

## INSERTION GUIDE:

### 1 Preparation

- Select and prepare site according to institutional 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.
- Verify push-off plate and needle bevel are in the "up" position.

### 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 3 mm or 1/8 in.



### 3 Thread catheter

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



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

### 4 Stabilize catheter hub and remove needle

- With catheter hub stabilized, withdraw the needle straight out with a controlled and continuous motion (minimize rotation or bending of the needle).



- The metal passive safety shield will automatically attach to and cover needle tip as needle tip exits catheter hub.



- 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 institutional 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 needle first to activate safety mechanism, then remove catheter from patient and discard both.**

PRIOR TO USE AND FOR COMPLETE PRODUCT INFORMATION, INCLUDING WARNINGS AND PRECAUTIONS, REFER TO "INSTRUCTIONS FOR USE" at [www.bbraunusa.com](http://www.bbraunusa.com).



Scan for eIFU and more information

If clinical support is needed, please contact Medical Affairs at 800-854-6851 or visit [www.introcansafety.bbraunusa.com](http://www.introcansafety.bbraunusa.com) for more information.

## PRACTICE SUGGESTIONS:

### 1 Needle feels dull

- 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.



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

### 2 Blowing vessels

- 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 vessel.
  - Visualize first flash; lower catheter and advance catheter and needle together approximately 3 mm 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.

### 3 Flashback of blood too slow

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

### 4 Difficult to thread catheter

- Catheter not in vessel (only needle bevel has entered vessel).
  - Visualize first flash; lower catheter and advance catheter and needle together approximately 3 mm 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 vessel. Do not simultaneously withdraw needle when threading catheter.



### 5 Flow restriction

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



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

### 6 Catheter dislodged during needle removal

- 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.