

Introcan Safety® 3 Closed IV Catheter

INSERTION GUIDE:

1 Preparation

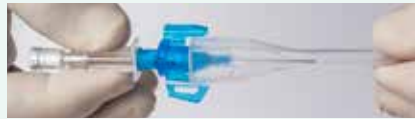
- Select and prepare site according to facility protocol.
- Completely remove the paper from the packaging.



- Flex wings up and down multiple times.



- Remove protective cover by holding at each end, then pull straight apart.



- **DO NOT ROTATE CATHETER PRIOR TO INSERTION**
- Confirm catheter hub is seated tightly against flashback chamber.

2 Perform insertion

- Hold skin taut, insert catheter at optimal insertion angle.
- Visualize first flashback in flashback chamber to confirm needle entry in the vessel.

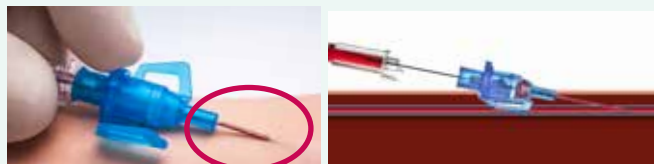


- Upon first flashback visualization, LOWER and advance the needle and catheter together approx 3mm or 1/8in. to ensure catheter tip is in the vessel.



3 Thread catheter

- Holding needle still, advance the catheter off needle and visualize second flash within the catheter to confirm catheter is in the vessel.



- After confirmation, continue advancing catheter off the needle into the vessel.
- Release tourniquet.

4 Stabilize catheter hub and remove needle

- With hub stabilized, swiftly remove needle straight out from hub.



- The passive safety shield automatically covers the needle bevel.



- Properly discard needle into sharps container.

5 Connect and secure catheter

- Immediately CONNECT and TIGHTEN the accessory device to the catheter hub.



- Stabilize and dress the site per facility protocol while maintaining proper hub angle.

ALWAYS REMEMBER

Never reinsert needle into catheter; catheter shearing may occur and may cause embolism.

In the case of an unsuccessful IV start, remove the stylet first to activate safety mechanism, then remove catheter from patient.

PRIOR TO USE AND FOR COMPLETE PRODUCT INFORMATION, INCLUDING WARNINGS AND PRECAUTIONS, REFER TO "INSTRUCTIONS FOR USE" ACCOMPANYING PRODUCT.

For Clinical and Technical Support, call 800-854-6851 or visit www.introcansafety.bbraunusa.com for more information.

PRACTICE SUGGESTIONS:

1 Needle feels dull

- a. Catheter tip advanced over needle bevel, preventing exposure of full cutting surface of bevel.
 - Completely remove the paper from the package and then remove catheter.
 - Grasp product by flashback chamber and not by wings.



- Confirm catheter hub is seated tightly against flashback chamber.



- b. Catheter or needle bevel design may be different from your previous IV catheter.
 - Hold skin taut, insert catheter at optimal insertion angle.

2 Blowing veins

- a. Not seeing initial flash.
 - Upon insertion hold the clear flashback chamber so that you can easily visualize first flash in clear flashback chamber.



- b. Insertion angle too high.
 - Lower angle of insertion.
- c. Catheter not in vein.
 - Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in. prior to threading catheter.



- d. Insertion speed too fast; needle and catheter exited vessel.
 - Reduce speed of insertion to allow flash visualization.

3 Flashback of blood too slow

- a. May be due to patient condition (eg. hypovolemia; hypotension).
 - Observe first flash in clear flashback chamber.
 - Loosen vented flash plug.

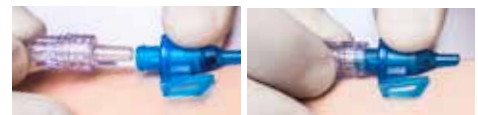
4 Difficult to thread catheter

- a. Catheter not in vein (only needle bevel has entered vein).
 - Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in.; thread catheter and visualize second flash in catheter.
- b. Pulling back on needle before catheter is fully threaded.
 - Hold needle still and thread catheter off the needle into the vein. Do not simultaneously withdraw needle when threading catheter.



5 Flow restriction

- a. Improper opening of blood control septum.
 - Ensure all luer connections are fully engaged and completely tightened to catheter hub.



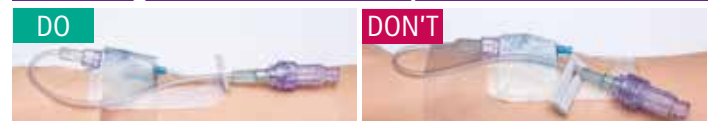
- b. Catheter kinking at insertion site.
 - Dress and secure the catheter to maintain proper hub angle.

6 Catheter dislodged during needle removal

- a. Catheter hub not properly stabilized.
 - Stabilize catheter hub while pulling the needle straight out.



Dressing and securement tip



Dress and secure catheter to maintain proper angle.