For New Users

For those users changing from:

a) a thick walled I.V. catheter to any thin-wall design I.V. catheter - OR

b) 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.

Cut-Out View

- Catheter must be fully in the vein lumen before threading.

- After flashback, advance the catheter and the introducer needle as one unit another 3 - 5 mm, depending on the size and depth of the vein and gauge size of the catheter, to ensure that the catheter is in the vein lumen before threading.

- Hold the catheter hub and needle guard as one unit to prevent inadvertent retraction of needle from catheter.

This device is designed to reduce the risk of accidental needlesticks. However, care must be taken to avoid needlesticks. Standard 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.

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Literature No. LIT/VA2706
**One-Handed Technique**

- Apply tourniquet and prepare site according to policy.
- Hold catheter by grip pads with thumb and fingers to insert needle into skin.
- Visually inspect to confirm that needle bevel and push-off tab are facing up.

**Push**
- Anchor vein with gentle skin traction.
- Insert needle at appropriate angle.
- Observe for flashback.
- If needed, slightly advance catheter and needle together to achieve full catheter entry into vein lumen.
- Place index finger behind primary push-off tab and PUSH catheter to thread to desired length.
- **DO NOT RE-INSERT NEEDLE INTO CATHETER AT ANY TIME.**

**Click**
- Stabilise device at push-off tab with index finger.
- Holding grip pads, **PULL** needle into needle guard until you hear a **CLICK**.
- **THE “CLICK” AND VISUAL INSPECTION INDICATE THAT SAFETY DEVICE HAS ENGAGED SUCCESSFULLY.**

**Turn**
- Remove tourniquet.
- Apply digital pressure beyond catheter tip.
- Hold catheter at hub and on grip pads.
- **TURN** either right or left to remove from hub.
- Connect Luer-lock or tubing to hub per manufacturers recommendation.
- Secure connection with firm push and twist.
- Tape and dress according to policy.

**Two-Handed Technique**

- Apply tourniquet and prepare site according to policy.
- Hold catheter by grip pads with thumb and fingers to insert needle into skin.
- Visually inspect to confirm that needle bevel and push-off tab are facing up.

**Push**
- Anchor vein with gentle skin traction.
- Insert needle at appropriate angle.
- Observe for flashback.
- If needed, slightly advance catheter and needle together to achieve full catheter entry into vein lumen.
- Place thumb of other hand behind primary push-off tab and PUSH catheter to thread to desired length.
- **DO NOT RE-INSERT NEEDLE INTO CATHETER AT ANY TIME.**

**Click**
- Stabilise device at push-off tab with index finger.
- Holding grip pads, **PULL** needle into needle guard until you hear a **CLICK**.
- **THE “CLICK” AND VISUAL INSPECTION INDICATE THAT SAFETY DEVICE HAS ENGAGED SUCCESSFULLY.**

**Turn**
- Remove tourniquet.
- Apply digital pressure beyond catheter tip.
- Hold catheter at hub and on grip pads.
- **TURN** either right or left to remove from hub.
- Connect Luer-lock or tubing to hub per manufacturers recommendation.
- Secure connection with firm push and twist.
- Tape and dress according to policy.