

Introcan Safety® IV Catheter

INSERTION GUIDE:

1 Preparation

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

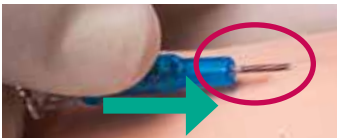
- Hold skin taut, insert catheter at optimal insertion angle.
- Visualize first flashback in flashback chamber to confirm needle entry in the vessel.



- Upon first flashback visualization, LOWER and advance the needle and catheter together approx 3mm or 1/8 in. 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 Occlude vessel and stabilize catheter hub

5 Remove needle from catheter

- 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.

6 Connect and secure catheter

- Immediately **CONNECT** and **TIGHTEN** the accessory device to the catheter hub.
- Stabilize and dress the site per facility protocol.

Prior to use and for complete product information, including warnings and precautions, refer to "Instructions for Use" accompanying product.

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PRACTICE SUGGESTIONS:

Needle feels dull	
Possible causes	Tips for success
Catheter tip advanced over needle bevel, preventing exposure of full cutting surface of bevel.	<ul style="list-style-type: none"> • Completely remove the paper from the package and then remove catheter. • Grip product by flashback chamber and not by hub. • Confirm catheter hub is seated tightly against flashback chamber.
Catheter or needle bevel design may be different from your previous IV catheter.	Hold skin taut, insert catheter at optimal insertion angle.
Blowing veins	
Not seeing initial flash.	Upon insertion hold the clear flashback chamber so that you can easily visualize first flash in clear flashback chamber.
Insertion angle too high.	Lower angle of insertion.
Catheter not in vein.	Visualize first flash; lower catheter until parallel with skin; advance catheter and needle together approximately 3mm or 1/8 in. prior to threading catheter.
Insertion speed too fast; needle and catheter exited vessel.	Reduce speed of insertion to allow flash visualization.
Flashback of blood too slow	
May be due to patient condition (eg. hypovolemia; hypotension).	<ul style="list-style-type: none"> • Ensure tourniquet is properly applied. • Observe first flash in clear flashback chamber. • Loosen vented flash plug.
Difficult to thread catheter	
Catheter not in vein (only needle bevel has entered vein).	Visualize first flash; lower catheter until parallel with skin; advance catheter and needle together approximately 3mm or 1/8 in.; thread catheter and visualize second flash in catheter.
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.
Difficult blood control	
Inadequate vein occlusion.	Avoid occluding on top of catheter in the vein; however, apply firm pressure at the tip of the catheter in the vein.
Improper tourniquet release.	Release tourniquet immediately after threading the catheter in the vein
Pulling back on needle before catheter is fully threaded.	Hold needle still and thread catheter off the needle into the vein.
Flow restriction	
Catheter kinking at insertion sight.	Dress and secure the catheter to maintain proper hub angle.
Ensure site patency.	
Catheter dislodged during needle removal	
Catheter hub not properly stabilized.	Stabilize catheter hub while pulling the needle straight out.

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.