Power Injection Procedure

1. Remove the injection/needleless cap from the PowerGroshong 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.

Warning: Failure to ensure patency of the catheter prior to power injection studies may result in catheter failure.

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

Warning: Failure to warm contrast media to body temperature prior to power injection may result in catheter failure.

7. Exceeding the maximum flow rate of 4 ml/sec, or the maximum pressure of power injectors of 300 psi, may result in catheter failure and/or catheter tip displacement.
8. Disconnect the power injection device.
9. Flush the PowerGroshong catheter with 10 ml of sterile normal saline, using a 10 ml or larger syringe.
10. Replace the injection/needleless cap on the PowerGroshong catheter.

Warning: PowerGroshong catheter indication for power injection of contrast media implies the catheter’s ability to withstand the procedure, but does not imply appropriateness of the procedure for a particular patient. A suitably trained clinician is responsible for evaluating the health status of a patient as it pertains to a power injection procedure.

Recommended Flushing/maintenance Procedure(s)

1. Vigorously flush the PowerGroshong catheter using a 10 ml or larger syringe and sterile normal saline prior to and immediately following the completion of power injection studies. This will ensure the patency of the PowerGroshong catheter and prevent damage to the catheter. Resistance to flushing may indicate partial or complete catheter occlusion. Do not proceed with power injection study until occlusion has been cleared.
2. For intermittent use, flush the catheter with saline once each week or after each use.

NOTE: When infusion volume is a concern in small or pediatric patients, flush with 3 ml.
3. Caution: To reduce potential for blood backflow into the catheter tip, always remove needles or needless caps slowly while injecting the last 0.5 ml of saline.
4. Catheters that present resistance to flushing and aspiration may be partially or completely occluded. Do not flush against resistance. If the lumen will neither flush nor aspirate and it has been determined that the catheter is occluded with blood, a declotting procedure per institution protocol may be appropriate.

Recommendations

- **SALINE CARE AND MAINTENANCE**
- **CLAMPLESS DESIGN**
- **WHITE CATHETER DEPTH MARKINGS**
- **SILICONE MATERIAL**
- **45 & 55 CM LENGTH**

Power of Purple

- **Yellow Sleeve**
  - denotes maximum injection rate of 4 ml/sec.
- **4 millsec MAX**
- **Extension Legs**
  - clearly labeled “Power Injectable”
- **Valve Technology**
  - valve at distal end of catheter

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**INDICATIONS**

The catheter is indicated for short or long term peripheral access to the central venous system for intravenous therapy and, power injection of contrast media. The maximum recommended infusion rate is 4 ml/sec for power injection of contrast media.