

Arrow

VPS Rhythm Device with Optional TipTracker Technology for PICC Only

Quick Guide

Non-Sterile Setup

1. Turn on monitor using power switch on back of monitor
2. Enter patient ID
3. Select PICC
4. Enter optional notes

T-Piece and ECG Setup and Baseline Cardiac Rhythm

1. Connect black T-piece connector to the black socket and blue remote control connector to blue socket on back of monitor
2. Connect the ECG snap leads to the corresponding color of the ECG cable on the T-piece and attach the electrodes to the snap leads
3. Apply ECG electrodes to patient, (AHA leads: white to right arm, black to left arm, red to lower left chest or upper left leg and IEC leads: red to right arm, yellow to left arm, green to lower left chest or upper left leg)
4. Verify External ECG signal, and confirm patient is in sinus rhythm
5. Click camera icon to take a baseline external ECG snapshot of the patient's cardiac rhythm, then click the "checkmark" icon to save
6. Once baseline external ECG is saved, a window will appear to allow user to enter external measurement and trimmed length. Using landmark technique obtain external measurement for catheter length; enter into external measurement window
7. Add 2 cm to external measured length and enter as trimmed length. Trim catheter at this length, if trimming is required
8. Remove plastic bag from the non-sterile section of the TipTracker Accessory pack. Place T-piece in plastic bag, close the end of the bag with velcro strap and peel off tape. Align the T-piece notch to the sternal notch on the patient's chest. Place the T-piece on patient's chest, tape side down
9. Use the remote control to select the navigation icon and enter the VPS Rhythm TipTracker screen



10. An Electromagnetic Interference (EMI) Warning message will appear on the monitor screen warning that temporary disruption of implanted medical devices, such as pacemakers, may occur when Tracking is selected. Ensure the edge of the T-piece is at least 8 cm from any implanted medical device
11. Ensure patient safety: review warning message and select appropriate response

Sterile Setup

1. Set up the sterile field and prepare the patient following institutional policy and procedure and manufacturer's guidelines
2. Open sterile contents of the TipTracker Stylet pack and remove the sterile sleeve
3. Place the remote control in the sterile sleeve, unrolling the sleeve to cover the entire length of the remote control cable
4. Pull the plastic sleeve tightly over the tip of the remote control cable plug, creating tension against the tip of the plug
5. Connect the remote control plug to the TipTracker Stylet jack, carefully piercing through the sterile sleeve while maintaining the sterile field

Catheter Preparation and Insertion

1. Ensure monitor is in intravascular mode
2. If a stylet/wire is inside the PICC, remove it
3. If trimming the PICC, follow institutional policy and procedure and manufacturer's guidelines

Caution: Do not cut TipTracker Stylet.

Do not use TipTracker Stylet if it has been cut

(continued on the back)

4. Insert the TipTracker Stylet into the PICC until the tip protrudes approximately 1 cm beyond the catheter tip. If the PICC has staggered exit ports, ensure the TipTracker Stylet is inserted into the distal lumen
5. Position TipTracker Stylet until tip of stylet is 1 cm inside the PICC tip
6. Flush all catheter lumens with sterile saline
Always maintain a saline column in the catheter

Using Valved Catheters

If using a valved catheter special considerations must be made for correct use of the VPS Rhythm Device for catheter tip placement. The ECG signal used for final catheter tip placement is impeded if the catheter's integral valve is closed

PICCs with a valve at the distal end

- While advancing catheter towards the Superior Vena Cava (SVC), periodically flush the PICC through the T-port sidearm to open the PICC's integral valve

PICCs with a valve integrated into the catheter's luer hub

- The Stylet passes through the valve, keeping it open throughout the procedure

Note: Always maintain a complete saline column inside the catheter

Note: To maintain a clear waveform, it is recommended to keep the patient as still as possible

7. Slowly thread PICC per institutional policy and procedure and manufacturer's guidelines
8. A blue TipTracker Line on the monitor represents the catheter's position as it advances towards the SVC
9. Use remote control to toggle back to ECG waveform display as catheter approaches SVC to observe changes in ECG waveforms and save intravascular ECG snapshots
10. A window appears for each intravascular ECG snapshot taken, requiring the clinician to enter the exposed catheter length, using the remote control. The implanted catheter depth is automatically calculated and displayed

Finish Procedure

1. When PICC is properly placed in lower 1/3 SVC near the CAJ, use remote control or touch screen to select the large "checklist" icon
2. Carefully review all items on the checklist
3. If the user has not collected sufficient intravascular snapshots, select the "Undo" icon to return to the ECG screen and take any remaining snapshots required

Remove the TipTracker Stylet and T-Port Assembly from the PICC

When the case has been completed, slowly withdraw the TipTracker Stylet

1. Disconnect the T-port and stylet from the catheter luer connector
2. Stabilize the catheter position by applying light pressure to the vein distal to the insertion site
3. Slowly remove the stylet assembly as a unit. **Do not** remove the stylet through the T-port

Caution: Never use force to remove the stylet. Resistance can damage the catheter

Caution: If resistance or kinking of the PICC is felt/observed, discontinue stylet withdrawal and allow the PICC to return to its normal shape. Flush the lumen. Repeat this procedure until the stylet is easily removed. If great resistance is experienced, withdraw both the PICC and stylet together

4. Secure the PICC according to institutional policy and procedure. The sterile portion of the procedure is now complete
5. If all items in checklist have been met, select "YES" using the touch screen and enter to complete the case
6. If all items in checklist have not been met then select "NO" using the touchscreen and enter to complete the case. Another method of tip confirmation, such as chest X-ray or fluoroscopy is required

Post Procedure

1. When the case is completed, the Patient File screen is displayed. Patient files are available for download via USB flash drive, or they can be printed for the patient record
2. From the Patient File screen, the user can either turn the monitor off, or press the Enter button to start a new case

Rx Only

See Instructions For Use for detailed information regarding the Indications for Use, contraindications, warnings, and cautions. This material is not intended to replace standard clinical education and training by Teleflex and should be used only as an adjunct to more detailed information that is available about the proper use of the product.

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