

ACUVANCE®

SAFETY I.V. CATHETER



Now you see it...

Now you don't.



Whatever your technique—
ACUVANCE® lets you keep it.

ACUVANCE®

SAFETY I.V. CATHETER

Size	ACUVANCE® PLUS Safety I.V. Catheter Radiopaque OCRILON® Polyurethane	ACUVANCE® JELCO Safety I.V. Catheter FEP Polymer
14 x 1 1/4"	3348	—
14 x 2"	3358	—
16 x 2"	3352	—
16 x 1 1/4"	3342	—
18 x 1 3/4"	3354	—
18 x 1 1/4"	3355	3395
20 x 1 3/4"	3359	—
20 x 1 1/4"	3356	3396
20 x 1"	3357	—
22 x 1"	3350	3380
24 x 5/8"	3353	3383

This device is designed to reduce the risk of accidental needlesticks. However, care must be taken to avoid needlesticks. Universal Precautions must be adhered to, in accordance with CDC/OSHA standards for bloodborne pathogens, when starting, maintaining, or discarding any I.V. catheter to avoid the risk of exposure to contaminated blood.

For complete product details, see instructions for use. Call your Medex Account Manager for additional information.

smiths

Smiths Medical

ACUVANCE®

SAFETY I.V. CATHETER



The Safety I.V. Catheter that
combines safety, performance,
and ease of use.

Innovative self-blunting needle requires no change in technique and no extra steps.

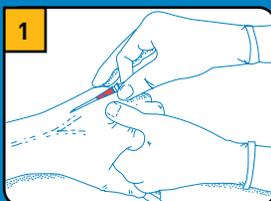
Distinctive design provides optimal combination of safety, performance, and ease of use.

Smiths Medical
2231 Rutherford Road
Carlsbad, CA 92008
USA

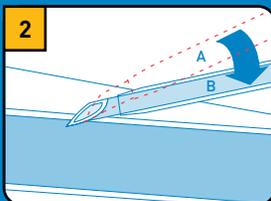
T: 800 848 1757
F: 800 621 2590

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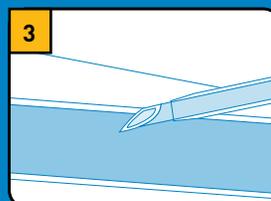
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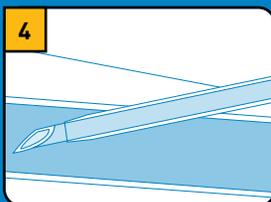
Select and prepare the site by standard skin prep, as per institutional policy. Apply the tourniquet. Remove the needle cover and inspect the catheter. The needle will be sharp (not blunted) at all times the catheter hub is fully seated on the introducer needle. Hold the device by the flashchamber with the introducer needle bevel and the push-off tab in the “up” position [see Side Bar A]. The push-off tab on the upper surface of the hub also indicates the bevel-up position. Anchor the vein with gentle skin traction.



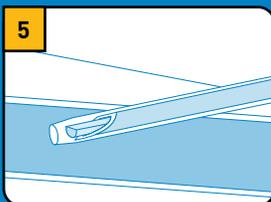
Insert the needle into the skin using an appropriate angle (A). Flashback may occur before the catheter tip has entered the vein. To avoid inadvertently puncturing the posterior wall of the vessel, lower the needle until it is parallel to the skin (B).



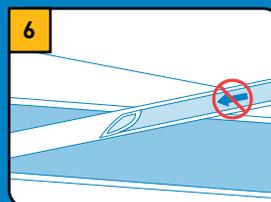
As the needle enters the vein, a flashback of blood into the flashchamber will confirm vein entry. The catheter is shorter than the introducer needle. Therefore, flashback may occur before the catheter tip is fully in the vein.



If necessary, slightly advance the catheter and needle together, as a unit, to assure full catheter entry into the vein lumen. Once both the needle and the catheter tip are in the vein, thread the catheter, as described in Step 5. A small blunt tip will automatically extend beyond the needle bevel point as the catheter is threaded off the introducer needle. Once the catheter hub separates from the introducer, the safety blunting mechanism is automatically activated.

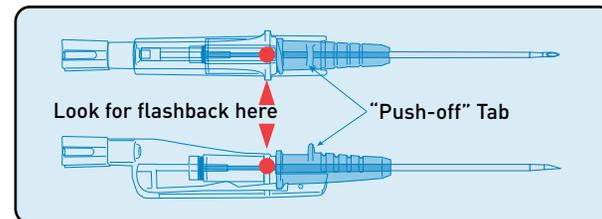


Holding the flashchamber and introducer needle stable, thread the catheter into the vein for the desired length using either a “One-handed” or “Two-handed” technique [see Side Bar B] by advancing the “push-off” tab forward. Remove the tourniquet, then apply digital pressure beyond the catheter tip, and remove the introducer needle, which is now blunted, and discard immediately in a disposable sharps container. Connect the Luer-lock or Luer-slip device to the catheter hub following the manufacturer’s connection recommendations for that device. Secure the connection with a firm push and twist motion for a snug fit. Take extra precaution when appropriate (eg. neonates, critically ill, elderly) to ensure a firm and secure connection. Improper securement may lead to loss of vascular access. Tape and dress per institutional policy.



Extreme care should be taken not to cut the catheter and possibly cause an embolus: **DO NOT USE SCISSORS OR SHARP INSTRUMENTS NEAR I.V. CATHETERS.** Needles which extend into a catheter may pierce and/or sever the catheter. The needle, sharp or blunted, could damage the catheter, resulting in a catheter embolus. Never advance the introducer needle inside the catheter once the needle has been retracted or withdrawn. If venipuncture is not successful, discard both the needle and catheter after engaging the safety mechanism. **DO NOT REINSERT THE NEEDLE INTO THE CATHETER AT ANY TIME.**

SIDE BAR A

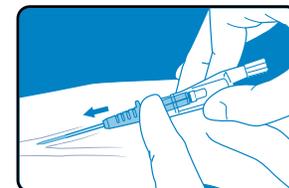
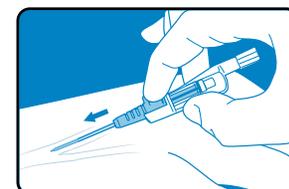


Look for the first indication of flashback immediately behind the catheter hub at the front and in the middle of the flashchamber. Remember that the ACUVANCE® Safety I.V. Catheter has a larger flashchamber than most I.V. Catheters and therefore complete filling of this flashchamber will take longer. This continued filling also provides confirmation that the catheter is still in the vein during threading.

SIDE BAR B

The catheter can be threaded into the vein by using either:

- The “One-handed” Technique (inserting and threading with the same hand) OR
- the “Two-handed” Technique (non-dominant hand threading the catheter hub forward and the dominant hand maintaining the position of the flashchamber)



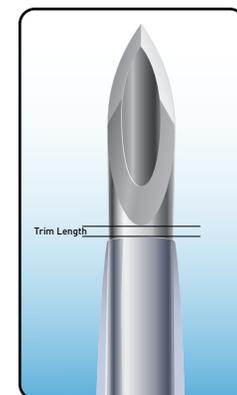
Note: Remember to slide the “Push-off” tab using forward pressure, not downward pressure, for smooth and easy threading.

Note:

For those users changing from:

- a thick walled I.V. catheter to any thin-wall catheter OR
- from an FEP polymer I.V. Catheter to any polyurethane I.V. Catheter it is recommended that threading the catheter into the vein be completed before removing the needle.

This catheter tip diagram indicates the parameter known as trim length. This measurement varies from manufacturer to manufacturer and should be assessed whenever converting from one product to another.



**SAFETY
COULDN'T BE
EASIER
WITH THE
SELF-
BLUNTING
NEEDLE**