ARROW EZ-IO
INTRAOSSEOUS VASCULAR ACCESS

EZ-IO MANUAL NEEDLE SET

Instructions for Use

EZ-IO® MANUAL NEEDLE SET:
Sterile Description: EZ-IO Manual Needle Sets contain a 304 stainless steel, 38.5 mm alpha and 25 gauge catheter, provided sterile, non-pyrogenic in a disposable kit. The EZ-IO Manual Needle is intended for single use only. The EZ-IO Manual Needle is intended for patients: (all ka)

Each EZ-IO Manual Needle Set contains:
- 1 Manual Needle Set
- 1 EZ-Stabilizer® Dressing
- 1 EZ-Connect®
- 1 Sharps Block
- 1 Alcohol Wipe
- 1 Quick Reference Guide

INDICATIONS FOR USE:
The EZ-IO Product System is indicated for immediate vascular access in emergencies.

CONTRAINDICATIONS FOR USE:
- Fracture in target bone.
- Previous ipsilateral orthopedic procedure at the site, prosthetic limb or joint.
- EZ-Lumber use in post-ALF hours of the target bone.
- Infection at the area of insertion.
- Osteoporosis (severe density) and/or absence of adequate anatomical landmarks.

POTENTIAL COMPLICATIONS:
- Pain
- Inflammation
- Infiltration of the insertion site
- Extravasation
- Infiltration
- Infection
- Osteomyelitis
- Compartment syndrome
- Fracture

WARNINGS AND PRECAUTIONS FOR EZ-IO® INTRAOSSEOUS VASCULAR ACCESS SYSTEM:

WARNING: Not for Sternum use.
CAUTION: Use aseptic technique.
CAUTION: Check skin, adipose and muscle thickness before insertion.
CAUTION: Extra care should be taken during insertion and site monitoring when used in patients with bone diseases that increase the likelihood of fracture, extravasation and dislodgement.
CAUTION: Do not reuse, recycle or recommend sequential compressions. Use dehiscent and sharp disposal procedures. Re-use of contents may cause cross-contamination, leading to patient risk and complication(s).
CAUTION: Before administering medication, use the highly-concentrated drugs, check the EZ Catheter aspect for placement and patency.
CAUTION: Use caution in osteoporotic aspects.
CAUTION: Monitor insertion site frequently for extravasation.
CAUTION: Do not use the EZ-Lumber in pediatrics.
CAUTION: Do not leave the Catheter beyond 24 hours.
CAUTION: Needle Sets are single use only; various medical consequences (e.g. life-threatening infection) and reduced performance (e.g. blunted needle) may occur if compliance to this warning is not followed. (For a complete listing of these serious medical and performance consequences, please contact Teleflex.)
STORAGE: Store in a cool dry place.

PROCEDURE STEPS:
1. **Take appropriate Body Substance Isolation (BSI) Precautions.**
2. **Aseptic technique. 3. Locate Inserter site.** (See Figure 1)

Figure 1

4. **Ensure at least 3 mm of catheter is visible.** (See Figure 2)
5. Penetrate bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
6. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
7. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

8. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 3)
9. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

10. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 4)
11. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 5)

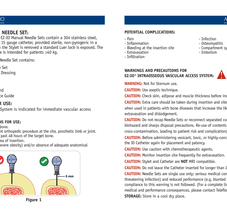

Figure 2

12. **Prepare Injection site** (See Figure 5).
13. **Prepare injection syringe.**
14. **Remove and discard the needle set safely cap.**
15. **Insert.** (See Figure 5)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

16. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 6) **Gently** insert needle set until needle set hub touches bone.

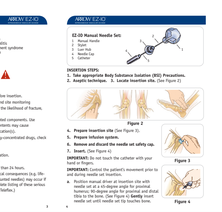

Figure 3

17. Ensure at least 3 mm of catheter is visible. (See Figure 6)
18. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
19. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
20. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

21. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 7)
22. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

23. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 8)
24. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 9)

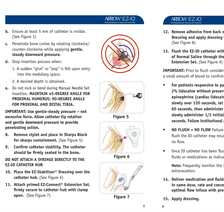

Figure 4

25. **Prepare Injection site** (See Figure 9).
26. **Prepare injection syringe.**
27. **Remove and discard the needle set safely cap.**
28. **Insert.** (See Figure 9)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

29. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 10) **Gently** insert needle set until needle set hub touches bone.

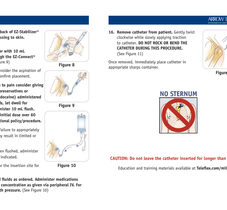

Figure 5

30. Ensure at least 3 mm of catheter is visible. (See Figure 10)
31. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
32. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
33. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

34. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 11)
35. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

36. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 12)
37. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 13)

Figure 6

38. **Prepare Injection site** (See Figure 13).
39. **Prepare injection syringe.**
40. **Remove and discard the needle set safely cap.**
41. **Insert.** (See Figure 13)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

42. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 14) **Gently** insert needle set until needle set hub touches bone.

Figure 7

43. Ensure at least 3 mm of catheter is visible. (See Figure 14)
44. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
45. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
46. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

47. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 15)
48. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

49. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 16)
50. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 17)

Figure 8

51. **Prepare Injection site** (See Figure 17).
52. **Prepare injection syringe.**
53. **Remove and discard the needle set safely cap.**
54. **Insert.** (See Figure 17)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

55. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 18) **Gently** insert needle set until needle set hub touches bone.

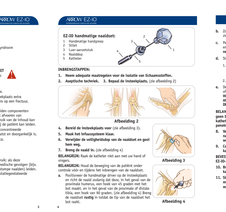

Figure 9

56. Ensure at least 3 mm of catheter is visible. (See Figure 18)
57. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
58. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
59. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

60. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 19)
61. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

62. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 20)
63. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 21)

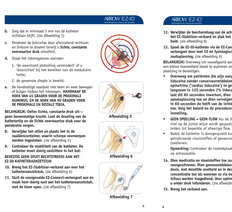

Figure 10

64. **Prepare Injection site** (See Figure 21).
65. **Prepare injection syringe.**
66. **Remove and discard the needle set safely cap.**
67. **Insert.** (See Figure 21)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

68. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 22) **Gently** insert needle set until needle set hub touches bone.

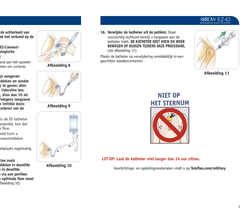

Figure 11

69. Ensure at least 3 mm of catheter is visible. (See Figure 22)
70. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
71. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
72. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

73. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 23)
74. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

75. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 24)
76. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 25)

Figure 12

77. **Prepare Injection site** (See Figure 25).
78. **Prepare injection syringe.**
79. **Remove and discard the needle set safely cap.**
80. **Insert.** (See Figure 25)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

81. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 26) **Gently** insert needle set until needle set hub touches bone.

Figure 13

82. Ensure at least 3 mm of catheter is visible. (See Figure 26)
83. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
84. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
85. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

86. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 27)
87. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

88. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 28)
89. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 29)

Figure 14

90. **Prepare Injection site** (See Figure 29).
91. **Prepare injection syringe.**
92. **Remove and discard the needle set safely cap.**
93. **Insert.** (See Figure 29)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

94. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 30) **Gently** insert needle set until needle set hub touches bone.

Figure 15

95. Ensure at least 3 mm of catheter is visible. (See Figure 30)
96. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
97. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
98. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

99. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 31)
100. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

101. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 32)
102. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 33)

Figure 16

103. **Prepare Injection site** (See Figure 33).
104. **Prepare injection syringe.**
105. **Remove and discard the needle set safely cap.**
106. **Insert.** (See Figure 33)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

107. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 34) **Gently** insert needle set until needle set hub touches bone.

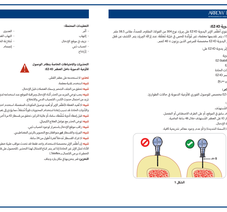

Figure 17

108. Ensure at least 3 mm of catheter is visible. (See Figure 34)
109. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
110. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
111. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

112. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 35)
113. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

114. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 36)
115. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 37)

Figure 18

116. **Prepare Injection site** (See Figure 37).
117. **Prepare injection syringe.**
118. **Remove and discard the needle set safely cap.**
119. **Insert.** (See Figure 37)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

120. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 38) **Gently** insert needle set until needle set hub touches bone.

Figure 19

121. Ensure at least 3 mm of catheter is visible. (See Figure 38)
122. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
123. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
124. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

125. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 39)
126. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

127. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 40)
128. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 41)

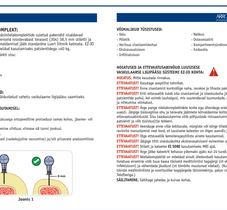

Figure 20

129. **Prepare Injection site** (See Figure 41).
130. **Prepare injection syringe.**
131. **Remove and discard the needle set safely cap.**
132. **Insert.** (See Figure 41)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

133. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 42) **Gently** insert needle set until needle set hub touches bone.

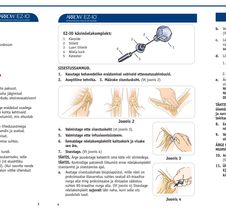

Figure 21

134. Ensure at least 3 mm of catheter is visible. (See Figure 42)
135. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
136. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
137. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

138. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 43)
139. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

140. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 44)
141. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 45)

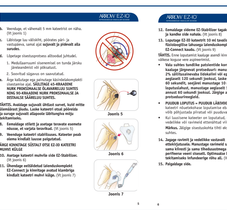

Figure 22

142. **Prepare Injection site** (See Figure 45).
143. **Prepare injection syringe.**
144. **Remove and discard the needle set safely cap.**
145. **Insert.** (See Figure 45)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

146. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 46) **Gently** insert needle set until needle set hub touches bone.

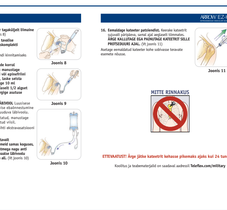

Figure 23

147. Ensure at least 3 mm of catheter is visible. (See Figure 46)
148. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
149. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
150. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

151. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 47)
152. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

153. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 48)
154. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 49)

Figure 24

155. **Prepare Injection site** (See Figure 49).
156. **Prepare injection syringe.**
157. **Remove and discard the needle set safely cap.**
158. **Insert.** (See Figure 49)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

159. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 50) **Gently** insert needle set until needle set hub touches bone.

Figure 25

160. Ensure at least 3 mm of catheter is visible. (See Figure 50)
161. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
162. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
163. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

164. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 51)
165. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

166. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 52)
167. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 53)

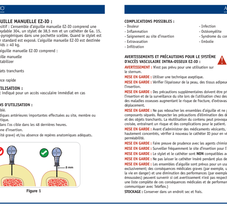

Figure 26

168. **Prepare Injection site** (See Figure 53).
169. **Prepare injection syringe.**
170. **Remove and discard the needle set safely cap.**
171. **Insert.** (See Figure 53)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

172. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 54) **Gently** insert needle set until needle set hub touches bone.

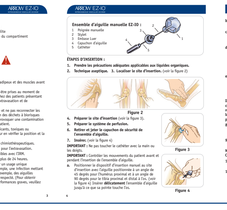

Figure 27

173. Ensure at least 3 mm of catheter is visible. (See Figure 54)
174. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
175. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
176. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

177. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 55)
178. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

179. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 56)
180. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 57)

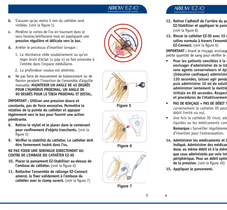

Figure 28

181. **Prepare Injection site** (See Figure 57).
182. **Prepare injection syringe.**
183. **Remove and discard the needle set safely cap.**
184. **Insert.** (See Figure 57)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

185. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 58) **Gently** insert needle set until needle set hub touches bone.

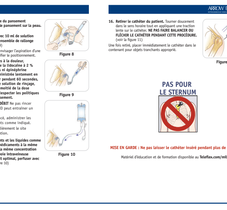

Figure 29

186. Ensure at least 3 mm of catheter is visible. (See Figure 58)
187. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
188. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
189. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

190. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 59)
191. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

192. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 60)
193. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 61)

Figure 30

194. **Prepare Injection site** (See Figure 61).
195. **Prepare injection syringe.**
196. **Remove and discard the needle set safely cap.**
197. **Insert.** (See Figure 61)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

198. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 62) **Gently** insert needle set until needle set hub touches bone.

Figure 31

199. Ensure at least 3 mm of catheter is visible. (See Figure 62)
200. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
201. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
202. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

203. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 63)
204. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

205. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 64)
206. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 65)

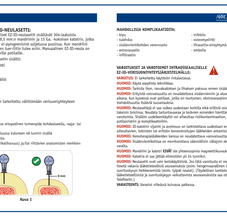

Figure 32

207. **Prepare Injection site** (See Figure 65).
208. **Prepare injection syringe.**
209. **Remove and discard the needle set safely cap.**
210. **Insert.** (See Figure 65)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

211. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 66) **Gently** insert needle set until needle set hub touches bone.

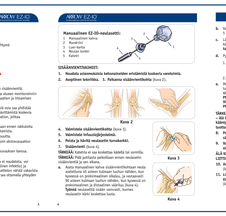

Figure 33

212. Ensure at least 3 mm of catheter is visible. (See Figure 66)
213. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
214. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
215. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

216. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 67)
217. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

218. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 68)
219. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 69)

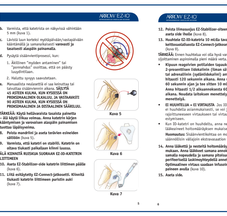

Figure 34

220. **Prepare Injection site** (See Figure 69).
221. **Prepare injection syringe.**
222. **Remove and discard the needle set safely cap.**
223. **Insert.** (See Figure 69)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

224. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 70) **Gently** insert needle set until needle set hub touches bone.

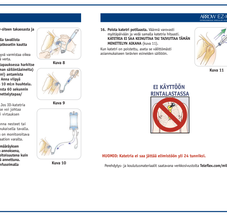

Figure 35

225. Ensure at least 3 mm of catheter is visible. (See Figure 70)
226. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
227. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
228. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter tip rotation and gentle downward pressure to provide penetrating action.

229. **Remove stylet and place in Sharps Block for sharps containment.** (See Figure 71)
230. **Aspirate to confirm placement. Saline flush should be freely seated in the bone.**

DO NOT ATTACK A SYRINGE DIRECTLY TO THE EZ-IO CATHETER HUB.

231. **Place the EZ-Stabilizer® Dressing over the catheter hub.** (See Figure 72)
232. **Attach primed EZ-Connect® Extension Set, firmly secure to catheter hub with clamp open.** (See Figure 73)

Figure 36

233. **Prepare Injection site** (See Figure 73).
234. **Prepare injection syringe.**
235. **Remove and discard the needle set safely cap.**
236. **Insert.** (See Figure 73)

IMPORTANT: Do not touch the catheter with your hand or fingers.

IMPORTANT: Contact the patient's movement prior to and during EZ-Connect® Insertion.

237. Position manual driver at insertion site with needle set at a 45-degree angle for proximal humerus; 90-degree angle for proximal and distal tibia to the bone. (See Figure 74) **Gently** insert needle set until needle set hub touches bone.

Figure 37

238. Ensure at least 3 mm of catheter is visible. (See Figure 74)
239. Remove bone cortex by rotating clockwise/ counterclockwise and applying downward pressure.
240. Stop insertion process when:
   1. A sudden "pop" or "loss" is felt upon entry into the medullary space.
   2. A desired depth is attained.
241. Do not not or bend during Manual Needle Set insertion. **MAINTAIN 15-30 DEGREE ANGLE FOR PROXIMAL HUMERUS; 90-DEGREE ANGLE FOR ALL OTHER INSERTION SITES.**

**IMPORTANT: Use gentle steady pressure – not excessive force. Allow catheter t

ARROW® EZ-IO®
INTRAOSSEOUS VASCULAR ACCESS

SET CON AGO MANUALE EZ-IO

Istruzioni per l'uso

Italian

Teleflex

SET CON AGO MANUALE EZ-IO
Descrizione del dispositivo: i set con ago manuale EZ-IO sono costituiti da un mandrino da 38,5 mm in acciaio inox 304 e da un catetere 15 G forniti sterili e apirogeni in busta sigillata. La rimozione del mandrino espone un attacco Luer Lock standard. L'ago manuale EZ-IO è indicato per l'uso nei pazienti ≥40 kg.

Ogni set con ago manuale EZ-IO contiene:
- 1 set con ago manuale
- 1 medicazione EZ-Stabilizer
- 1 EZ-Connect
- 1 contenitore per taglienti
- 1 fascetta EZ-IO
- 1 guida di riferimento rapido

INDICAZIONI PER L'USO
Il sistema EZ-IO è indicato per una via d'accesso vascolare immediata in casi di emergenza.

CONTROINDICAZIONI ALL'USO
- Frattura nell'osso interessato.
- Significativa procedura ortopedica pregressa nel sito, protesi d'arto o protesi articolare.
- Accesso con catetere IO all'osso interessato nelle ultime 48 ore.
- Infezione nell'area di inserzione.
- Eccesso di tessuto (obesità grave) e/o assenza di adeguati punti di repere anatomici.

5 mm

Figura 1

POTENZIALI COMPLICANZE
- Dolore
- Infiammazione
- Sanguinamento in corrispondenza del sito di inserzione
- Stravaso
- Infiltrazione
- Infezione
- Osteomielite
- Sindrome compartimentale
- Embolia

AVVERTENZE E PRECAUZIONI PER IL SISTEMA DI ACCESSO VASCOLARE INTRAOSSEO EZ-IO
AVVERTENZA – Non indicato per uso sternale.
ATTENZIONE – Usare una tecnica asettica.
ATTENZIONE – Verificare lo spessore cutaneo, adiposo e muscolare prima dell'inserzione.
ATTENZIONE – Occorre prestare una maggiore attenzione durante l'inserzione e il monitoraggio del sito in caso di utilizzo su pazienti con patologie ossee che potrebbero far aumentare la probabilità di frattura, stravaso e spostamento.
ATTENZIONE – Non reincappucciare i set con ago o ricollegare i componenti, una volta separati. Adottare le precauzioni per lo smaltimento di materiale a rischio biologico e di taglienti. Il riutilizzo dei componenti può provocare contaminazione crociata e comportare rischi e complicanze per i pazienti.
ATTENZIONE – Prima di somministrare farmaci vescicanti, tossici o altamente concentrati, ricontrollare il posizionamento e la pervietà del catetere IO.
ATTENZIONE – Usare cautela con gli agenti chemioterapici.
ATTENZIONE – Monitorare con frequenza il sito di inserzione per identificare eventuali stravasi.
ATTENZIONE – Il mandrino e il catetere **NON** sono compatibili con la RMN.
ATTENZIONE – Non lasciare inserito il catetere per più di 24 ore.
ATTENZIONE – I set con ago sono esclusivamente monouso; l'inosservanza di questa avvertenza può comportare gravi conseguenze mediche (es. infezioni potenzialmente fatali) e ridotte prestazioni (es. aghi smussati) (per un elenco completo di queste gravi conseguenze di natura medica e prestazionale, contattare Teleflex).
CONSERVAZIONE – Conservare in luogo fresco e asciutto.

Set con ago manuale EZ-IO
1 Impugnatura manuale
2 Mandrino
3 Attacco Luer
4 Cappuccio dell'ago
5 Catetere

PROCEDURA DI INSERZIONE
1. **Prendere le opportune precauzioni per l'isolamento da sostanze biologiche (BSI).**
2. **Adottare una tecnica asettica.** 3. **Localizzare il sito di inserzione** (vedere la Figura 2).

Figura 2

4. **Preparare il sito di inserzione** (vedere la Figura 3).
5. **Preparare il sistema di infusione.**
6. **Rimuovere e gettare il cappuccio di sicurezza del set con ago.**
7. **Inserire** (vedere la Figura 4).

IMPORTANTE – Non toccare il catetere con la mano o le dita.
IMPORTANTE – Controllare il movimento del paziente prima e durante l'inserzione del set con ago.
a. Posizionare il trapano manuale nel sito di inserzione, con l'ago a un angolo di 45 gradi rispetto all'osso dell'omero prossimale e a un angolo di 90 gradi rispetto all'osso della tibia prossimale e distale (vedere la Figura 4). Inserire **delicatamente** il set con ago finché la punta non entra in contatto con l'osso.

Figura 3

Figura 4

b. Assicurarsi che siano visibili almeno 5 mm di catetere (vedere la Figura 1).
c. Penetrare la corticale ossea con una rotazione in senso orario/antiorario e applicando contemporaneamente una **pressione delicata e costante verso il basso.**
d. Arrestare la procedura di inserzione quando:
   1. Si avverte un cedimento della resistenza o uno scatto, segno di ingresso nello spazio midollare.
   2. Si giunge alla profondità desiderata.
e. Non far oscillare né piegare il set con ago manuale durante l'inserzione. **MANTENERE UN ANGOLO DI 45 GRADI PER L'OMERO PROSSIMALE E UN ANGOLO DI 90 GRADI PER LA TIBIA PROSSIMALE E DISTALE.**

IMPORTANTE – Applicare una pressione delicata e costante, evitando di esercitare una forza eccessiva. Consentire la rotazione della punta del catetere ed esercitare la pressione verso il basso, in modo da fornire un'azione di penetrazione.

8. **Rimuovere il mandrino e collocarlo nell'apposito contenitore per lo smaltimento dei taglienti** (vedere la Figura 5).
9. **Confermare la stabilità del catetere. Il catetere deve essere saldamente alloggiato nell'osso.**

NON COLLEGARE DIRETTAMENTE UNA SIRINGA ALL'ATTACCO DEL CATETERE EZ-IO.

10. **Applicare la medicazione EZ-Stabilizer sopra l'attacco del catetere** (vedere la Figura 6).
11. **Collegare saldamente il set con prolunga EZ-Connect sottoposto a priming all'attacco del catetere, con la clamp aperta** (vedere la Figura 7).

Figura 5

Figura 6

Figura 7

12. **Rimuovere la pellicola adesiva dal retro della medicazione EZ-Stabilizer e fissare la medicazione alla cute** (vedere la Figura 8).
13. **Irrigare il catetere EZ-IO con 10 ml di soluzione fisiologica normale attraverso il set con prolunga EZ-Connect** (vedere la Figura 9).

IMPORTANTE – Prima dell'irrigazione è possibile aspirare una piccola quantità di sangue per confermare il corretto posizionamento.
- **Nei pazienti sensibili al dolore, è possibile somministrare lentamente lidocaina al 2% priva di conservanti o adrenalina (lidocaina cardiaca) per 120 secondi, attendere 60 secondi e quindi procedere all'irrigazione con 10 ml di soluzione fisiologica, somministrando lentamente metà della dose iniziale nell'arco di 60 secondi. Seguire la prassi/procedura istituzionale.**
- **MANCANZA DI IRRIGAZIONE = MANCANZA DI FLUSSO** Una scorretta irrigazione del catetere IO può provocare un flusso limitato o assente.
- Una volta irrigato il catetere IO, somministrare i liquidi o i farmaci utilizzando la procedura indicata.
  Nota: Monitorare con frequenza il sito di inserzione per identificare eventuali stravasi.

14. **Somministrare i farmaci e i liquidi secondo le prescrizioni. I farmaci devono essere somministrati alle stesse dosi, velocità e concentrazioni impiegate negli accessi venosi periferici. Per un flusso ottimale, infondere sotto pressione** (vedere la Figura 10).
15. **Applicare una medicazione.**

Figura 8

Figura 9

Figura 10

16. **Rimuovere il catetere dal paziente.** Ruotare delicatamente in senso orario mentre si esercita una lenta trazione sul catetere. **NON FAR OSCILLARE O PIEGARE IL CATETERE DURANTE QUESTA PROCEDURA** (vedere la Figura 11).

Una volta rimosso, collocare immediatamente il catetere in un contenitore per taglienti adeguato.

Figura 11

NON PER USO STERNALE

ATTENZIONE – Non lasciare inserito il catetere per più di 24 ore.

Materiale di formazione e addestramento disponibile presso **Teleflex.com/military**

Teleflex.com/military

NUMERO PER EMERGENZE:

1 800 680 4911

Teleflex

Assistenza clienti: 1 866 479 8500

Prodotto per: Teleflex Medical, IDA Business & Technology Park, Dublin Rd, Athlone, Co. Westmeath, Irlanda

Attenzione · Consultare le istruzioni per l'uso · Monouso · Non risterilizzare · Sterilizzato con ossido di etilene · Tenere lontano dalla luce solare · Conservare in un luogo asciutto · Non utilizzare se la confezione è danneggiata · Non è fabbricato in lattice di gomma naturale · Rx only. · Non compatibile con la RMN

CE 2797

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ARROW® EZ-IO®
INTRAOSSEOUS VASCULAR ACCESS

EZ-IOマニュアルニードルセット

使用方法

Japanese

EZ-IOマニュアルニードルセット：
製品概要：EZ-IOマニュアルニードルセットは、304ステンレススチール、38.5 mmのスタイレット、及び15ゲージのカテーテルが密封されたパウチに入っており、滅菌済みかつ非発熱性です。スタイレットを取り外すと、標準的なルアーロックが露出されます。EZ-IOマニュアルニードルは体重が40 kg以上の患者が対象です。

胸骨には使用しないこと。

注意：24時間を超えてカテーテルを挿入したまま放置しないこと。

教育及びトレーニング資料は、Teleflex.com/militaryで入手可能です。

Teleflex.com/military

緊急電話番号：

1.800.680.4911

カスタマーサービス：1.866.479.8500

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ARROW® EZ-IO®
INTRAOSSEOUS VASCULAR ACCESS

EZ-IO 수동 세침

사용 지침

Korean

EZ-IO 수동 세침:
장치 설명: EZ-IO 수동 세침에는 304 스테인리스강, 38.5 mm 스타일렛 및 15 게이지 카테터가 들어 있으며, 밀봉 파우치 내에 비발열성 멸균 상태로 제공됩니다. 스타일렛을 제거하면 표준 루어 잠금 장치가 노출됩니다. EZ-IO 수동 침은 40 kg 이상의 환자에게 사용합니다.

흉골에는 사용 금지

주의: 카테터를 24시간 넘게 삽입해 두지 마십시오.

교육 및 훈련 자료는 Teleflex.com/military에서 찾아볼 수 있습니다.

Teleflex.com/military 긴급 전화번호:

1.800.680.4911

고객 서비스: 1.866.479.8500

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ARROW® EZ-IO®
INTRAOSSEOUS VASCULAR ACCESS

EZ-IO MANUĀLĀS ADATAS KOMPLEKTS

Lietošanas instrukcija

Latvian

NEIEVADĪT KRŪŠU KAULĀ

UZMANĪBU! Neatstājiet katetru ievietotu ilgāk nekā 24 stundas.

Izglītojošie un apmācības materiāli pieejami vietnē **Teleflex.com/military**

Teleflex.com/military

TĀLRUŅA NUMURS ĀRKĀRTAS GADĪJUMOS:

1.800.680.4911

Klientu apkalpošanas dienests: 1.866.479.8500

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ARROW® EZ-IO®
INTRAOSSEOUS VASCULAR ACCESS

SET JARUM MANUAL EZ-IO

Arahan Penggunaan

Malay

BUKAN PADA STERNUM

AWAS: Jangan biarkan kateter di tempat cucukan selama lebih daripada 24 jam.

Bahan-bahan pembelajaran dan latihan boleh didapati di **Teleflex.com/military**

Teleflex.com/military

NOMBOR KECEMASAN:

1.800.680.4911

Khidmat Pelanggan: 1.866.479.8500

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ARROW® EZ-IO®
INTRAOSSEOUS VASCULAR ACCESS

EZ-IO MANUELT NÅLESETT

Bruksanvisning

Norwegian

IKKE STERNUM

FORSIKTIG: Ikke la kateteret være innsatt i mer enn 24 timer.

Utdannelses- og opplæringsmateriell er tilgjengelig på **Teleflex.com/military**

Teleflex.com/military

NØDNUMMER:

1.800.680.4911

Kundeservice: 1.866.479.8500

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INTRAOSSEOUS VASCULAR ACCESS

ZESTAW IGŁY RĘCZNEJ EZ-IO

Instrukcja użycia

Polish

NIE DO MOSTKA

PRZESTROGA: Nie należy pozostawiać cewnika wprowadzonego przez dłużej niż 24 godziny.

Materiały edukacyjne i szkoleniowe są dostępne pod adresem **Teleflex.com/military.**

Teleflex.com/military

NUMER TELEFONU ALARMOWEGO:

1.800.680.4911

Dział Obsługi Klienta: 1.866.479.8500

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CONJUNTO DE AGULHA MANUAL EZ-IO

Instruções de utilização

Portuguese

NÃO USAR NO ESTERNO

CUIDADO: Não deixe o cateter inserido durante mais de 24 horas.

Materiais educativos e de formação disponíveis em **Teleflex.com/military**

Teleflex.com/military

NÚMERO DE EMERGÊNCIA:

1.800.680.4911

Apoio ao Cliente: 1.866.479.8500

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SET MANUAL DE ACE EZ-IO

Instrucțiuni de utilizare

Romanian

NU PENTRU STERN

ATENȚIE: Nu lăsați cateterul introdus mai mult de 24 de ore.

Materiale educative și de instruire disponibile la **Teleflex.com/military**

NUMĂR DE URGENȚĂ

Teleflex.com/military:

1.800.680.4911

Asistență clienți: 1.866.479.8500

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КОМПЛЕКТ РУЧНОЙ ИГЛЫ EZ-IO

Инструкция по применению

Russian

НЕ ПРИМЕНЯТЬ НА ГРУДИНЕ

ПРЕДОСТЕРЕЖЕНИЕ. Не оставляйте катетер в теле пациента дольше 24 часов.

Учебные материалы доступны на сайте **Teleflex.com/military**

ТЕЛЕФОН НЕОТЛОЖНОЙ ПОМОЩИ

Teleflex.com/military:

1.800.680.4911

Отдел обслуживания клиентов: 1.866.479.8500

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MANUÁLNA IHLOVÁ SÚPRAVA EZ-IO

Návod na použitie

Slovakian

NEPOUŽÍVAŤ NA STERNE

UPOZORNENIE: Nenechávajte katéter zavedený dlhšie ako 24 hodín.

Vzdelávacie a školiace materiály sú dostupné na stránke **Teleflex.com/military.**

Teleflex.com/military

NÚDZOVÉ TELEFÓNNE ČÍSLO:

1.800.680.4911

Zákaznícky servis: 1.866.479.8500

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PRIBOR Z IGLO EZ-IO ZA ROČNO VSTAVITEV

Navodila za uporabo

Slovene

NE SME SE UPORABLJATI NA PRSNICI

PREVIDNOSTNO OBVESTILO: Katetra ne pustite vstavljenega dlje kot 24 ur.

Gradivo za izobraževanje in usposabljanje je na voljo na: **Teleflex.com/military**

Teleflex.com/military

ŠTEVILKA ZA NUJNE PRIMERE:

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Služba za stranke: 1.866.479.8500

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EQUIPO DE AGUJA MANUAL EZ-IO

Instrucciones de uso

Spanish

NO PARA ESTERNÓN

AVISO: No deje el catéter introducido durante más de 24 horas.

Hay material informativo y de formación disponible en **Teleflex.com/military.**

NÚMERO DE EMERGENCIAS

de Teleflex.com/military:

1.800.680.4911

Servicio al cliente: 1.866.479.8500

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EZ-IO MANUELL NÅLUPPSÄTTNING

Bruksanvisning

Swedish

ANVÄNDS EJ PÅ STERNUM

VAR FÖRSIKTIG: Lämna inte katetern införd längre än 24 timmar.

Utbildnings- och övningsmaterial finns tillgängliga på **Teleflex.com/military**

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EZ-IO MANUEL İĞNE SETİ

Kullanma Talimatı

Turkish

STERNUMA UYGULAMAYIN

DİKKAT: Kateteri 24 saatten daha uzun süre takılı olarak bırakmayın.

Öğretici ve eğitici malzemeler şu adreste mevcuttur: **Teleflex.com/military**

Teleflex.com/military

ACİL ÇAĞRI NUMARASI:

1.800.680.4911

Müşteri Hizmetleri: 1.866.479.8500

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