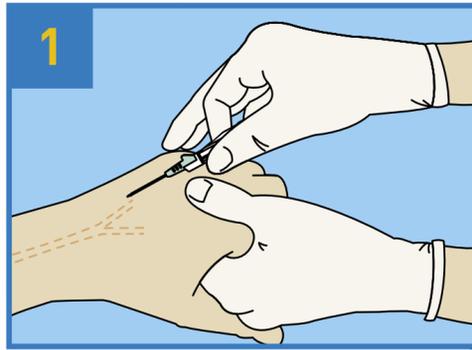


ACUVANCE®

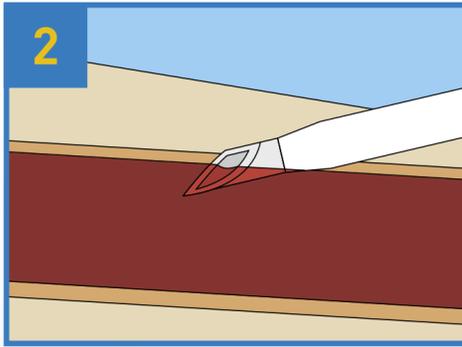
SAFETY I.V. CATHETER

PERFORMANCE MEETS SAFETY

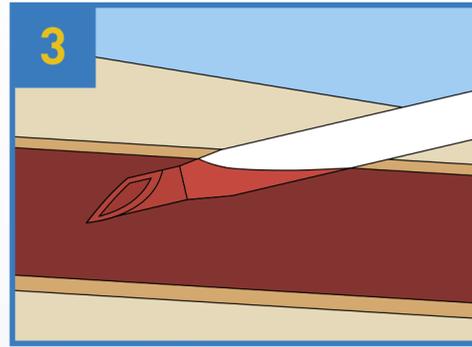


1 Apply the tourniquet and prepare the site according to institutional policy and procedure. Hold the device by the flashchamber with the needle bevel up. The push-off tab on the upper surface of the hub indicates the bevel-up position. Anchor the vein with gentle skin traction.

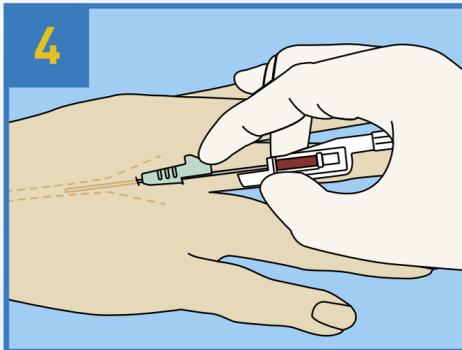
www.vascularaccess.com



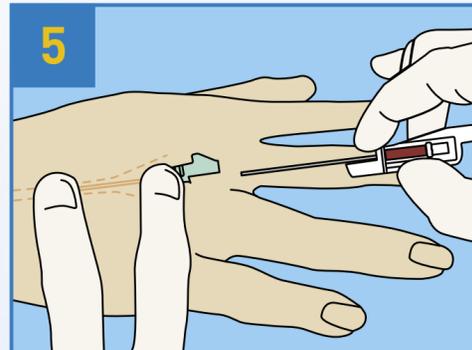
2 Insert the needle tip into the skin using an appropriate angle. As the needle enters the vein, a flashback of blood into the flashchamber confirms vein entry.



3 To ensure that the catheter tip is in the vein lumen, lower the angle of insertion to prevent posterior vein wall puncture. Advance the catheter and needle together, as a unit, to ensure the cannula is within the lumen of the vein.



4 Once both the needle and the catheter tip are in the vein, stabilize the needle by holding the flashchamber, and thread the catheter into the vein by advancing the "push-off" tab forward. Threading the catheter forward will engage the safety blunting mechanism. See SIDE BAR B

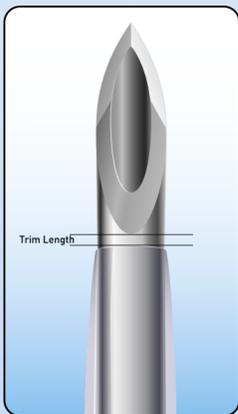


5 Apply digital pressure beyond the catheter tip and remove the needle. Connect a luer lock device to the catheter hub per manufacturer's connection recommendations. Improper securement may lead to loss of vascular access. Tape and dress per institutional policy.

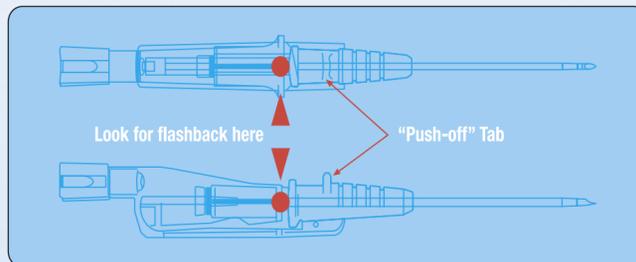
INSERTION TIPS:

For those users changing from:
A) a thick-walled I.V. catheter to any thin-wall design I.V. catheter OR
B) 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.



SIDE BAR A

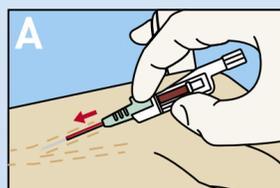


Look for the first indication of flashback immediately behind the catheter hub at the front and in the middle of the flashchamber. Remember that the ACUVANCE® Safety I.V. Catheter has a larger flashchamber than most I.V. catheters and therefore, complete filling of this flashchamber will take longer.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

CAUTION:

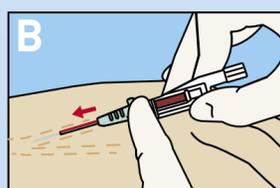
Extreme care should be taken not to cut the catheter and possibly cause an embolus: **DO NOT REINSERT THE NEEDLE INTO THE CATHETER AT ANY TIME. DO NOT USE SCISSORS OR SHARP IMPLEMENTS NEAR I.V. CATHETERS.** Needles which extend into a catheter may pierce and/or sever the catheter. Never advance the introducer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

SIDE BAR B



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

- A) The "One handed" Technique (inserting and threading with the same hand) OR
- B) 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.