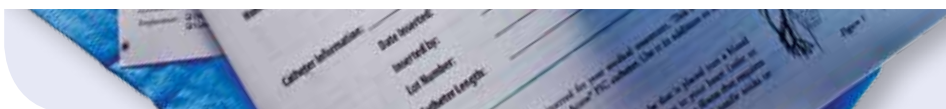




ARROW PRESSURE INJECTABLE PICC

Stay ahead of risk



AT A GLANCE

- minimal contents kit
- non-tapered catheter-design
- Blue FlexTip®
- suitable for pressure injections (max. 300 psi)
- indicated for short or long term access to the central venous system
- does not contain natural rubber latex

NEW MINIMAL CONTENTS KIT: SIMPLICITY OF USE FOR MAXIMUM OF QUALITY

Teleflex understands the importance of offering a range of products to suit all clinicians' needs.

With this in mind, Teleflex presents the new minimal contents kit put alongside the well-established all-inclusive kits to allow the end users to optimise their everyday practice.

The Pressure Injectable PICC is indicated for short or long term peripheral access to the central venous system for intravenous therapy, blood sampling, infusion, and power injection of contrast media. The maximum pressure of power injector equipment used with the Pressure Injectable PICC may not exceed 300 psi.

THE PICC'S MAIN FEATURES & BENEFITS

The advanced Pressure Injectable PICC was conceived and realised with the same attention to detail that has come to be associated with ARROW's popular CVC. It has exclu-

sive and unique characteristics that translate into clear and evidence-based benefits. The Polyurethane catheter body is stiff enough to withstand high pressure injection at 300 psi and maximum flow rates of 4ml/sec, maintains flexibility for easier insertion and tracking in the vessel. Once in situ, the Polyurethane becomes softer and more gentle to respect the *tunica intima* as much as possible. The Pressure Injectable PICC has exclusive and unique characteristics.

DETAILS

- peel-away protective shield to protect against contamination during the insertion
- distinct labelling: pressure injection capabilities are marked on the extension line hubs offering a clear understanding of the catheter performance
- distinct numbering to simplify documentation of catheter length



Blue FlexTip®

KIT CONTENTS:

- ① 1 x Pressure Injectible PICC
- ② 1 x echogenic introducer needle 21 Ga. x 7 cm
- ③ 1 x introducer needle 21 Ga. x 3.81 cm
- ④ 1 x peelable sheath introducer
- ⑤ 1 x spring-wire guide, 33 cm long, with straight soft tip at both ends
- ⑥ 1 x catheter trimmer
- ⑦ 2 x paper measuring tape
- ⑧ 1 x tourniquet
- ⑨ 1 x box clamp

NON-TAPERED CATHETER DESIGN:

Guarantees the PICC has the same French size from the tip, along the catheter body to the proximal end, thus reducing the risk of venous stasis which is one of the main causes of thrombosis.

According to a well known study published in the Journal of Vascular and Interventional Radiology¹, the risk of thrombosis rises as the French size increases. To minimise this risk, the authors recommend using the smallest acceptable catheter.

According to the INS Standards of Practice, the catheter selected shall be of the smallest gauge and length with the fewest number of lumens and shall be the least invasive device

needed to accommodate and manage the prescribed therapy². However, there can be a considerable difference between the French size at the tip and at the proximal end of a tapered catheter body. This means the widest portion of the catheter enters the narrowest portion of the vein.

BLUE FLEXTIP®:

Enhances manoeuvrability through small and tortuous vessels during the insertion procedure and allows for clear visual confirmation of the integrity of the catheter upon removal. It also minimises the risk of vessel trauma and the damage to the *tunica intima* (endothelial cells) which is also one of the main causes of thrombosis.

KIT WITH PRESSURE INJECTABLE PICC



REF.	LENGTH (CM)	O.D./I.D. (FR/GA) DIST/PROX	MAX FLOW RATE (ML/SEC)	GUIDE WIRE LENGTH	QTY
UK-05041-HPMIN	50	4 (18)	4	0.46 MM x 33 CM	10
UK-05052-HPMIN	50	5 (18, 18)	4	0.46 MM x 33 CM	10

References:

- ¹ Grove, J.R. Pevec, W.C. "Venous Thrombosis Related to Peripherally Inserted Catheters", Journal of Vascular and Interventional Radiology, 2000, Vol. 11, pp. 837-840.
- ² INS Standards of Practice 32.3, Infusion Nursing Society Standards of Practice 2011.

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