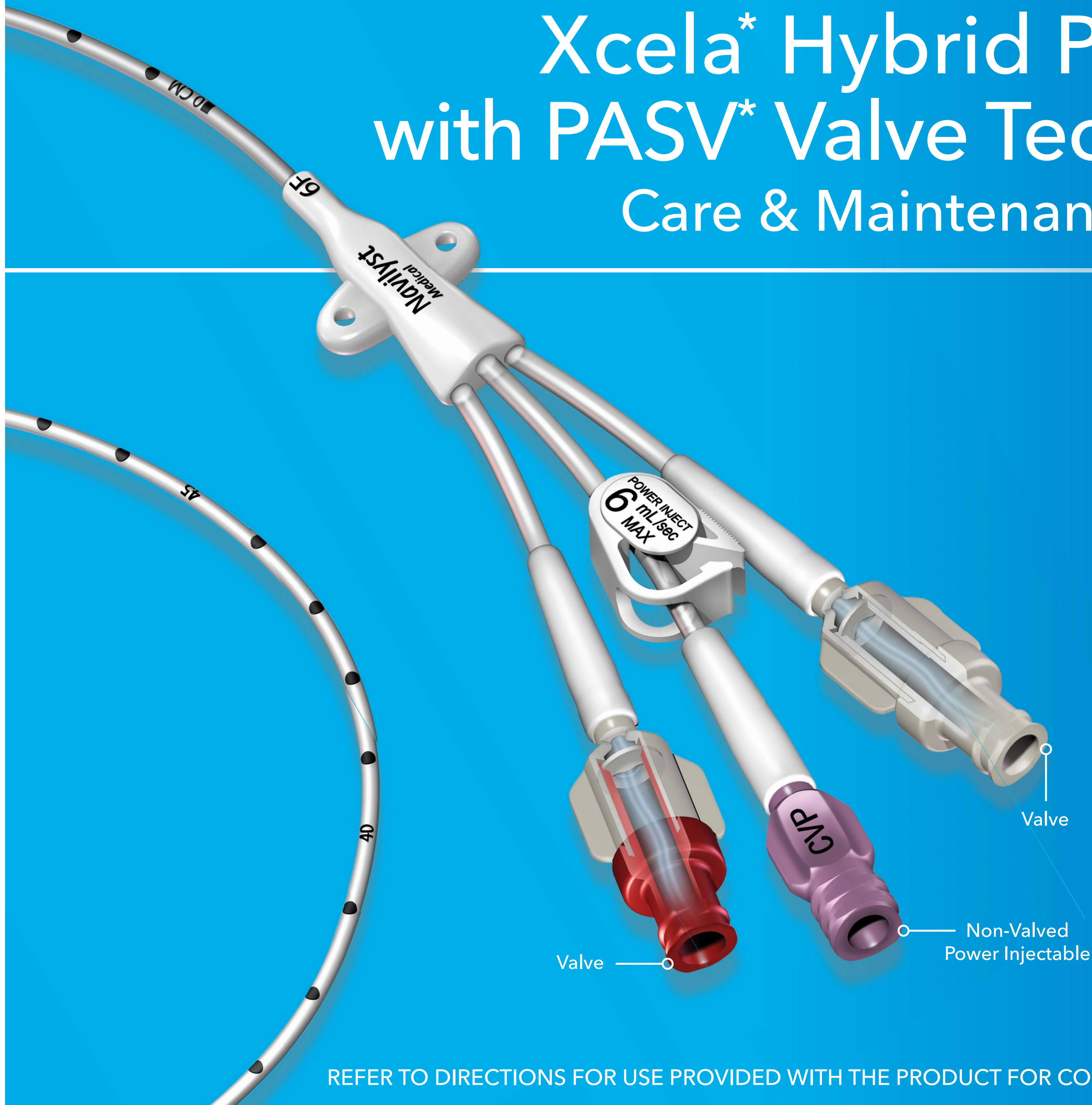


# Xcela\* Hybrid PICC with PASV\* Valve Technology Care & Maintenance



REFER TO DIRECTIONS FOR USE PROVIDED WITH THE PRODUCT FOR COMPLETE INSTRUCTIONS.

## SUGGESTED FLUSHING PROTOCOL - VALVED LUMENS

### Non-clamped with RED hub and WHITE hub

1. Flush the VALVED, non-clamped RED lumen and WHITE lumen with sterile normal saline per Directions for Use or per institutional protocol.
2. Flush after every use or at least every 7 days when not in use.
3. Flush the catheter with a minimum of 10 mL of sterile normal saline, using a "pulse" or "stop/start" technique.\*\*

**Warning:** If using bacteriostatic saline, do not exceed 30 mL in a 24-hour period.

## SUGGESTED FLUSHING PROTOCOL - NON-VALVED LUMEN

### Clamp with PURPLE hub

1. Flush the NON-VALVED, clamped PURPLE lumen with sterile normal saline per Directions for Use or per institutional protocol.
2. Flush after every use or every 12 hours if not in use.
3. Close clamp after flushing. Open clamp before infusing or aspirating.
4. Always aspirate first to confirm blood return.
5. Flush the catheter with a minimum of 10 mL of sterile normal saline, using a "pulse" or "stop/start" technique.
6. Following the saline flush, lock with heparin per Directions for Use or institutional protocol.

## SUGGESTED VENOUS BLOOD SAMPLING PROTOCOL

1. Stop administration of infusates.
2. Flush the selected lumen with 10 mL of sterile normal saline.
3. Using the same syringe, draw 3 to 5 mL of blood. For valved lumens only, slowly pull and hold the plunger allowing the PASV\* Valve to open.
4. Disconnect and discard the syringe.
5. Attach a second 10 mL syringe or collection set and slowly aspirate the blood sample.
6. Using a 10 mL syringe or larger, flush the selected lumen with a minimum of 10 mL of sterile normal saline using a "pulse" or "stop/start" technique.
7. Disconnect the syringe.
8. For non-valved center lumen, lock with heparin per Directions for Use or per institutional protocol.

## IMPORTANT CARE GUIDELINES

### Always use aseptic technique.

#### Catheter Care

- Do not use clamps, hemostats or other similar implements to tighten or remove accessories.
- Use a 10 mL syringe or larger.
- When administering care, inspect visible components for damage.
- At each treatment, verify that external catheter length matches measurement recorded upon insertion.

#### Site Care

- If alcohol-based solutions are used, allow them to completely dry.
- Assess site for potential infection. If redness, swelling or drainage is observed, notify physician.
- Cover site with occlusive dressing applied per institutional protocol. Keep dressing clean, dry and intact at all times (Figure 1).
- Leave extension tubes, hubs and connectors exposed.
- Do not use scissors to remove dressing as this may possibly cut or damage the catheter.



Figure 1

## PATIENT EDUCATION

### Important information to communicate to patients:

- Complete Travel Card included in Patient Guide and carry at all times.
- Do not use acetone or polyethylene glycol-containing ointments to clean the catheter.
- Protect dressing from exposure to water.
- If dressing becomes wet or loose, have it changed.
- Keep needleless connectors on catheter hub at all times.
- Notify healthcare provider immediately if catheter is damaged.

Whether you have a question or need information, our team is here to help. Email us at [support@spectrumvascular.com](mailto:support@spectrumvascular.com)

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\*\*NOTE: This is the recommended flush procedure for this catheter. If using a different procedure, the use of heparin may be necessary. Follow institutional protocol for catheter flushing.

#### IMPORTANT SAFETY INFORMATION

For Indications of Use, contraindications, warnings, adverse reactions, precautions, and other safety information, please refer to the insert accompanying each product.



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