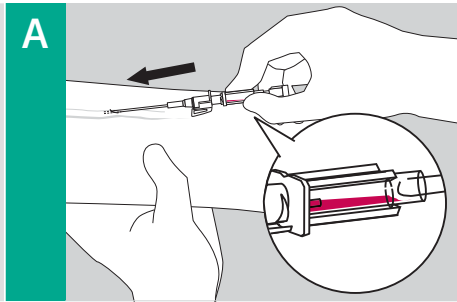


# Introcan Safety<sup>®</sup> 3 - Insertion Techniques

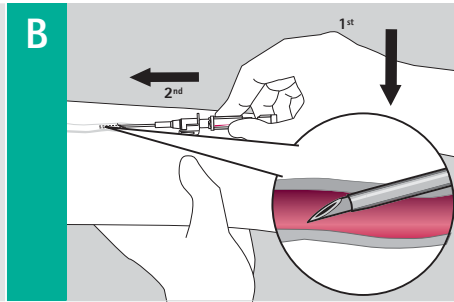


## Preparation:

- Select and prepare venipuncture site as per hospital protocols.
- Remove protective guard in a straight outward motion.
- Do not rotate catheter hub prior to insertion.
- Confirm catheter hub is properly seated on flashback chamber.

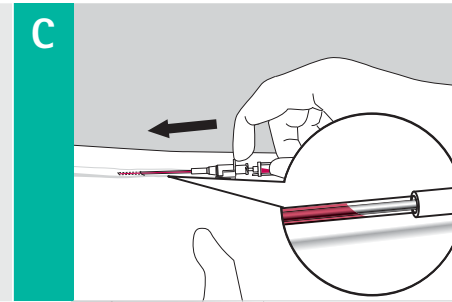
## Insert and Observe:

- Anchor the vessel with gentle skin traction.
- Adjust angle of insertion and access vessel.
- Observe blood return in flashback chamber to confirm vessel entry (see Fig. A).



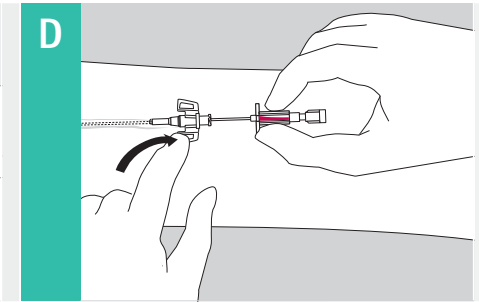
## Lower and Advance Slightly:

- Lower and advance the entire catheter and needle unit slightly to ensure catheter tip is in vessel (see Fig. B).



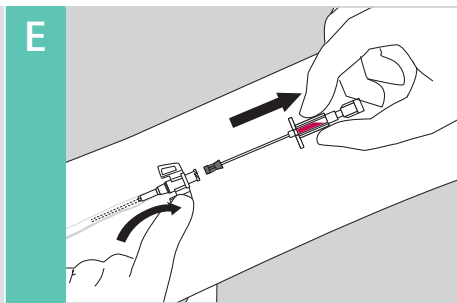
## Advance Catheter:

- Hold needle assembly in stationary position.
- Using the push-off plate, advance catheter off the needle (approximately 1/8" or 3mm) and observe blood return between the needle and catheter to confirm catheter is in the vessel (see Fig. C).
- After confirmation, continue advancing catheter off the needle and into the vessel.



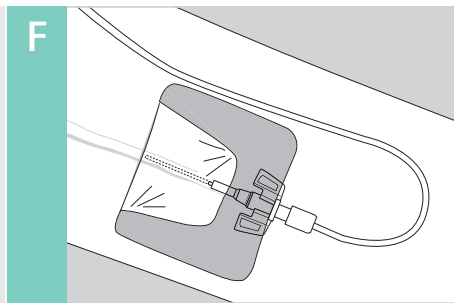
## Stabilise Catheter:

- Release tourniquet.
- Gently press the stabilisation platform to the skin to stabilise the catheter (see Fig. D).



## Remove Needle:

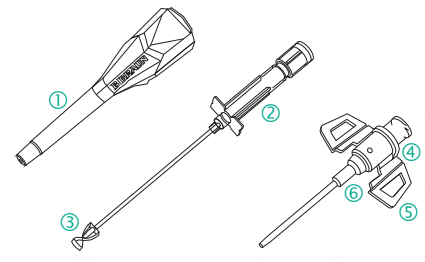
- Withdraw needle in a controlled and continuous motion. The safety shield automatically covers the needle bevel as it exits the catheter hub (see Fig. E).
- Blood flow from catheter hub is restricted after needle is removed.
- Discard shielded needle into a puncture resistant, leak proof sharps container.



## Stabilisation:

- Immediately connect accessory device to catheter hub.
- Stabilise catheter and apply a sterile dressing (see Fig. F).

## Catheter parts after needle removal



1. Protective Guard
2. Flashback Chamber
3. Safety Shield
4. Push-off Plate
5. Stabilisation Platform
6. Catheter Hub

## Caution:

- Never reinsert needle into catheter; catheter shearing may occur causing an embolism.
- Care should be taken not to leave the catheter hub open without connecting to an accessory device.
- In the case of an unsuccessful venipuncture, remove the needle first to activate safety mechanism, then remove catheter from patient.

Refer to package insert for complete instructions for use.

# Troubleshooting

## Introcan Safety® 3 IV Catheter

Concerns	Possible Causes	Tips for Success
Difficult to thread catheter off the needle	Only tip of the needle is in the vein (catheter is not in the vein). Catheter is hitting valve (of the vein).	<ul style="list-style-type: none"> <li>Observe flashback then lower catheter until parallel with skin, advance catheter and needle together 3-5mm prior to threading catheter.</li> <li>Remove the blood stop plug, attach saline syringe and float catheter into the vein.</li> </ul>
Accidental removal of catheter from insertion site while removing needle from catheter hub	Catheter hub may not have been stabilised.	<ul style="list-style-type: none"> <li>Stabilise catheter hub prior to needle removal. Stabilise catheter hub with index finger, withdraw needle parallel to patient's skin, dispose of needle immediately into sharps container.</li> </ul>
Needle feels dull	Catheter tip is advanced over the needle bevel, the bevel cutting edge may be covered by the catheter.	<ul style="list-style-type: none"> <li>DO NOT ROTATE CATHETER. (There is no catheter seal to break).</li> <li>Confirm the locking bevel indicator is in the correct position and does not rotate. (If the catheter is not locked in place, the catheter may be partially advanced over the bevel of the needle). Hold skin taught, use clinically preferred insertion angle to puncture vein.</li> </ul>
"Blowing" veins during venipuncture	Jabbing or stabbing motion, rapid insertion.	<ul style="list-style-type: none"> <li>Reduce speed of insertion</li> <li>Puncture vein</li> <li>Observe flashback</li> <li>Lower catheter until parallel with skin, advance catheter and needle together 3-5mm before advancing the catheter to ensure the complete tip of the catheter is in the vein.</li> </ul>
Catheter kinks during advancement	Bevel cutting edge may be covered by the catheter. Catheter may not be in the vein prior to threading of catheter.	<ul style="list-style-type: none"> <li>Ensure the locking bevel indicator is in the correct position (if not, the bevel cutting edge may be covered by the catheter).</li> <li>Puncture vein, observe flashback.</li> <li>Lower catheter until parallel with skin, advance catheter and needle together 3-5mm before advancing the catheter to ensure the complete tip of the catheter is in the vein.</li> </ul>
Flashback of blood is too slow	Patient may have low blood pressure.	<ul style="list-style-type: none"> <li>Loosen the blood stop plug, this will increase speed of the blood flashback.</li> <li>Prime flashback chamber with saline prior to venipuncture, this will allow a quick observation of blood flashback.</li> <li>Utilise syringe attachment and "float" in catheter.</li> </ul>
Catheter collapse during blood withdrawal	Excess vacuum with blood drawing.	<ul style="list-style-type: none"> <li>Clinician should use a "syringe" for blood withdrawal. Sometimes the vacutainer can have too much vacuum which can cause vein collapse.</li> </ul>