



**PASV\* Power Injectable PICC**

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**Flushing & Blood Sampling**

# Flushing

## Recommended Procedure

1. Flush the catheter after every use, or at least every seven days when not in use, to maintain patency. Use a 10 mL syringe or larger.
2. Flush the catheter with a minimum of 10 mL of sterile normal saline, using a “pulse” or “start/stop” technique
  - WARNING: If using bacteriostatic saline, do not exceed 30 mL in a 24 hour period.
  - NOTE: This is the recommended flush procedure for this catheter. If using a different procedure than listed above, the use of heparin may be necessary. Follow institutional protocol for catheter flushing.

# Blood Sampling

## Recommended Procedure

1. Stop administration of infusates.
2. Using aseptic technique, swab catheter hub or needleless connector, and allow to air dry.
3. Flush the selected lumen with 10 mL of sterile normal saline.
4. Using the same syringe, aspirate a small amount of blood and fluid (3-5 mL minimum) by slowly pulling and holding the plunger, allowing the PASV Valve to open. Discard syringe according to institutional protocol.

# Blood Sampling (continued)

## Recommended Procedure

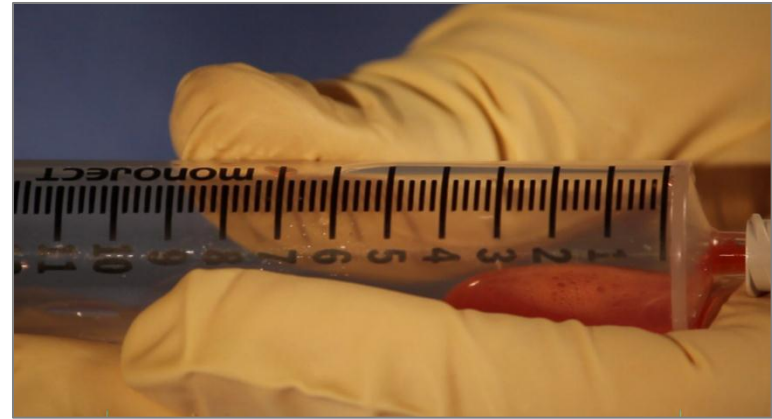
5. Using a second syringe or collection set, slowly withdraw specimen.
6. Flush the catheter using a “stop/start” or “pulse” technique with a minimum of 20 mL of sterile normal saline immediately following withdrawal of a blood sample. Use a 10 mL or larger syringe.
7. Attach a sterile end cap to luer lock hub or new needleless connector if removed.
8. Transfer specimens per institutional protocol.

# Blood Sampling: Good



- Withdraw blood slowly using syringe. Pull plunger back 1-2 mL and wait for PASV to open
- Continue slow withdrawal, maintaining continuous gentle negative pressure on the syringe to keep the PASV valve open until adequate blood sample is obtained

# Blood Sampling: Bad



- Avoid pulsatile or excessive pull back pressure on the syringe (which may lead to damage of the red blood cells).

# Summary

- Use 10 ml syringes for flushing
- Saline only flush is indicated but heparin may be necessary depending on institutional protocol
- Utilize “pulsatile” flushing technique (push-stop)
- DO NOT utilize pulsatile withdrawal of blood
- Transfer blood sample in a manner to avoid excessive agitation of the sample. Allow pressure within evacuated blood tube to pull blood from syringe. Do not force with plunger.

# Risk Information

**INTENDED USE/INDICATIONS FOR USE:** PASV Power Injectable PICCs are indicated for short or long-term peripheral access to the central venous system for intravenous therapy, including but not limited to, the administration of fluids, medications and nutrients; the sampling of blood; and for power injection of contrast media.

**CONTRAINDICATIONS:** Venous thrombosis in any portion of the vein to be catheterized. Conditions that impede venous return from the extremity such as paralysis or lymphedema after mastectomy. Orthopedic or neurological conditions affecting the extremity. Anticipation or presence of dialysis grafts or other intraluminal devices. Hypercoagulopathy unless considerations are made to place the patient on anticoagulation therapy. Pre-existing skin surface or subsurface infection at or near the proposed catheter insertion site. Anatomical distortion of the veins from surgery, injury or trauma. Inadequate antecubital veins. Anatomical irregularities (structural or vascular) which may compromise catheter insertion or catheter care procedures.

**WARNINGS AND PRECAUTIONS:** Please refer to product DFU for complete list of warnings and precautions.

**POTENTIAL COMPLICATIONS:** Consult refer to product DFU for a complete list of potential complications.

**CAUTION:** Federal (USA) law restricts these devices to sale by or on the order of a physician.

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