

SUGGESTED INSTRUCTIONS FOR USE

EN - ENLISH

GENERAL GUIDELINES:

- The Argon MST Accessory Kit is specifically designed for placement of PICC and midline catheter using modified Seldinger technique, or for the exchange of existing catheters.
- For proper use, clinicians must be trained and competent with modified Seldinger technique and/or catheter exchange. Use of this device should be preceded by an established institutional protocol and performed by persons trained in the procedure and knowledgeable of the inherent risks.
- Follow aseptic technique per institutional policy. Aseptic technique and proper skin preparation are essential for proper use. Observe standard (universal) precautions on all patients.
- · This product is for single use only.

POTENTIALLY HAZARDOUS DEVICE:

- Percutaneous puncture with a contaminated needle may lead to serious illness such as hepatitis, HIV (AIDS), or other infectious diseases. Obtain immediate medical intervention should injury occur.
- Refer to appropriate institutional or governmental guidelines for handling and discarding needles and other sharps as well as proper disposal of all potentially contaminated items.
- Re-sheathing needles is hazardous.
- DEHP free.
- This product does not contain natural rubber latex.

WARNING: This kit is NOT designed for catheter placement utilizing the full Seldinger or "over the wire" technique. Do not attempt insertion of the guidewire past the proximal portion of the extremity.

PICC PLACEMENT

Prepare patient and PICC according to instructions for use and institutional policies.

1. PERFORM VENIPUNCTURE

- Select device for venipuncture based upon assessment.
- Using a 10-30 degree angle, insert device into desired vein.
- · Release the tourniquet and stabilize the device.

2. INSERT FLEXIBLE WIRE

 Thread wire, using the soft straight tip, through venipuncture device and into the vein no more than 20cm.

NOTE: The guidewire is marked in 5cm intervals to assist in proper positioning. **CAUTION:** The guidewire should never be inserted beyond the proximal portion of the upper extremity.

DO NOT force the guidewire, it should advance smoothly into the vein.

3. REMOVE VENIPUNCTURE DEVICE

 Securing the wire to prevent migration out of the vein, pull venipuncture device back over the wire.

4. INSERT INTRODUCER SHEATH/DILATOR

- · Administer Lidocaine around insertion site if part of institutional policy.
- Using the supplied scalpel, make a small nick (not an incision) at the insertion site if necessary.

 Advance the introducer sheath/dilator over the wire, through the skin and into the vein.

NOTE: Some resistance may be encountered. Gently rotating the introducer sheath/dilator may assist with placement.

5. REMOVE GUIDEWIRE AND DILATOR

• Slowly remove guidewire and dilator from the introducer sheath by first turning the locking hub ½ turn.

6. INSERT CĂTHETER

 Grasp catheter with the forceps close to the tip and begin advancing slowly in small increments, through the introducer sheath to the predetermined length.

7. REMOVE INTRODUCER SHEATH

 Slowly withdraw the introducer sheath from the vein, peeling it away from the catheter as you go.

8. REMOVE STYLET

- · Slowly withdraw the stylet from catheter lumen.
- Complete catheter insertion per catheter instructions for use.

PICC EXCHANGE

1. PREPARATION

- Prepare patient and PICC according to instructions for use and institutional policies.
- Determine indwelling catheter length and tip location.
- NOTE: Site and vein MUST be without redness, edema, tenderness and drainage.
- Remove dressing and prep site according to policy and procedures.

2. WITHDRAW EXISTING CATHETER

Slowly withdraw catheter so that no more than 10cm is within the vein.
NOTE: Utilize catheter markings and original insertion length to determine the appropriate length of catheter to withdraw.

3. CLAMP AND CUT CATHETER

- Use catheter clamp/needle holder near the insertion site.
- · Carefully cut the catheter leaving at least 5cm outside the insertion site.

4. SET UP NEW STERILE FIELD

- · Don new pair of sterile gloves.
- · Establish new sterile field.

5. INSERT FLEXIBLE WIRE

CAUTION: Make sure to keep a hold of catheter piece near the insertion site.

- · Remove the clamp.
- Advance the guidewire, using the soft straight tip, into the catheter. NOTE: In dual lumen catheters thread into the larger lumen.
- Carefully grasp the catheter while threading the guidewire into position not more than 5cm beyond the tip of the catheter.

6. REMOVE CATHETER

- Slowly and carefully remove the catheter over the guidewire.
- Maintain grip of the end of the guidewire to prevent dislodgment of the guidewire

7. INSERT INTRODUCER SHEATH/DILATOR

- Administer Lidocaine around insertion site if part of institutional policy.
- Using the supplied #11 blade, make a small nick (not an incision) at the insertion site.
- Advance the introducer sheath/dilator over the wire, through the skin and into the vein.
- NOTE: Some resistance may be encountered. Gently rotating the introducer sheath/dilator may assist with placement.

8. REMOVE GUIDEWIRE AND DILATOR

 Slowly remove guidewire and dilator from the introducer sheath by first turning the locking hub ½ turn.

9. INSERT CATHETER

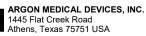
 Grasp catheter with the forceps close to the tip and begin advancing slowly in small increments, through the introducer sheath to the predetermined length.

10. REMOVE INTRODUCER SHEATH

- Slowly withdraw the introducer sheath from the vein, peeling it away from the catheter as you go.
- Remove catheter stylet.
- Complete catheter insertion according to the catheter instructions for use.







Tel: +1 (903) 675 9321 Tel: +1 (800) 927 4669 www.argonmedical.com



EMERGO EUROPE Prinsessegracht 20 2514 AP The Hague +31 70 345 8570

