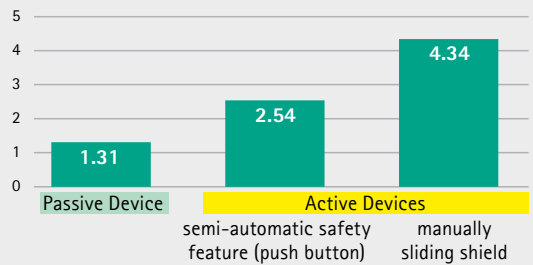
Making Access Safe for Clinicians

Needlestick injuries continue to be a serious risk faced by clinicians in their daily routine. Studies show that passive, fully automatic safety devices prevent needlestick injuries 2x better than a semi-automatic "push button" safety shield and 3x better than a manually sliding shield.¹

With B. Braun's Introcan Safety 2 Catheter, you are protected by a truly automatic passive safety device.

Passive Safety engineered devices are most effective for needlestick injury prevention¹

No. of needlestick injuries/100,000 devices purchased (95% CI)¹



Safety for Clinicians

- Deploys automatically with removal of the needle
- Cannot be bypassed after needle is removed
- Prevents needle reinsertions when activated

Making Access Efficient

Multiple attempts to establish IV access can lead to a delay in treatment plus an increase in material cost and time.

The Double Flashback Technology of Introcan Safety 2 Catheter supports first-stick success through quick visual confirmation that both needle and catheter have entered the vessel.

In a clinical study, 96% of clinicians achieved first-stick success with Introcan Safety 2 Catheter.³

Making Access Convenient

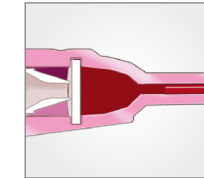
A survey showed that most nurses report blood exposure as a concern for their safety, and cleanup can be time-consuming and lead to extra financial impact.²

With Introcan Safety 2 Catheter, the blood control feature works multiple times,³ thereby helping to reduce blood exposure and spillage throughout IV process, and eliminating the need to occlude the vessel.

Making Access Intuitive

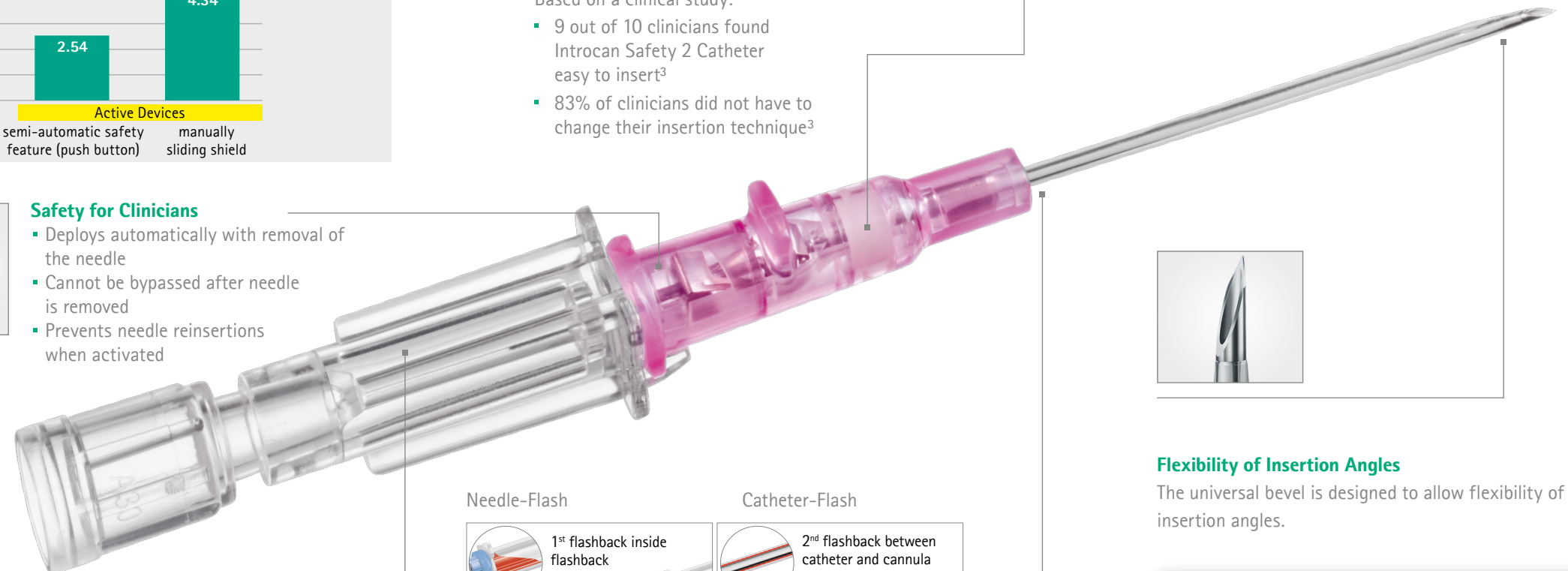
Based on a clinical study:

- 9 out of 10 clinicians found Introcan Safety 2 Catheter easy to insert³
- 83% of clinicians did not have to change their insertion technique³

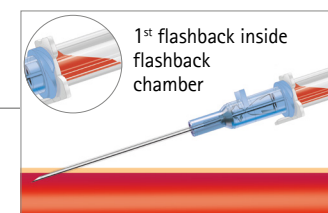


Introcan Safety 2 Catheter's Multi-Access Blood Control

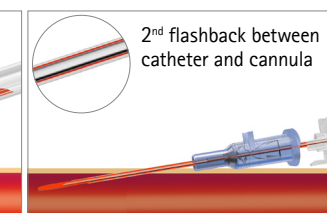
- Helps reduce bloodborne pathogen exposure
- Eliminates need to occlude the vessel²



Needle-Flash



Catheter-Flash



Two is Better than One

Designed to provide a quick visual confirmation of vessel entry with separate needle and catheter flashback.




Flexibility of Insertion Angles

The universal bevel is designed to allow flexibility of insertion angles.

USER BENEFITS

- Minimizes blood exposure throughout the IV process³
- Reduces cleanup time and materials with the use of blood control IVCs²

ORDERING INFORMATION

Introcan Safety® 2 Catheter	Gauge (G)	Length (in.)	Length (mm)	Straight or Winged	Gravity flow rate (mL/min.)	Flow Rate mL/sec Contrast Media Viscosity at 20°C: 2.3 mPA's	Flow Rate mL/sec Contrast Media Viscosity at 20°C: 27.5 mPA's	Power injection max pressure	Material	Order Code
	24	0.55	14	Straight	25	5.0	2.5	325 psi	PUR	4242000-02
	24	0.75	19	Straight	22	5.0	2.5	325 psi	PUR	4242002-02
	22	1	25	Straight	35	7.0	3.5	325 psi	PUR	4242004-02
	20	1	25	Straight	65	9.5	4.0	325 psi	PUR	4242006-02
	20	1.25	32	Straight	60	9.5	4.0	325 psi	PUR	4242008-02
	20	2	50	Straight	55	9.5	4.0	325 psi	PUR	4242010-02
	18	1.25	32	Straight	103	12.5	5.0	325 psi	PUR	4242012-02
	18	1.75	45	Straight	90	12.5	5.0	325 psi	PUR	4242014-02

References

1. Tosini W, Ciotti C, Goyer F, Lolom I, L'Heriteau F, Abiteboul D, et al. Needlestick Injury Rates According to Different Types of Safety-Engineered Devices: Results of a French Multicenter Study. *Infect Control Hosp Epidemiol.* 2010 Apr;31(4):402-7
2. Richardson D, "Reducing blood exposure risks and costs associated with SPIVC insertion", *Nursing Management*, vol. 42, no. 12, Dec 2011 (reprint p. 1-4).
3. B. Braun Data on File

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