INSTRUCTIONS FOR USE

CONTRAINDICATIONS:

• Do not advance the guidewire or catheter if any sign of product damage is visible.

CATHETER PRECAUTIONS:

• Do not use catheter or accessories if any sign of product damage is visible.

INTERNAL JUGULAR VEIN

• Have patient lift his/her head from the bed to define the sternomastoid muscle.

TIP PLACEMENT

• Site the patient in a modified Trendelenburg position, with the upper chest exposed and the head tilted slightly to the side opposite the insertion area. A small rolled towel may be inserted between the shoulder blades to facilitate the extension of the catheter into the subclavian vein.

SUBCLAVIAN VEIN

• Note the position of the subclavian vein, which is cephalad to the clavicle, anterior to the first rib, and anterolateral to the subclavicular artery. Make the incision about one and a half to two inches lateral to the clavicle and the first rib.

WARNING:

• Patients requiring ventilator support are at increased risk of pulmonary occlusion during subclavian vein cannulation, which may cause complications.

WARNING:

• Extended use of the subclavian vein may be associated with subclavian vein stenosis.

VENA CAVA

• The manufacturer shall not be liable for any damages caused by re-use or resterilization of this catheter or accessories.

• Contents sterile and non-pyrogenic in unopened conditions, sterilized by ethylene oxide.

STERILE EO

• Do not use catheter or accessories if package is opened or damaged.

DIRECTIONS FOR SELLINGER INSERTION

• Use only Luer Lock (threaded) Connectors with this catheter.

• Repeated over tightening of bloodlines, syringes, or catheter caps may cause premature failure and lead to potential connector failure.

INSERTION SITES

• The patient should be in a modified Trendelenburg position, with the upper chest exposed and the head tilted slightly to the side opposite the insertion area. A small rolled towel may be inserted between the shoulder blades to facilitate the extension of the catheter into the subclavian vein.

INTERNAL JUGULAR VEIN

• Have patient lift his/her head from the bed to define the sternomastoid muscle.


INFERIOR VENA CAVA

• Do not insert the introducer needle with attached syringe and target veins. Aspirate to insure proper placement.

• Administer sufficient local anesthetic to completely anesthetize the insertion site.

INFERIOR VENA CAVA

• Note the position of the subclavian vein, which is cephalad to the clavicle, anterior to the first rib, and anterolateral to the subclavicular artery. Make the incision about one and a half to two inches lateral to the clavicle and the first rib.

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• Patients requiring ventilator support are at increased risk of pulmonary occlusion during subclavian vein cannulation, which may cause complications.

WARNING:

• Extended use of the subclavian vein may be associated with subclavian vein stenosis.

FEMORAL VEIN

• The patient should lie completely on his/her back. Both femoral shoulders should be palpated for site selection and consequence assessment. The knee on the same side of the insertion should be flexed and the thigh abducted. Place the femoral vein in the same postero medial to the artery.

CATHETER INSERTION IN ACCIDENT OF INCISION may be associated with femoral vein stenosis.

CONTRAINDICATIONS:

• Do not use catheter or accessories if any sign of product damage is visible.

CATHETER SECUREMENT AND WOUND CARE:

• Do not use catheter or accessories if package is opened or damaged.

DIRECTIONS FOR USE

• Do not use catheter or accessories if any sign of product damage is visible.

INTERNAL JUGULAR VEIN

• Do not advance the guidewire or catheter if any sign of product damage is visible.

FEMORAL VEIN

• Re-use may lead to infection or illness/injury.

The manufacturer shall not be liable for any damages caused by re-use or resterilization of this catheter or accessories.

• Contents sterile and non-pyrogenic in unopened conditions, sterilized by ethylene oxide.

STERILE EO

• Do not use catheter or accessories if package is opened or damaged.

DIRECTIONS FOR SELLINGER INSERTION

• Use only Luer Lock (threaded) Connectors with this catheter.

• Repeated over tightening of bloodlines, syringes, or catheter caps may cause premature failure and lead to potential connector failure.

INSERTION SITES

• The patient should be in a modified Trendelenburg position, with the upper chest exposed and the head tilted slightly to the side opposite the insertion area. A small rolled towel may be inserted between the shoulder blades to facilitate the extension of the catheter into the subclavian vein.

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• Have patient lift his/her head from the bed to define the sternomastoid muscle.

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CATHETER INSERTION IN ACCIDENT OF INCISION may be associated with femoral vein stenosis.

CONTRAINDICATIONS:

• Do not use catheter or accessories if any sign of product damage is visible.
One of the following adjustments may resolve the obstruction:

- Reposition catheter.
- Reposition patient.
- Have patient cough.
- Provided there is no resistance, flush the catheter vigorously with sterile normal saline to try to move the tip away from the vessel wall.
- Reverse the bloodlines. If the previous methods fail to resolve a one-way obstruction, the patient may be dialyzed by connecting the arterial bloodline to the venous adapter and the venous bloodline to the arterial adapter. A significant increase in recirculation may occur.

**INFECTION:**

**Caution:** Due to the risk of exposure to HIV (Human Immunodeficiency Virus) or other blood borne pathogens, health care professionals should always use Universal Blood and Body Fluid Precautions in the care of all patients.

- Sterile technique should always be strictly adhered to.
- Clinically recognized infection at a catheter exit site should be treated promptly with the appropriate antibiotic therapy.
- If a fever occurs in a patient with a catheter in place, take a minimum of two blood cultures from a site distant from catheter exit site. If blood culture is positive, the catheter must be removed immediately and the appropriate antibiotic therapy initiated. Wait 48 hours before catheter replacement. Insertion should be made on opposite side of original catheter exit site, if possible.

**CATHETER REMOVAL**

**Warning:** Only a physician familiar with the appropriate techniques should attempt the following procedures.

**Caution:** Always review hospital or unit protocol, potential complications and their treatment, warnings, and precautions prior to catheter removal.

2. Withdraw catheter through the exit site.
3. Apply pressure to exit site for approximately 10-15 minutes or until bleeding stops.
4. Apply dressing in a manner to promote optimal healing.

**WARRANTY**

Meditcomp warrants that this product was manufactured according to applicable standards and specifications, and product maintenance may affect the performance of this product. Use of this product should be in accordance with the instructions provided and as directed by the prescribing physician.

Because of continuing product improvement, prices, specifications, and model availability are subject to change without notice. Meditomp reserves the right to modify its products or contents without notice.

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**SYMBOL TABLE**

*This symbol is in accordance with ISO 15223-1.*** FDA guidance Use of Symbols in Labeling.