

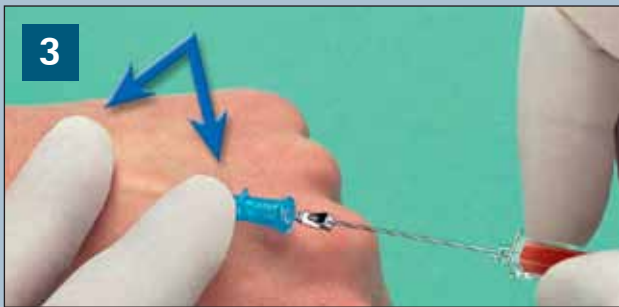
As easy as...



Use clinically preferred insertion angle to puncture the vein



After flashback, lower angle and advance entire cannula approximately 3-5mm then advance the catheter into the vein



When removing the stylet – support the hub by using the “V” technique. Occlude vein distal to the catheter tip utilising middle finger and place index finger over catheter hub to stabilise hub

How to avoid...



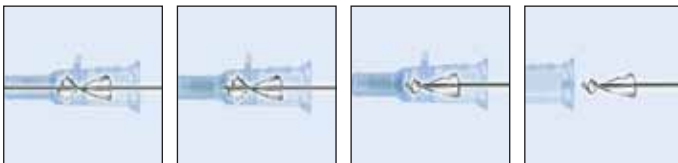
Vein Perforation – Excessive force, stabbing or jabbing action should be avoided



Catheter Peel Back – Ensure both needle tip (bevel) and catheter are actually inside the vein prior to catheter advancement



Catheter Shear – Any attempt to re-insert the metal needle after advancement of the catheter increases risk of catheter shearing



Safety Features

- Self-activating clip technology without user activation
- Eliminates risk of inadvertent activation
- Safety mechanism cannot be bypassed
- Safety clip covers needle tip immediately after use
- No change of puncture technique compared to conventional I.V. catheter

Concerns	Possible Causes	Tips for Success
Difficult to thread catheter off needle	Only tip of needle is in the vein (Catheter is not in the vein) Catheter is hitting valve	<ul style="list-style-type: none"> Observe flashback then lower catheter until parallel with skin, advance catheter and needle together 3–5mm prior to threading catheter. Remove the blood stop plug, attach saline syringe and float catheter into the vein.
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"> Stabilise catheter hub prior to needle removal by using the “V” technique. Occlude with your middle finger the distal tip of the catheter, stabilise catheter hub with the index finger. Withdraw needle parallel to patient’s skin, dispose of needle immediately into sharps container.
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"> DO NOT ROTATE CATHETER. (There is no catheter seal to break) Confirm the locking bevel indicator is in the correct position and does not rotate catheter hub. (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.
“Blowing” veins during venipuncture	Jabbing or stabbing motion, rapid insertion	<ul style="list-style-type: none"> Reduce speed of insertion Puncture vein Observe flashback 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.
Blood exposure during needle removal	Vein may not have been occluded	<ul style="list-style-type: none"> Release tourniquet (this should be done prior to removing the needle). Occlude vein distal to catheter tip using “V” technique, until an infusion line is attached to the catheter hub.
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"> Ensure the locking bevel indicator is in the correct position (if not, the bevel cutting edge may be covered by the catheter). Puncture vein, observe flashback 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.
Flashback of blood is too slow	Patient may have low blood pressure	<ul style="list-style-type: none"> Loosen the blood stop plug, this will increase speed of the blood flashback. Prime flashback chamber with saline prior to venipuncture, this will allow a quick observation of blood flashback. Utilise syringe attachment and “float” in catheter.
Blood spatter when removing needle	Failure to stabilise the catheter hub	<ul style="list-style-type: none"> Utilise “V” technique to occlude vein and stabilise catheter hub, withdraw needle parallel to patient’s skin in a smooth continuous motion, dispose of needle immediately into sharps container.
Catheter collapse during blood withdrawal	Excess vacuum with blood drawing	<ul style="list-style-type: none"> Clinician should use a syringe for blood withdrawal. Sometimes the vacutainer can have too much vacuum which can cause vein collapse.