

## B. Braun Introcan Safety® IV Catheter Practice Suggestions

### 1 PREPARE SITE

- Confirm all items are accessible for B. Braun Introcan Safety IV catheter insertion/securement.
- Prepare site according to facility protocol.
- **DO NOT ROTATE CATHETER PRIOR TO INSERTION.**
- Confirm Locking Bevel Indicator is seated in "slot" of catheter hub.

### 2 PERFORM VENIPUNCTURE

- Hold skin taut.
- Adjust angle of insertion and insert needle tip.
- Puncture vein; observe flashback to confirm entry.

### 3 THREAD CATHETER

- Upon flashback visualization, **LOWER** catheter parallel to skin.
- Advance needle and catheter together 1/8 inch.
- Thread catheter into vein while keeping needle stabilized.
- Release tourniquet.

### 4 STABILIZE CATHETER

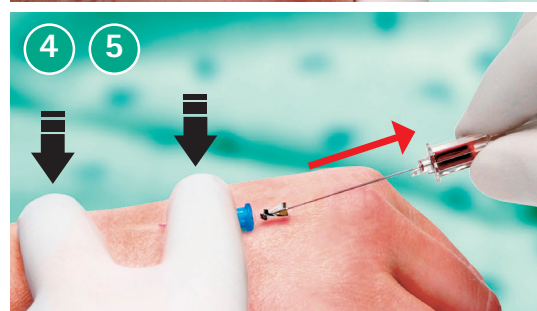
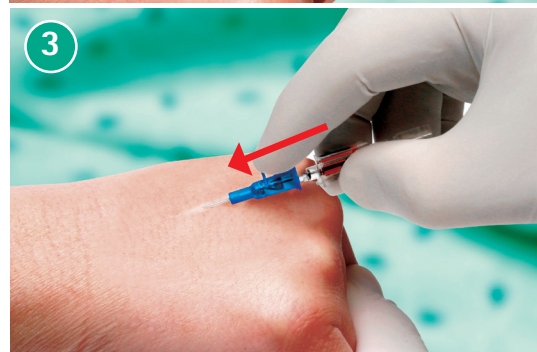
- Place middle finger over vein distal to catheter tip and apply pressure to occlude vein (interrupts flow of blood).
- Stabilize catheter hub with index finger ("V" technique).

### 5 REMOVE NEEDLE FROM CATHETER

- Withdraw needle with a swift, continuous motion parallel to the skin.
- Passive safety shield automatically covers needle bevel.
- Dispose of needle immediately into sharps container.

### 6 SECURE CATHETER

- Connect and secure infusion line to catheter hub.
- Stabilize and cover site according to facility protocol.



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

### ALWAYS REMEMBER

Never reinsert needle into catheter; catheter shearing may occur, causing an embolism.

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

For Clinical and Technical Support call 1-800-854-6851.

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CONCERNS	POSSIBLE CAUSES	TIPS FOR SUCCESS
Difficult to thread catheter off needle	Only tip of needle is in vein (catheter not in vein)	Observe flashback, then lower catheter until parallel with skin, advance catheter and needle together 1/8 inch prior to threading catheter
	Catheter is hitting valve	Remove Flashplug; attach syringe and float catheter into vein
During needle removal, catheter came out of vein	Catheter hub may not have been stabilized	Stabilize catheter hub prior to needle removal by using the "V" technique or applying transparent dressing over catheter hub
Needle feels dull	Catheter tip advanced over needle bevel, preventing full cutting surface of bevel	<ul style="list-style-type: none"> <li>• DO NOT ROTATE CATHETER (There is no catheter seal to release)</li> <li>• Confirm Locking Bevel Indicator is properly seated in "slot" of catheter hub prior to venipuncture</li> </ul>
	Catheter or needle bevel design may be different from your previous IV catheter	Hold skin taut, insert catheter at optimal insertion angle <ul style="list-style-type: none"> <li>• Former BD user: increase insertion angle</li> <li>• Former J&amp;J/Medex user: decrease insertion angle</li> </ul>
"Blowing" veins during venipuncture	Insertion angle too high	Lower angle of insertion
	Catheter not in vein	Observe flashback; lower catheter until parallel with skin, advance catheter and needle together 1/8 inch
	Insertion speed too fast; vein wall exited	Reduce speed of insertion to allow flash visualization
Blood exposure during needle removal	Vein may not have been occluded	<ul style="list-style-type: none"> <li>• Release tourniquet upon flashback</li> <li>• Occlude vein distal to catheter tip using "V" technique</li> </ul>
Catheter kinks during advancement	Catheter may need to be threaded over needle	Advance catheter while needle is held in place, use needle as a guidewire
	Catheter material	FEP material is typically stiffer than PUR
Flashback of blood is too slow	Patient may have low blood pressure	<ul style="list-style-type: none"> <li>• Loosen or remove vented Flashplug</li> <li>• Prime Flashback Chamber with saline prior to venipuncture</li> </ul>

Visit us on the web at: <http://introcansafety.bbraunusa.com>  
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