ARROW

SLIC®
Single-Lumen Infusion Catheter

Safety and Efficacy Considerations:
The product is designed for single use only. Do not resterilize or reuse. Do not alter the SLIC® during insertion, use, or removal.

Indications:
The SLIC® is a two-piece assembly consisting of an infusion catheter and an obturator. With SLIC® obturator removed, the Arrow SLIC® permits access to the central venous circulation through an indwelling sheath/hemostasis valve. With the SLIC® obturator in place, the SLIC® occludes the hemostasis valve preventing air entry and blood loss through the valve.

Contraindications:
None known.

Warnings and Precautions:
1. **Warning: The practitioner must be aware of potential air embolism problems associated with leaving open needles, sheaths, or catheters in venous puncture sites or as a consequence of inadvertent disconnects. To lessen the risk of disconnects, only securely tightened Luer-Lock connections should be used with this device. Follow hospital protocol for all sheath and side port maintenance to guard against air embolism.**

2. **Warning: Hemostasis valve/side port assembly to SLIC® connection and SLIC® to obturator connection must be secured and routinely examined to avoid disconnection and possible air embolism, hemorrhage, or exsanguination.**

3. **Warning: Due to the risk of exposure to HIV (Human Immunodeficiency Virus) or other blood borne pathogens, health care workers should routinely use universal blood and body fluid precautions in the care of all patients.**

4. **Precaution: Alcohol and acetone can weaken the structure of polyurethane material. Therefore, care should be taken when instilling drugs containing alcohol or when using high concentration of alcohol or acetone when performing routine insertion site care and maintenance. Alcohol should not be utilized to declot polyurethane sheaths or catheters.**

Carefully read all warnings and precautions throughout procedure instructions.

A Suggested Procedure:
Use sterile technique.
1. **Precaution: Place patient in slight Trendelenburg position, as tolerated, to reduce the risk of air embolism. If femoral approach is used, place patient in supine position.**

2. If catheter is removed from sheath or catheter insertion is delayed, introduce the entire length of the SLIC® assembly through the hemostasis valve/sheath assembly. Twist to lock (refer to Fig. 1).

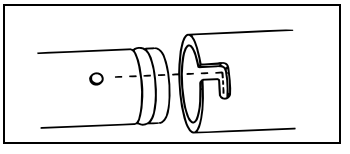

Fig. 1

- Orient slot in hub with locking pin on assembly cap.
- Slide hub forward over cap and twist.

Precaution: When SLIC® assembly is inserted after catheter removal, use an appropriate antiseptic to prep the hemostasis valve housing prior to inserting the SLIC®. Include the exposed portion of the valve on the top of the housing. The SLIC®, with the obturator in place, occludes the hemostasis valve preventing air entry or blood loss through the valve. **Warning: Connection between SLIC® obturator and SLIC® must be tightened securely and routinely examined to avoid disconnection and possible air embolism, hemorrhage or exsanguination.**

3. To use the SLIC® for intravenous infusion, remove the blue-capped SLIC® obturator by twisting counter clockwise. Hold the

infusion port to maintain positive lock to hemostasis valve housing. Pull the SLIC® obturator from the infusion catheter (refer to Fig. 2). Immediately attach desired line to Luer-Lock hub. **Warning: Exposure of the central vein to atmospheric pressure may result in entry of air into the central venous system.** Inspect the SLIC® obturator to ensure the entire length has been withdrawn. Document the SLIC® obturator withdrawal and start of infusion.

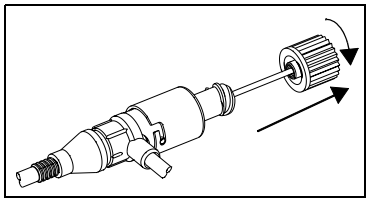

Fig. 2

4. If the infusion through the SLIC® is discontinued, the hub should be capped with a Luer-Lock injection cap and handled per hospital flushing protocol, or the SLIC® should be withdrawn and replaced with a sterile Arrow obturator, sold separately, to ensure that leakage does not occur and inner seal is protected from contamination. **Warning: Cover the lumen during any manipulation to prevent blood loss or the introduction of air into the sheath.**

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