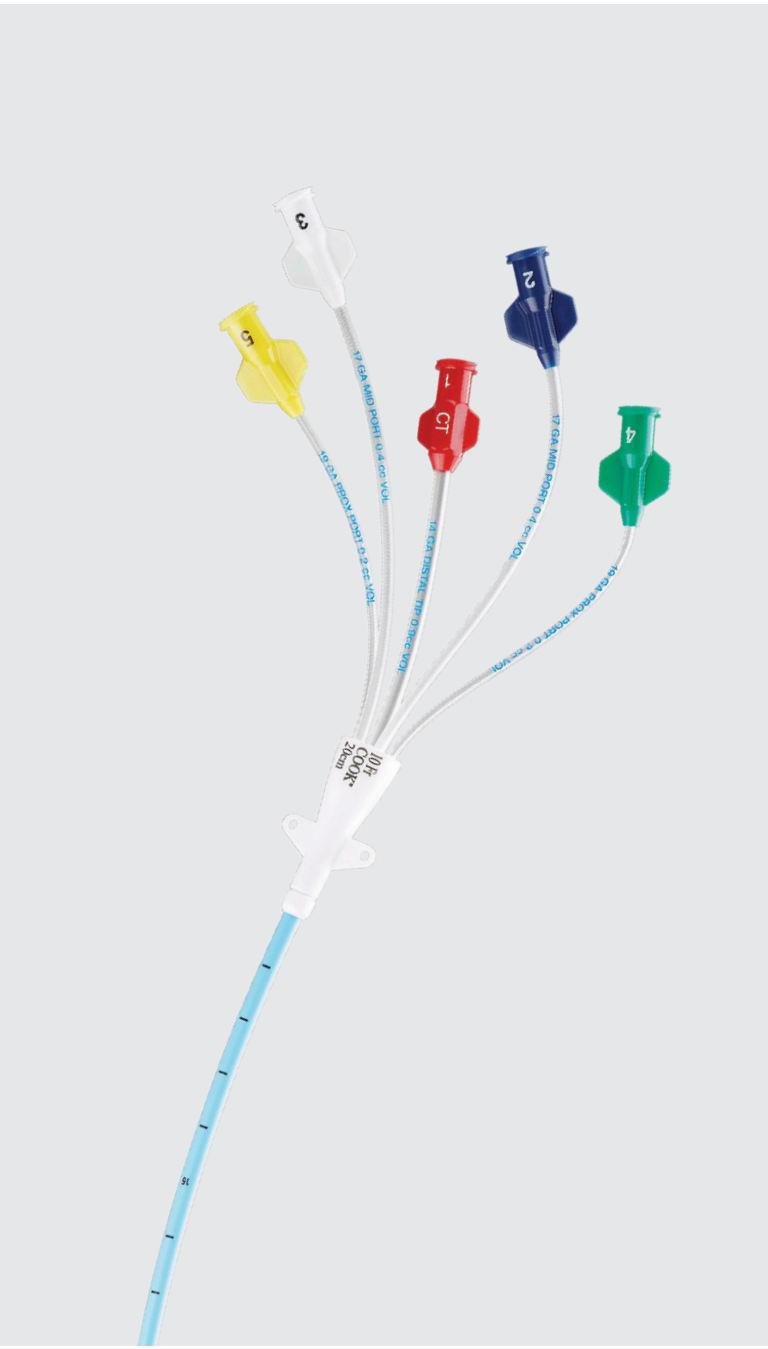
Cook® Catheter Tray In-Service Guide

In-service Guide

COOK® CATHETER TRAY

www.cookmedical.com


3
2
5
1
CT
4
17 GA MID PORT 0.4 cc VOL
17 GA MID PORT 0.4 cc VOL
19 GA PROX PORT 0.2 cc VOL
14 GA DISTAL TIP 0.8cc VOL
18 GA PROX PORT 0.2 cc VOL
COOK
10Fr
20cm

Important Information[1]

Hospital-Approved Injection Caps

Work with your hospital infection control team to learn about your hospital's injection caps and follow manufacturers' recommendations for proper use, care and maintenance of your caps. Failure to comply with these recommendations can lead to catheter malfunction and/or increased risk of infection.

Slide Clamps

To ensure the appropriate lumen is completely clamped off, use extra care to confirm the clamps are fully engaged in the closed position.

Preflushing

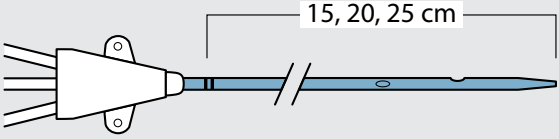
Flush all catheter lumens and injection caps prior to catheter placement. Follow standard hospital protocol.

Flushing CVC After Placement

When flushing the lumens and checking for blood return, flush remaining saline through the caps/lumens of CVC to ensure all blood has been cleared.

Catheter Measurement[2]

Catheter length should be measured from the tip to the point between two thin, black lines located 1.5 cm below the hub.



1. For complete instructions, contraindications, warnings, and precautions, see the Instructions for Use that are included with the product.

2. Excludes special lengths, pigtail, 4.0, 5.0, and 10.0 Fr catheters.

Suggested Lumen Use

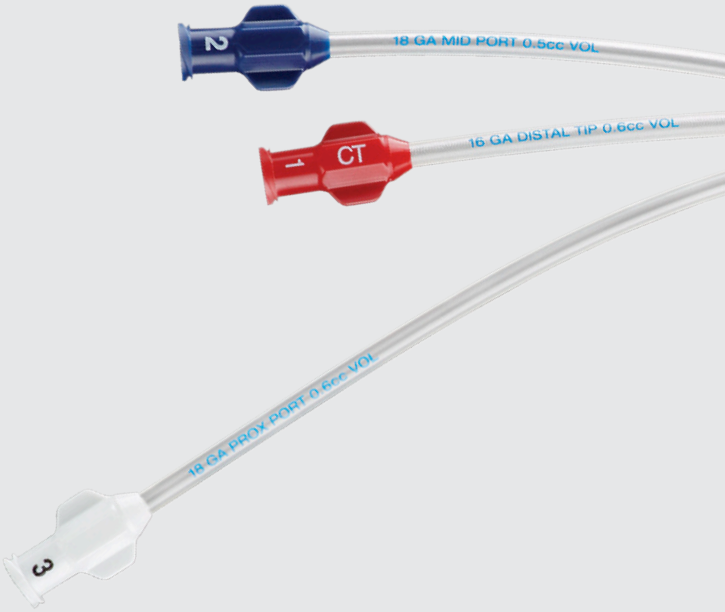
	Port	Suggested Use
Double Lumen	Distal	whole blood or blood product delivery and sampling, any situation requiring greater flow rate, CVP monitoring, medication delivery, power injection*
	Proximal	medication delivery, acute hyperalimentation
Triple Lumen/ Five Lumen	Distal	whole blood or blood product delivery and sampling, any situation requiring greater flow rate, CVP monitoring, medication delivery, power injection*
	Mid(s)	medication delivery, acute hyperalimentation
	Proximal(s)	medication delivery

*FDA cleared for power injection in 7.0, 8.0, 9.0, and 10.0 Fr power-injectable CVCs only.


CT
14 GA DISTAL TIP 0.9cc VOL

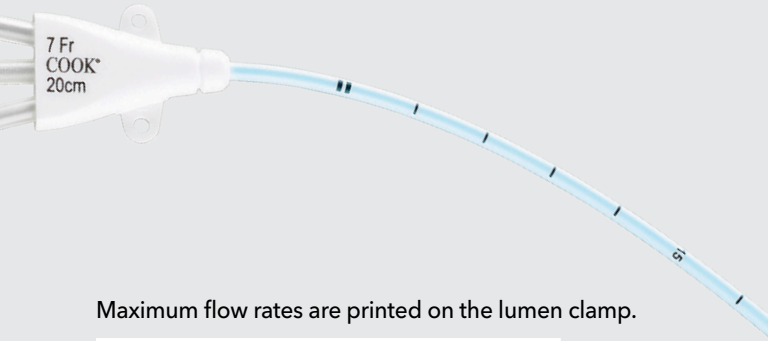
Power Injection

CT printed on distal lumen. Power inject contrast media through distal lumen only.



Type of Catheter	Maximum Flow Rate mL/sec*	Average Pressure at Maximum Flow psi*
7.0 Fr, Triple Lumen, Power-Injectable CVC	10	143.3
8.0 Fr, Double Lumen, Power-Injectable CVC	10	55.1
9.0 Fr, Triple Lumen, Power-Injectable CVC	10	35.8
10.0 Fr, Five Lumen, Power-Injectable CVC	10	32

*Maximum pressure limit settings of 325 psi. All testing verified on industry-leading MEDRAD® Stellant® CT Injector.



Maximum flow rates are printed on the lumen clamp.

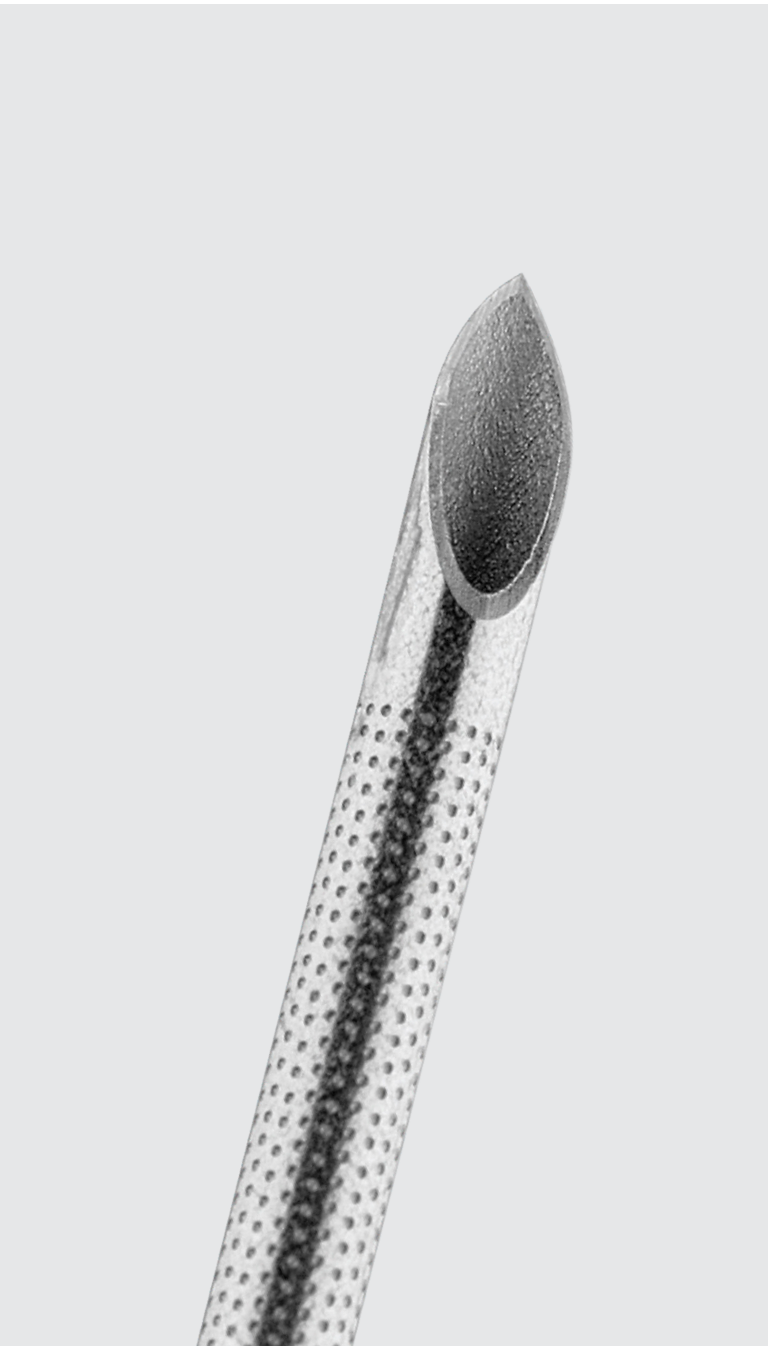
MEDRAD and Stellant are registered trademarks of MEDRAD, Inc.

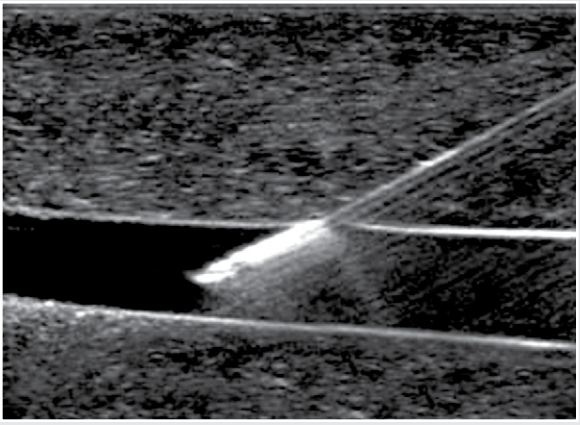
Lumen Information* and Flow Rates

	Catheter Fr	Cross-section	Lumen No./ Hub Color
Not Power-injectable	4.0 Double (UDLM)		1 2
	5.0 Double		1 2
	5.0 Triple		1 2 3
Power-injectable	7.0 Triple Power-Injectable		1 2 3
	8.0 Double Power-Injectable		1 2
	9.0 Triple Power-Injectable		1 2 3
	10.0 Five Lumen Power-Injectable		1 2 3 4 5

*In accordance with ISO 10555-3, lumens of each device were flow tested using 20°C purified water, with a head height of 1,000 mm.

Port	Equivalent gage	Minimum Lumen Volume mL	Approximate Flow Rate mL/hr
Distal	20	0.2	780
Proximal	23	0.2	180
Distal	20	0.2	900
Proximal	20	0.2	1,200
Distal	18	0.3	1,200
Mid	23	0.2	120
Proximal	23	0.2	120
Distal	16	0.6	3,840
Mid	18	0.5	1,560
Proximal	18	0.6	1,860
Distal	14	0.9	6,780
Proximal	14	1.0	7,260
Distal	14	0.9	10,140
Mid	18	0.4	1,380
Proximal	18	0.5	1,440
Distal	14	0.9	8,820
Mid	17	0.4	2,880
Mid	17	0.4	2,940
Proximal	19	0.2	840
Proximal	19	0.2	840





The EchoTip Advantage

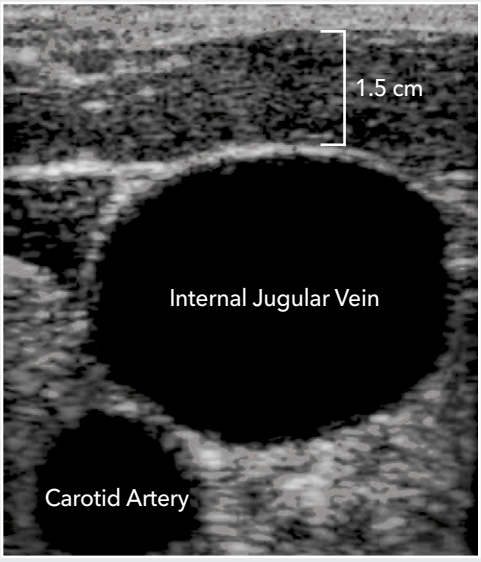
"…As the angle of insonation decreased, echogenic needles became much more advantageous. This corresponds to many biopsy situations and venous access in large patients or deep sites…EchoTip (Cook) needles remained clearly better than all others down to the 15° angle…"[1]

Safer Method of CVC Insertion

The Agency for Healthcare Research and Quality (AHRQ) recommends ultrasound for CVC placement as one of 11 practices to improve patient safety, based on the greatest strength of evidence.[2]

1. Nichols K, Wright LB, Spencer T, et al. Changes in ultrasonographic echogenicity and visibility of needles with changes in angles of insonation. *J Vasc Interv Radiol.* 2003;14(12):1553-1557.

2. Shojania KG, Duncan BW, McDonald KM, et al. Making health care safer: a critical analysis of patient safety practices. *Evid Rep Technol Assess (Summ).* 2001;(43):i-x, 1-668.



Vessel Differentiation Under Ultrasound View

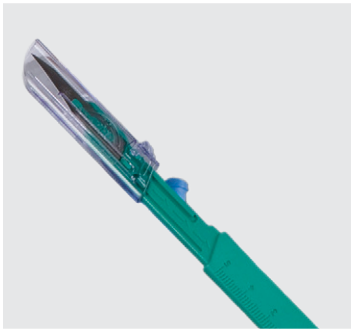
Characteristic	Vein	Artery
Appearance	Black	Black
Movement	None	Pulsatile
Compressible	Yes	No
Color Flow	Constant Flow	Pulsatile

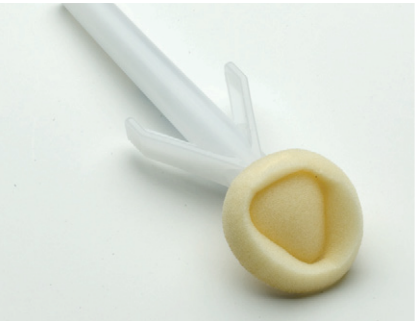
Avoidance of Unnecessary Complications

"Any time we [clinicians] insert needles into a patient blindly, we risk injuring them. The use of bedside ultrasound allows us to see inside the patient and visualize where we are placing the needle. The EchoTip significantly improves the ability to identify the exact 'tip' location of that needle."

Ben deBoisblanc, MD


PEEL






0.9% Sodium Chloride Injection USP

Cook Catheter Tray

The Cook Catheter Tray contains the following components:

- Power-injectable[1] central venous catheter with Luer-lock end caps
- Safe-T-J® double flexible-tipped wire guide with centimeter markings
- EchoTip® echogenic introducer needle(s)
- BakSnap® safety syringe
- Prefilled sodium chloride syringes
- 22 gage needle
- 25 gage needle
- FEP catheter introducer needle
- Transducer tubing
- Dilator
- Lidocaine and lidocaine label
- Filter straw
- Tinted ChloraPrep® One-Step
- Full-body fenestrated drape with clear window

- Procedure checklist
- Gauze sponges
- Disposable safety scalpel
- Straight needle with suture or curved needle with suture and needle holder
- Disposable syringes
- Needleless injection caps
- Locking sharps container
- Needle holder cup
- CSR wrap
- Movable suture wing
- StatLock® [2]

Cook Catheter Trays are also available with a cap, mask with face shield, and gown.

1. Power injection is available only in 7.0, 8.0, 9.0, and 10.0 Fr power-injectable CVCs.
2. StatLock is available only in 4.0 and 5.0 Fr CVCs.


COOK®

Clamping Movable Suture Wing

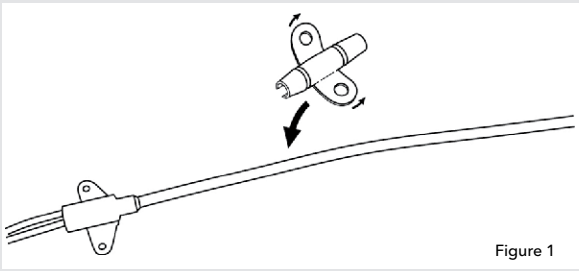


Figure 1

Spread wings of rubber clamp and position on catheter in appropriate position to ensure proper tip location.

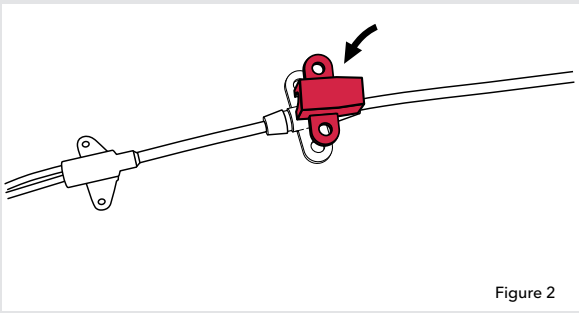


Figure 2

Snap rigid fastener onto catheter clamp.

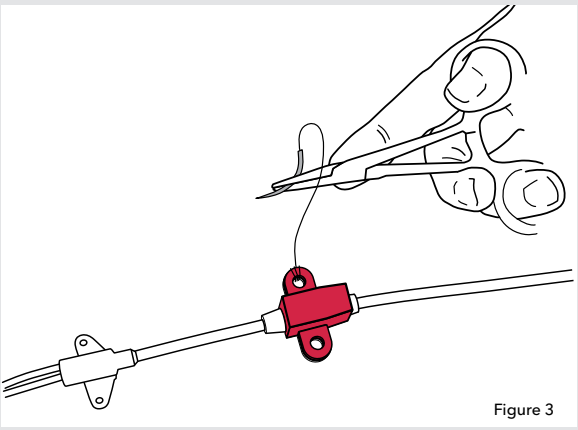


Figure 3

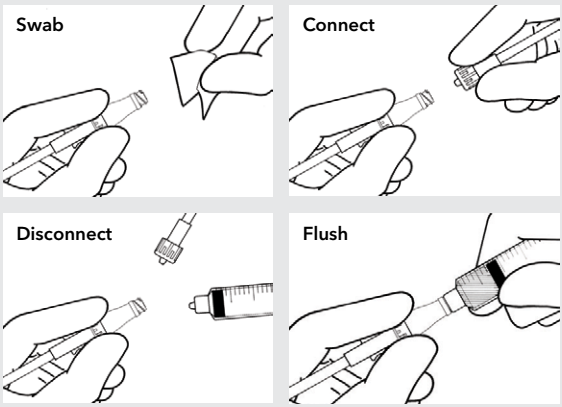
Secure catheter to patient by suturing catheter clamp and fastener together to the skin using side wings to minimize risk of catheter migration.

MicroCLAVE® Neutral Displacement Connector

The MicroCLAVE Neutral Displacement Connector provides simple, needle-free access to your CVCs. A dedicated internal fluid path design and minimal dead space help protect against contamination of the catheter hub. Contamination can lead to bloodstream infection. In addition, MicroCLAVE reduces the risk of accidental needlestick exposure for clinicians and is recommended by OSHA's Needlestick Safety and Prevention Act.

Instructions for Use (abbreviated)*

1. Using aseptic technique, remove MicroCLAVE from package. Do not contaminate.
2. Prime MicroCLAVE in accordance with facility protocol. Invert device to expel air.
3. Remove protective cap and attach male Luer of MicroCLAVE to extension set or IV catheter.
4. Swab silicone seal in accordance with facility protocol to access MicroCLAVE.
5. Attach a fully primed syringe or administration set to MicroCLAVE. Grasp MicroCLAVE and firmly push and twist male adapter into MicroCLAVE until secure.
6. To disconnect, grasp MicroCLAVE and twist syringe or administration set away from MicroCLAVE until loose.
7. Flush MicroCLAVE with normal saline or in accordance with facility protocol after each use.
8. For subsequent connections repeat from step four.



*Refer to MicroCLAVE Instructions for Use for complete information.

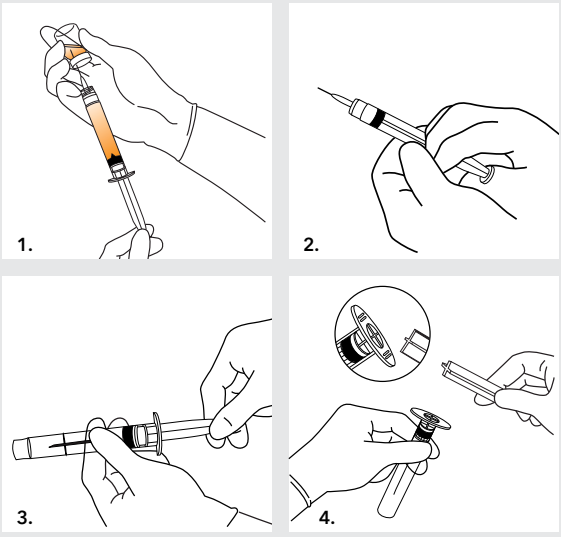
BakSnap® Retractable Safety Syringe

Recommended by OSHA's Needlestick Safety and Prevention Act, the BakSnap syringe is easy to use and helps prevent accidental needlestick injury. In just a two-second operation, the plunger is pulled back and snapped, and the entire unit is disposed of, dramatically reducing sharps waste and the associated containment processing costs.

BakSnap is a registered trademark of DuoProSS Meditech Corp.

Instructions for Use

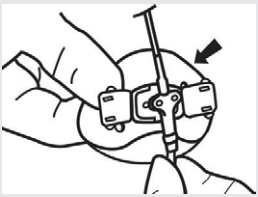
1. Draw exact amount of medicine. Crystal-clear barrel and easy-to-read calibrations promote accurate measurement.
2. Simply push the plunger until it is fully seated. A click assures you that you have locked up the retraction mechanism and all fluids are dispensed.
3. After extraction from patient, pull the plunger back until an obvious stop is felt.
4. Snap off the plunger and dispose of it in the regular trash. The barrel harbors the needle and is ready for sharps containment. Sharps waste is dramatically reduced.

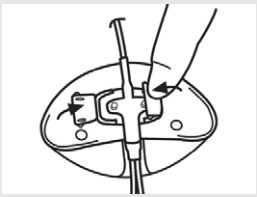


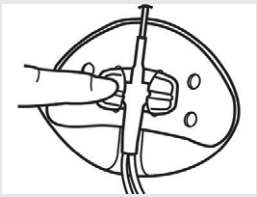
StatLock® Securement Device

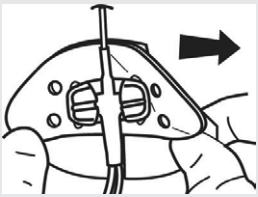
The StatLock Securement Device is available in our pediatric Full Spectrum Trays. Its adhesive back eliminates suturing and has been shown to decrease infection risk.*

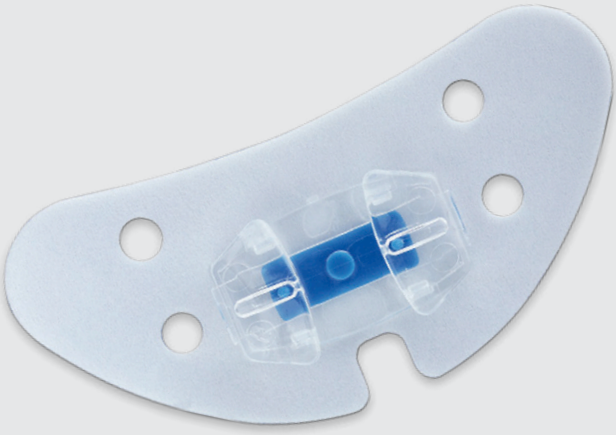
* Yamamoto AJ, Solomon JA, Soulen MC, et al. Sutureless securement device reduces complications of peripherally inserted central venous catheters. *J Vasc Interv Radiol.* 2002;13(1):77-81.











StatLock is a registered trademark of C.R. Bard, Inc.

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