POWER INJECTION PROCEDURE

1. Remove the end cap/needleless connector from the catheter.
2. Attach a 10 mL or larger syringe filled with sterile normal saline.
3. Aspirate for adequate blood return and vigorously flush the catheter with the full 10 mL of sterile normal saline. This will help to ensure the patency of the catheter and prevent damage to the catheter. Resistance to flushing may indicate a partial or complete occlusion. DO NOT proceed with power injection study until occlusion has been cleared.

WARNING: TO PREVENT SYSTEMIC HEPARINIZATION OF THE PATIENT, ANY HEPARIN SOLUTION MUST BE ASPIRATED OUT OF THE POWER INJECTABLE LUMEN PRIOR TO USE.

WARNING: FAILURE TO ENSURE PATENCY OF THE CATHERETER PRIOR TO POWER INJECTION STUDIES MAY RESULT IN CATHERETE FAILURE.

4. Detach syringe.
5. Attach the power injection device to the catheter per manufacturer’s recommendations.
6. Contrast media should be warmed to body temperature (37°C) prior to power injection.

WARNING: FAILURE TO WARM CONTRAST MEDIA TO BODY TEMPERATURE (37°C) PRIOR TO POWER INJECTION MAY RESULT IN CATHETER FAILURE.

7. Use only the lumen marked “Power Injectable” for power injection of contrast media. USE OF LUMENS NOT MARKED “POWER INJECTABLE” FOR POWER INJECTION OF CONTRAST MEDIA MAY CAUSE FAILURE OF THE CATHERETER.

8. Complete power injection study taking care not to exceed the flow rate limits. USE OF LUMENS NOT MARKED “POWER INJECTABLE” FOR POWER INJECTION OF CONTRAST MEDIA MAY CAUSE FAILURE OF THE CATHERETER.

9. Disconnect the power injection device.
10. Close clamp and replace end cap/needleless connector on the catheter.

USE & MAINTENANCE

DIALYSIS LUMENS

The distal lumen is a 17 Gauge independent lumen for intravenous therapy, blood draws, power injection of contrast media, and central venous pressure monitoring.

Easy Identification

- 17 Fr lumen indicates dialysis access. The white clamps indicate the appropriate timing volume.

Lossing Procedures

- To maintain patency between dialysis sessions, keep the lumen filled with the appropriate concentration and volume of heparin. Use the concentration of heparin approved by your institution.

THIRD DISTAL LUMEN

This distal lumen is a 17-Gauge independent lumen for dialysis access, blood draws, power injection of contrast media, and central venous pressure monitoring.

Use & Maintenance

- Close clamp and replace end cap/needleless connector on the catheter.

Cleaning the Exit Site

- Maintain according to hospital protocol. Avoid using saline-based solutions, or PEG containing ointments. These substances are known to degrade polyurethane.

- Use chlorhexidine gluconate or povidone iodine to clean the exit site around the catheter. Avoid alcohol-based agents / antiseptics to dry completely before applying dressing.

WARNING: Antiseptic containing alcohol can cause failure of this device and should not be used with polyurethane catheters. Chlorhexidine patches or bacitracin ointments are the preferred alternative.

Maximum Injection Rates

- Femoral catheters designed to facilitate MAXIMUM FLOW RATES OF 400 ML/MIN.

- For patients undergoing dialysis or hemodialysis treatment, use a 12 Fr catheter.

- For patients undergoing hemodialysis, hemofiltration, or apheresis treatments, use a 13 Fr catheter.

- The Power-Trialysis™ and the Power-Trialysis™ Slim-Cath™ Short-Term Dialysis Catheter, with a third internal lumen for intravenous therapy, power injection of contrast media, and central venous pressure monitoring, is indicated for use in attaining short-term (less than 30 days) vascular access for hemodialysis, hemoperfusion, and apheresis treatments.

TROUBLESHOOTING

- Catheters that present resistance to flushing and aspiration may be partially or completely occluded.

- Excessive force must not be used to flush an occluded lumen. Insignificant blood flow may be caused by occluded holes resulting from a clot or by side holes contacting the wall of the vein. If manipulation of the catheter through rotation or reversing arterial and venous flow does not help, then the physician may attempt to dissolve the clot with a declotting procedure/secretion protocol.