

Catheter placement and treatment



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

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

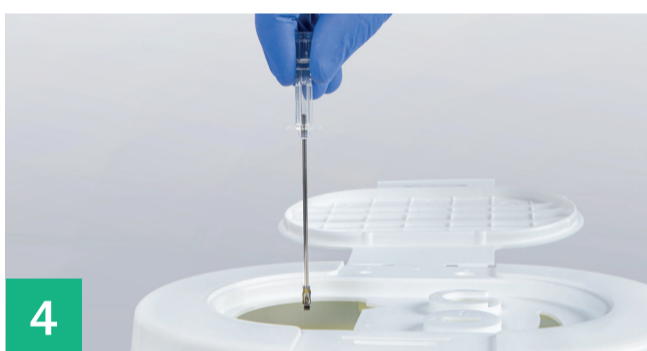


2 Using the push-off plate, advance only the catheter off the needle and into the vessel (approx. 3 mm).

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



3 Withdraw the needle in a controlled and continuous motion completely and immediately while gently pressing the stabilisation platform onto the skin to stabilise the catheter.



4 Immediately discard the shielded needle into a sharps container.



5 Stabilise the catheter and secure with a dressing that adheres to your organisational policies/protocols.



6 Insert the second catheter following the same procedure.

- It is recommended that the arterial catheter be placed first, followed by the venous catheter.
- In order to prevent recirculation, the venous catheter must be positioned in adequate distance (≥ 15 mm downstream, in blood flow direction) from the arterial catheter.
- Diacan® Flex can be used for both arterial and venous access.



7 Connect the primed bloodlines to the catheter hubs, and then secure the bloodlines.



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

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



SINGLE-NEEDLE CROSSOVER (SNCO) TREATMENT MODE

If a single-needle treatment is intended, make use of a primed single-needle adapter/Y connector.