CONTRAINDICATIONS
This device is not designed, sold or intended for use except as indicated.

WARNINGS
• Once the catheter has been advanced, do not re-insert the needle back into the catheter or pull the catheter back onto the needle. If the catheter needs to be repositioned, either do so without the aid of the needle, or remove both the catheter and the needle as a unit to prevent the needle from damaging or shearing the catheter.
• Do not force or re-tighten the guidewire. Retracting the guidewire may increase the risk of guidewire damage. If the guidewire must be retracted, remove the entire device to prevent the needle from damaging or shearing the guidewire.
• Do not bend the needle before or during use as this may affect proper needle retraction.
• Avoid accidental device contact with sharp instruments or mechanical damage to the catheter material. Use only smooth-edged atraumatic clamps or forceps.
• If needle retraction does not occur, depress white button (D) again. If the needle does not retract on the second attempt, carefully withdraw the needle and guidewire and contact Bard Access Systems, Inc.
• Intended for single use only. Do not reuse. Reuse and/or repackaging may create a risk of patient or user infection, compromising the structural integrity and/or essential material and design characteristics of the device, which may lead to device failure, and/or lead to injury, illness or death of the patient.
• Failure to warn contrast media to body temperature prior to power injection may result in catheter failure.
• The fluid level in the catheter will drop if the catheter connector is opened or connected to other devices.
• Be sure to move the slider all the way back until it stops. Then fully retract the guidewire back into the needle by moving the slider away from the catheter tip.
• Break catheter tip adhesion before inserting by slightly rotating the catheter hub before returning it to its final position with the catheter tab facing up.
• Insert the needle into the vein and observe for blood return in the catheter and flashback indicator.
• If inserting at a steeper angle, lower catheter and stabilize before deploying the guidewire.
• Slowly deploy guidewire into vessel by gently moving slider (E) toward catheter tip until fully deployed and it stops.
• Warning: Do not force or re-tighten the guidewire. Retracting the guidewire may increase the risk of guidewire damage. If the guidewire must be retracted, remove the entire device to prevent the needle from damaging or shearing the guidewire.
• Note: If blood return is visualized and the guidewire will advance, but the catheter will not, consider rotating the device 180 degrees (bevel down) before re-advancing the needle and catheter.
• Advancing catheter into vessel using two fingers at catheter hub and opposite hand to stabilize the device. Avoid simultaneously pulling the needle out as the catheter is pushed in.

POSSIBLE COMPLICATIONS
The potential exists for serious complications including the following:
• Air Embolism
• Bleeding
• Catheter Erosion Through the Skin
• Catheter Embolism
• Catheter Occlusion
• Catheter Related Septis
• Exit Site Infection
• Exit Site Necrosis
• Extravasation/Infiltration
• Fibrin Sheath Formation
• Hematoma
• Intolerance Reaction to Implanted Device
• Laceration or Perforation of Vessels or Viscus
• Phlebitis
• Thromboembolism
• Venous Thrombosis
• Vessel Erosion
• Venous Normal Association with Local or General Anesthesia, Surgery, and Post-Operative Recovery

INSERTION INSTRUCTIONS
1. Identify the vein and insertion site.
2. Clean and prep insertion site per your institution’s policy.
3. Remove needle cover and inspect the catheter unit.
• Note: Verify the guidewire coil (A) is present and not damaged (bent, kinked, etc.). If the guidewire tip is not present, contact Bard Access Systems, Inc.
4. Advance guidewire from current position by moving the slider (E) toward the catheter tip until it stops. Then fully retract the guidewire back into the needle by moving the slider away from the catheter tip.
• Note: Be sure to move the slider all the way back until it stops and the coil tip is not visible. If there is excessive force or the guidewire is unable to freely advance, contact Bard Access Systems, Inc. Guidewire must be fully retracted prior to vascular access.
5. Break catheter tip adhesion before inserting by slightly rotating the catheter hub before returning it to its final position with the catheter tab facing up.
6. Insert the needle into the vein and observe for blood return in the catheter and flashback indicator.
• Note: If inserting at a steeper angle, lower catheter and stabilize before deploying the guidewire.
7. Slowly deploy guidewire into vessel by gently moving slider (E) toward catheter tip until fully deployed and it stops.
• Warning: Do not force or re-tighten the guidewire. Retracting the guidewire may increase the risk of guidewire damage. If the guidewire must be retracted, remove the entire device to prevent the needle from damaging or shearing the guidewire.
• Note: If blood return is visualized and the guidewire will advance, but the catheter will not, consider rotating the device 180 degrees (bevel down) before re-advancing the needle and catheter.
8. Advancing catheter into vessel using two fingers at the catheter hub and opposite hand to stabilize the device. Avoid simultaneously pulling the needle out as the catheter is pushed in.
• Warning: Once the catheter has been advanced, do not re-insert the needle back into the catheter or pull the catheter back onto the needle if the catheter needs to be repositioned, either do so without the aid of the needle, or remove both the catheter and the needle as a unit to prevent the needle from damaging or shearing the catheter.
• Power injector machine pressure limiting feature may not prevent overpressurization of an occluded catheter, which may lead to catheter failure.
• Warning: Exceeding the maximum flow rate or the maximum pressure of power injectors of 300 psi (2068 kPa) may result in catheter failure and/or catheter tip displacement.
• Do not connect the power injection device.
• Attach a new sterile injection / needleless cap on the AccuCath ™ IV Catheter.
• Complete power injection study taking care not to exceed the flow rate limits.
• Warning: Power injector machine pressure limiting feature may not prevent overpressurization of an occluded catheter, which may lead to catheter failure.
• Warning: Exceeding the maximum flow rate or the maximum pressure of power injectors of 300 psi (2068 kPa) may result in catheter failure and/or catheter tip displacement.
• Do not connect the power injection device.
• Attach a new sterile injection / needleless cap on the AccuCath ™ IV Catheter.

INDICATIONS FOR USE
The AccuCath ™ IV Intracatheter is inserted into a patient’s vascular system to sample blood, monitor blood pressure, or administer fluids intravenously. This device may be used with consideration given to adequacy of vascular anatomy, approved the use of the solution being infused, and duration of therapy. The AccuCath ™ IV Catheter is suitable for use with power injectors.

PREFERENCE
• Measures should be taken to avoid kinking or obstructing the catheter during power injection to avoid device failure.
• A product made of material may absorb fluid and dispose of in accordance with accepted medical practice and applicable local, state, and federal laws and regulations.
• Report needle stick injuries immediately and follow established institutional protocol.
• Note: Use aseptic techniques whenever the catheter lumen is opened or connected to other devices.
1. Identify vein and insertion site
2. Clean and prepare insertion site per institutional policy
3. Remove needle cover
4. Fully advance and fully retract guidewire
5. Break catheter tip adhesion
6. Insert needle in vein and observe flashback
7. Deploy guidewire
8. Advance catheter
9. Depress safety activation button
10. Connect accessory device
11. Secure and dress site