

Vaxcel® Implantable Ports

PASV® Valved & Non-Valved Options

BLOOD SAMPLING

After site preparation:

- Attach a 10 mL or larger syringe, filled with normal saline solution, to a non-coring Huber needle infusion set.
- Insert Huber needle through port septum and advance until needle contacts port base.
- Verify device patency by securing blood return into syringe.
- Flush port with normal saline solution contents of syringe.
- Withdraw and discard a minimum of 3 mL of blood.
- Withdraw the blood specimen required for sampling.
- Flush the port (refer to Flushing Protocols after blood sampling).

MAINTAINING LUMEN PATENCY

NOTE: Closely monitor and access port devices per institutional protocols.

Prevention of Catheter Occlusion:

- Flush port per institutional protocols.
- Avoid infusing incompatible solutions which may cause a precipitate reaction within the catheter lumen.
- Closely monitor infusion of viscous fluids such as platelets and TPN.

Managing Lumen Obstruction:

- Check to ensure Huber needle is fully inserted through the septum and in contact with port base.
- Reposition patient or have the patient cough.
- Notify physician immediately.

FLUSHING PROTOCOLS

Follow protocols recommended by your institution. If institutional protocols are unavailable, the following commonly used protocols may be substituted:

- Use a 10 mL or larger syringe and a “stop/start” pulsed technique.
- Maintain positive pressure on syringe plunger during needle withdrawal.

	PASV Valved	Non-Valved
Maintenance – Flush every 4 weeks	10 mL of normal saline solution	5 mL of heparinized saline solution (10 -100 IU/mL)
After Medication/TPN	10 mL of normal saline solution	5 mL of heparinized saline solution (10-100 IU/mL)
After Blood Sampling	20 mL of normal saline solution	20 mL of normal saline followed by 5 mL of heparinized saline solution (10 -100 IU/mL)

NOTE: Heparin flush protocols may be used with valved implantable ports.

Technical Support

for this product and other Navilyst Medical Vascular Access Products is available 24 hours a day by calling:

Vascular Access Products Reference Line
800.513.6876

PASV Valve Technology is Designed to...

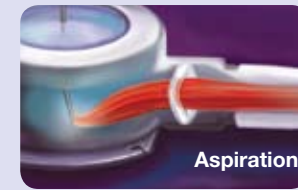
Automatically close after infusion or upon disconnection.



Automatically remain closed during normal pressure fluctuations.



Automatically close after sampling.



PATIENT TEACHING

1. Assist the patient to complete the travel card included in the Patient Guide or package inserts.
2. Review important patient reminders:
 - Follow your healthcare provider's instructions about caring for your dressing while your incision heals.
 - Check your skin around the port and tunnel every day. Notify healthcare provider immediately if redness, tenderness, irritation, swelling or any unusual symptoms develop.
 - Check the port site while you have a needle in place for delivery of your medication. Notify healthcare provider immediately if discomfort, swelling or leakage develop.
 - Carry the travel card at all times.



Navilyst Medical, Inc.
26 Forest Street
Marlborough, MA 01752
www.navilystmedical.com

For more information, call
800.833.9973

© 2009 Navilyst Medical, Inc., or its affiliates.
All rights reserved.

NAVM470 / 5M / 04/09

Vaxcel and PASV are registered trademarks of Navilyst Medical, Inc.

VAXCEL IMPLANTABLE PORTS

INDICATIONS FOR USE: The Vaxcel Implantable Port Systems and Vaxcel Implantable Port Systems with PASV Valve Technology are designed for long-term vascular access allowing for administration of IV fluids, blood products, medications, parenteral nutrition solutions and, in addition, for blood withdrawal.

CONTRAINDICATIONS: The device is contraindicated when the presence of other device related infection, bacteremia, septicemia or peritonitis is known or suspected; severe chronic obstructive lung disease exists; past irradiation of prospective insertion site; previous episodes of venous thrombosis or vascular surgical procedures at the prospective placement site; local tissue factors will prevent proper device stabilization and/or access; anticipation or presence of other central venous intraluminal devices, including pacemakers, is expected; hypercoagulopathy condition exists, unless considerations are made to place the patient on anticoagulation therapy; presence or suspicion of allergic reaction to materials contained in this device is a potential risk; body size is insufficient to accommodate size of the port or the catheter; demonstrated intolerance for an implanted device. Venous access to the upper torso may be contraindicated due to anatomical constraints, such as burns to the upper body, cervicothoracic trauma, planned radiation therapy to the mediastinum, bilateral neck dissection and infected median sternotomy incisions.

CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician.