

# Introcan Safety® 3 Closed IV Catheter

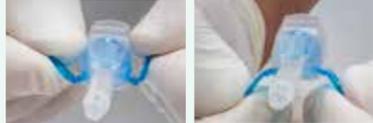
## INSERTION GUIDE:

### 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](http://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.