**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.

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.
   - The passive safety shield automatically covers the needle bevel.
   - Properly discard needle into sharps container.
   - Stabilize and dress the site per facility protocol while maintaining proper hub angle.

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.

5. **Connect and secure catheter**
   - Immediately CONNECT and TIGHTEN the accessory device to the catheter hub.

**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.

**EXPERIENCE 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.

2. **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.

3. **Flashback of blood too slow**
   - May be due to patient condition (e.g. hypovolemia; hypotension).
   - Observe first flash in clear flashback chamber.
   - Loosen vented flash plug.

4. **Difficult to thread catheter**
   - Catheter not in vein (only needle bevel has entered vein).
   - Hold skin taut, insert catheter at optimal insertion angle.
   - Catheter or needle bevel design may be different from your previous IV 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 catheter to maintain proper hub angle.

**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.

**DO**

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

**DON’T**

- Do not simultaneously withdraw needle when threading catheter.

**4 | Stabilize catheter hub and remove needle**

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

**DO**

- Confirm catheter hub is seated tightly against flashback chamber.

**DON’T**

- Do not rotate catheter prior to insertion

**3 | Preparation**

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

**DO**

- Release tourniquet.

**DON’T**

- 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.