

# Peripherally Inserted Central Catheter (PICC) Product – Seldinger Access Conversion Set

## Rx only.

### Indications for Use:

The Seldinger Access Conversion Set permits venous access using the Seldinger or modified Seldinger technique in preparation for insertion of a PICC.

### Contraindications:

None known.

### Clinical Benefits to be Expected:

The ability to gain access to the central circulation system through a single puncture site for applications that include fluid infusion, blood sampling, medication administration, central venous monitoring, and the ability to inject contrast media.

### General Warnings and Precautions

#### Warnings:

1. Sterile, Single use: Do not reuse, reprocess or resterilize. Reuse of device creates a potential risk of serious injury and/or infection which may lead to death. Reprocessing of medical devices intended for single use only may result in degraded performance or a loss of functionality.
2. Read all package insert warnings, precautions and instructions prior to use. Failure to do so may result in severe patient injury or death.
3. Clinicians must be aware of potential entrapment of the guidewire by any implanted device in circulatory system. It is recommended that if patient has a circulatory system implant, insertion procedure be done under direct visualization to reduce risk of guidewire entrapment.
4. Do not apply excessive force in placing or removing catheter or guidewire. Excessive force can cause component damage or breakage. If damage is suspected or withdrawal cannot be easily accomplished, radiographic visualization should be obtained and further consultation requested.
5. Air embolism can occur if air is allowed to enter a vascular access device or vein. Do not leave open needles, sheaths, or uncapped, unclamped catheters in venous puncture site. Use only securely tightened Luer-Lock connections with any vascular access device to guard against inadvertent disconnection.

#### Precautions:

1. Do not alter the guidewire or any other kit/set component during insertion, use or removal.
2. Procedure must be performed by trained personnel well versed in anatomical landmarks, safe technique and potential complications.
3. Use standard precautions and follow institutional policies for all procedures including safe disposal of devices.
4. The indications for use in children are the same as adults; however, insertion techniques are often modified according to the age and size of a child. If the practitioner is inexperienced in utilizing this product in a child, appropriate consultation should be sought.




### A Suggested Procedure: Use sterile technique.

1. Follow PICC instructions for pre-insertion preparations.




### Gain Initial Venous Access:

#### Echogenic Needle (where provided):






An echogenic needle is used to allow access to the vascular system for the introduction of a guidewire to facilitate catheter placement. The needle tip is enhanced for approximately 1 cm for clinician to identify exact needle tip location when puncturing the vessel under ultrasound.

2. Insert introducer needle or catheter/needle into vein.
  -  **Precaution:** Do not reinsert needle into introducer catheter (where provided) to reduce risk of catheter embolus.
3. Check for non-pulsatile flow.
  -  **Warning:** Pulsatile flow is usually an indicator of inadvertent arterial puncture.
  -  **Precaution:** Do not rely on blood aspirate color to indicate venous access.

#### Insert Guidewire:


4. Advance guidewire into introducer needle. Continue until guidewire reaches desired depth.
  -  **Warning:** Do not insert stiff end of guidewire into vessel as this may result in vessel damage.
  -  **Precaution:** Maintain firm grip on guidewire at all times. Keep sufficient guidewire length exposed for handling purposes. A non-controlled guidewire can lead to wire embolus.
  -  **Warning:** Do not withdraw guidewire against needle bevel to reduce risk of possible severing or damaging of guidewire.
5. Remove introducer needle (or catheter) while holding guidewire in place.

#### Place Peel-Away Sheath:

6. Ensure dilator is in position and locked to hub of sheath.
7. Thread peel-away sheath/dilator assembly over guidewire.
8. Grasping near skin, advance peel-away sheath/dilator assembly over guidewire with slight twisting motion to a depth sufficient to enter vessel.
9. If necessary, enlarge cutaneous puncture site with cutting edge of scalpel, positioned away from guidewire.
  -  **Warning:** Do not cut guidewire to alter length.
  -  **Warning:** Do not cut guidewire with scalpel.
    - Position cutting edge of scalpel away from guidewire.
    - Engage safety and/or locking feature of scalpel (where provided) when not in use to reduce the risk of sharps injury.
  -  **Precaution:** Do not withdraw dilator until sheath is well within vessel to reduce risk of damage to sheath tip.
  -  **Precaution:** Sufficient guidewire length must remain exposed at hub end of sheath to maintain a firm grip on guidewire.
10. Check peel-away sheath placement by holding sheath in place, twisting dilator hub counterclockwise to release dilator hub from sheath hub, withdraw guidewire and dilator sufficiently to allow blood flow.
11. Holding sheath in place, remove guidewire and dilator as a unit.
  -  **Warning:** Do not apply undue force on guidewire to reduce risk of possible breakage.

 **Warning:** Do not leave tissue dilator in place as an indwelling catheter. Leaving tissue dilator in place puts patient at risk for possible vessel wall perforation.

12. Quickly occlude sheath end upon removal of dilator and guidewire to reduce risk of air entry.

 **Warning:** Do not leave open dilators or sheaths uncapped in venous puncture site. Air embolism can occur if air is allowed to enter a vascular access device or vein.

13. Verify entire guidewire is intact upon removal.



















14. Follow PICC instructions for catheter insertion.

For reference literature concerning patient assessment, clinician education, insertion technique, and potential complications associated with this procedure, consult standard textbooks, medical literature, and Arrow International LLC website: [www.teleflex.com](http://www.teleflex.com)

A pdf copy of this IFU is located at [www.teleflex.com/IFU](http://www.teleflex.com/IFU)

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**Symbol Glossary:** Symbols are in compliance with ISO 15223-1. Some symbols may not apply to this product. Refer to product labeling for symbols that apply specifically to this product.

								
Caution	Medical device	Consult instructions for use	Contains a medicinal substance	Do not reuse	Do not resterilize	Sterilized by ethylene oxide	Single sterile barrier system with protective packaging inside	
								
Single sterile barrier system	Keep away from sunlight	Keep dry	Do not use if package is damaged	Not made with natural rubber latex	Catalogue number	Lot number	Use by	Manufacturer
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Date of manufacture								

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