

Introcan Safety[®] 2 IV Catheter with Multi-Access Blood Control

INSERTION GUIDE:

1 | Preparation

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



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 confirmation, 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.

PRIOR TO USE AND FOR COMPLETE PRODUCT INFORMATION, INCLUDING WARNINGS AND PRECAUTIONS, REFER TO "INSTRUCTIONS FOR USE" AT www.bbraunusa.com.



Scan for eIFU and more information

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.

If clinical support is needed, please contact Medical Affairs at 800-854-6851 or visit www.introcansafety.bbraunusa.com for more information.

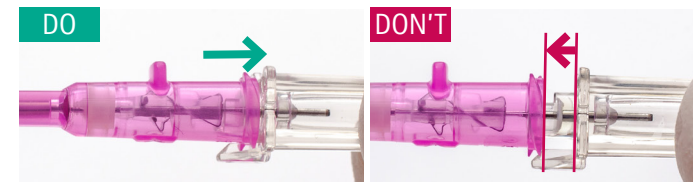
PRACTICE SUGGESTIONS:

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 in a manner to be able to visualize blood flash.



- 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 vessels

- 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 vessel.
 - Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in. prior to threading catheter.



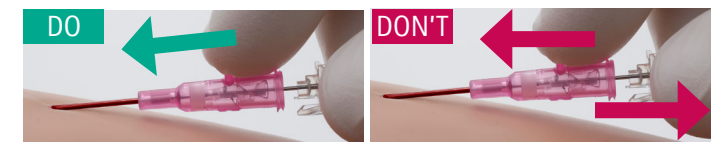
- d. Insertion speed too fast; needle and catheter exited vessel.
 - Reduce speed of insertion to allow flash visualization.

3 | Flashback of blood too slow

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

4 | Difficult to thread catheter

- a. Catheter not in vessel (only needle bevel has entered vessel).
 - 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 vessel. 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.
- c. Ensure site patency.

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 to avoid kinking.