

# DIACAN® FLEX

## PRODUCT HANDLING

### PREPARATION



1 Prepare all items necessary for Diacan® Flex insertion, according to your organizational policies / protocols.



2 Select appropriate site, clean and disinfect the insertion site, using aseptic non-touch technique (ANTT), as per organizational policies / protocols. Apply tourniquet, if applicable.



3 Unpack the Diacan® Flex.



4 Flatten the wings prior to insertion. Flattening the stabilization wings will ensure optimal security.



5 Hold flashback chamber, remove the protective guard in a straight outward motion.



6 Confirm catheter hub is properly seated on the flashback chamber.

### CATHETER PLACEMENT AND TREATMENT



7 Hold the cannula by the flashback chamber (not by the wings) to puncture the identified site.

- Anchor the vessel, whilst ensuring gentle skin traction.
- Observe for blood return in the flashback chamber to confirm vessel entry.
- Once initial flashback is achieved, lower and advance the entire catheter and needle unit slightly (approx. 2-3mm), to ensure catheter is in vessel.



8 Using the push-off plate, advance the catheter off the needle and into vessel (approx. 3mm).

- Once flashback is confirmed, continue to advance the catheter into the vessel, off the needle.
- Release the tourniquet, if applicable.



9 Withdraw the needle in a controlled and continuous motion completely and immediately while gently pressing the stabilization platform onto the skin to stabilize the catheter.



10 Immediately discard the shielded needle into a sharps container.



11 Stabilize catheter and secure with a dressing that adheres with your organizational policies / protocols.



12 Insert the second catheter following the same procedure.

- It is recommended to place the arterial catheter first, then the venous catheter.
- In order to prevent recirculation, the venous catheter must always be  $\geq 15\text{mm}$  downstream (in blood flow direction), from the arterial catheter.
- Diacan® Flex can be used for both arterial as well as venous access.



13 Connect the primed bloodlines to catheter hubs, and then secure the bloodlines



14 Catheter positions and all connections must be checked carefully and regularly, prior to, and during therapy.

- This will assist in detecting and preventing any possible venous needle dislodgement, leaks, air embolism and blood loss.
- Blood must not be reinfused to a patient, if air in the extracorporeal circuit is present or suspected.



**SINGLE NEEDLE CROSSOVER (SNCO) TREATMENT MODE**  
If a single needle treatment is intended, make use of a primed single-needle adapter / Y-connector.

### REMOVAL



15 Upon treatment completion, remove the bloodline from catheter hub or remove bloodlines and catheter together.

- Once the bloodline is removed, the incorporated valve in catheter hub will automatically close, and blood flow will stop.



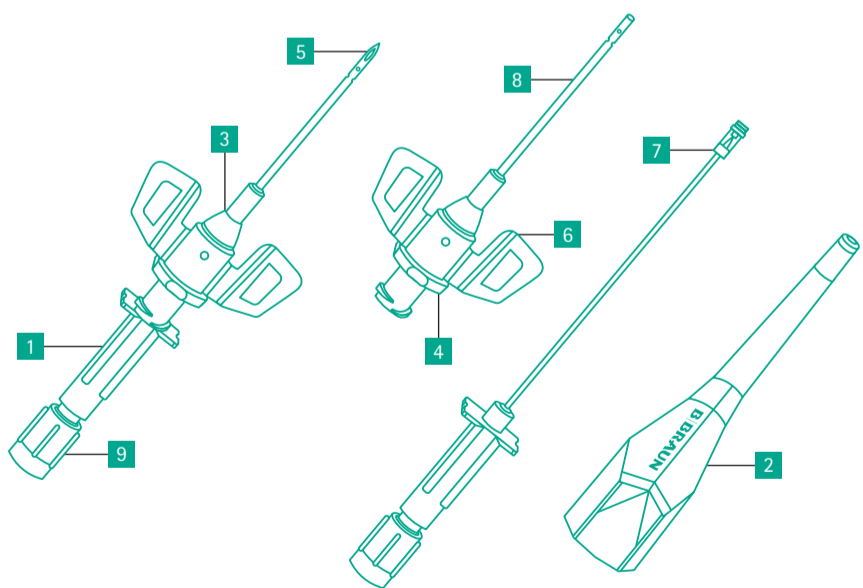
16 Remove all tapes in accordance with your organizational policies / protocols. Remove the catheter, and visually check for completeness of catheter removal before disposal.



17 Close wound and perform hemostasis to ensure the area is sealed, and not bleeding, by placing a dressing over the site, in accordance with your organizational policies / protocols.

### CAUTION:

- Never reinsert needle into catheter; catheter shearing may occur, causing an embolism.
- In the case of an unsuccessful venipuncture, remove the needle first to activate safety mechanism, then remove catheter from patient.
- Refer to packaging insert for complete instruction of use.



1 Flashback Chamber  
2 Protective Guard  
3 Catheter Hub

4 Push-Off Plate  
5 Needle Bevel  
6 Stabilization Platform

7 Safety Shield  
8 FEP Catheter Tube  
9 Vented Flashplug (Bloodstopper)