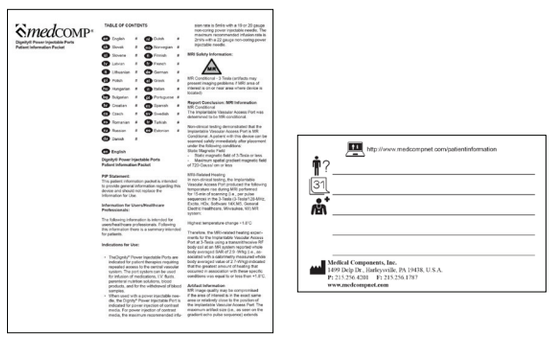
POWER INJECTABLE PORTS TECH GUIDE

ProFUSE® Power Injectable Ports

CONFIRM THE PATIENT HAS A PRO-FUSE® POWER INJECTABLE PORT



Patients may aid in port confirmation by presenting the patient identification card or packet they received when the port was implanted.

X-ray imaging of the port reveals the letters “CT” printed on the port.

POWER INJECTION PROCEDURE – NON-CORING NEEDLE ONLY

1. Ensure the port is accessed with a power injectable needle. Make certain that the needle tip is inserted fully within the port.

   WARNING: *A power injectable needle must always be used to access Pro-Fuse® Power Injectable Port.*

2. Attach a syringe filled with sterile normal saline.
3. Check blood return and vigorously flush the port with at least 10 ml of sterile normal saline. Check for patency with the patient in the position that they will assume during the CECT procedure.

   WARNING: *Failure to ensure patency of the catheter prior to power injection studies may result in port system failure.*

4. Detach syringe.
5. Ensure contrast is at proper viscosity prior to power injection. Refer to contrast agent manufacturer recommendations.
6. If possible, the patient should receive power injection with arms vertically above the shoulder with the palms of the hands on the face of the gantry during injection. This allows for uninterrupted passage of injected contrast through the auxillary and subclavian veins at the thoracic outlet.
7. Attach the power injection device securely to the power injectable needle.
8. Check table below to confirm the maximum flow rate and maximum pressure setting.

NEEDLE GAUGE SIZE	19 GA	20 GA	22 GA
MAXIMUM FLOW RATE*	5ml/sec	5ml/sec	2ml/sec
MAX PRESSURE	325 psi	325 psi	325 psi

**Machine Setting*
WARNING: *Do not exceed a 325 psi pressure limit setting, or the maximum flow rate setting shown.*

9. Inject warmed contrast, taking care not to exceed the flow rate limits.
10. Disconnect the power injection device.
11. Flush the Pro-Fuse® Power Injectable Port with 10ml of sterile normal saline.
12. Perform heparin lock procedure. Remember that some patients may be hypersensitive to heparin or suffer heparin induced thrombocytopenia (HIT) and these patients must not have their port locked with heparinized saline.
13. After therapy completion, flush port per institutional protocol.

Refer to IFU for additional information

DETERMINING PORT VOLUMES

CATHETER PRIMING VOLUMES	
FRENCH SIZE	CATHETER VOLUME PER CM
5F	0.011 (ML/CM)
6.6F	0.014 (ML/CM)
8F	0.017 (ML/CM)
9.6F	0.020 (ML/CM)

PORT PRIMING VOLUMES	
MODEL	VOLUME (ML)
Pro-Fuse® Low Profile	0.43 ML
Pro-Fuse® Standard	0.63 ML

CALCULATION EXAMPLE: CATH LENGTH(CM) X CATH VOLUME PER CM + PORT VOLUME (ML) = SYSTEM TOTAL VOLUME (ML)

For future reference it will be helpful to record this information on the patient’s chart and/or patient ID card.

RECOMMENDED FLUSHING VOLUMES

PROCEDURE	VOLUME (100 U/ML)
When port not in use	5ml heparinized saline every 4 weeks
After each infusion of medication or TPN	10ml sterile normal saline then 5ml heparinized saline
After blood withdrawal	20ml sterile normal saline then 5ml heparinized saline
After power injection of contrast media	10ml sterile normal saline then 5ml heparinized saline

IMPORTANT RISK INFORMATION

Indications For Use: The Pro-Fuse® Power Injectable Port is indicated for long-term access to the central venous system for intravenous administration of fluids or medications, power injection of contrast media, and withdrawal of blood samples.

Contraindications:
This device is contraindicated for catheter insertion in the subclavian vein medial to the border of the first rib, an area which is associated with higher rates of pinch-off.

THE DEVICE IS ALSO CONTRAINDICATED.
- When the presence of device related infection, bacteremia, or septicemia is known or suspected.
- When the patient’s body size is insufficient for the size of the implanted device.
- When the patient is known or is suspected to be allergic to materials contained in the device.
- If severe chronic obstructive lung disease exists.
- If the prospective insertion site has been previously irradiated.
- If the prospective placement site has previously suffered episodes of venous thrombosis or vascular surgical procedures.
- If local tissue factors will prevent proper device stabilization and/or access.

Refer to Instructions for Use for complete instructions, warnings, and contraindications. Observe all Instructions for Use prior to using products. Failure to do so may result in patient complications.
For patient information please visit www.medcomp.net/patientinformation

Medical Components, Inc.
1499 Delp Drive, Harleysville, PA 19438, U.S.A.
P: 215.256.4201
www.**medcomp.net**

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