

STEP ONE

Hair is clipped from the skin overlying the jugular vein with a #40 blade and the clipped area is aseptically prepared. The technician inserting the catheter dons sterile surgical gloves. An I.V. catheter is chosen. Catheters 5 or more inches in length are best as they are not easily dislodged. With aseptic technique the full length of the catheter is introduced manually into the distended jugular vein.



STEP TWO

After removal of the indwelling needle from the catheter a Large Bore Extension Set (ET3002 or EY3008) pre-filled with heparinized saline and cross-clamped with the white slide clamp is firmly attached to the hub of the catheter.



STEP THREE

A 'butterfly' of white medical tape is attached to the Extension Set just proximal to the female Luer connector. A size 2-0 nylon monofilament suture swaged to a straight cutting needle is used to secure the Extension Set to the skin.



STEP FOUR

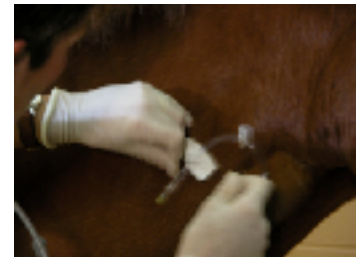
A 'butterfly' of white medical tape is attached to the Extension Set just proximal to the female luer connector. A size 2-0 nylon monofilament suture swaged to a straight cutting needle is used to secure the Extension Set to the skin.

The Extension Set is turned caudally above the vein and a suture is passed through the tape butterfly



STEP FIVE

The suture is then passed through a small segment of skin back through the butterfly on the opposite side, extended over the catheter and tied.



INTERNATIONAL WIN, LIMITED

340 North Mill Road, Suite 6, Kennett Square, PA 19348-2853 USA • (610) 444-0170 • (800) 359-4946 • Fax (610) 444-0171
e-mail: info@internationalwin.com • www.internationalwin.com

STEP SIX

A second suture is placed through the skin under the proximal Luer connector on the Extension Set just behind the Spin Lock wrapped around the connector in the space behind the Spin Lock and tied to secure the catheter hub in position.



STEP SEVEN

The completed appearance of the catheter/Extension Set set-up.



STEP EIGHT

The final step is to attach a syringe filled with sterile heparinized saline to the Extension Set, open the white slide clamp on the Extension Set temporarily and by infusion and aspiration confirm the integrity of the catheter.



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