How could you reduce the risk of catheter occlusion for your patients?

One simple solution:

The ONE-LINK needle-free IV connector

One·Link
Needle-free IV Connector

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Occlusion of central venous catheters is common[1]

Catheter occlusion is the most common non infectious complication in the use of central venous catheters (CVCs), occurring in ≈33% of CVCs[1,2]

A common cause for catheter occlusion is clotting of blood that has refluxed into the catheter[2]

There are four categories of catheter occlusion[1,2]

FIBRIN TAIL OR FLAP

A layer of fibrin encases the CVAD at the tip

FIBRIN SHEATH OR SLEEVE

A layer of fibrin forms around the external surface of the catheter, potentially coating the entire exterior wall

MURAL THROMBUS

Irritation by the catheter tip against the intima of the vein leads to an accumulation of fibrin, causing the CVAD to adhere to the vessel wall

INTRALUMINAL THROMBUS

Fibrin accumulates within the internal catheter lumen

Adapted from; McKnight, 2004[2]

Catheter occlusions can cause complications for you and your patients[3,4]

CVC occlusion can be:

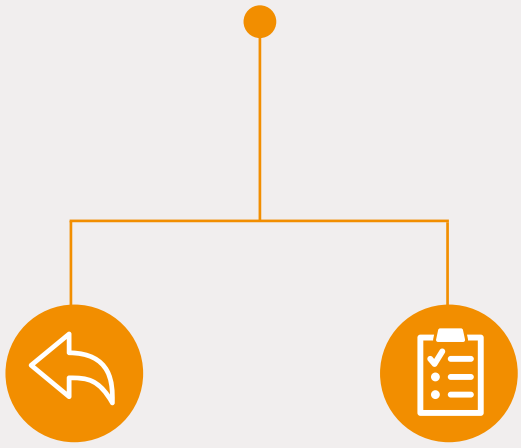
partial, where blood cannot be aspirated but infusion through the catheter is possible

complete, where neither aspiration nor infusion is possible

Catheter occlusions cause an increase in:[3]

- The risk of procedural complications
- The risk of infections
- Costs in hospital time and money

Catheter occlusions can cause back-tracking of fluids when more than one IV line is connected to a single access point[4]



- Back-tracking can lead to under-transfusion or bolus delivery
- An MHRA alert advises taking precautions to reduce the risk of back-tracking

Maintaining the patency of the catheter is a high priority[3]

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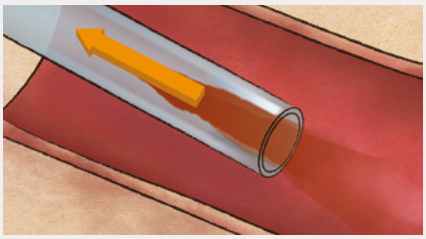
Neutral displacement connectors:

a simple solution to reducing the risk of catheter occlusion and subsequent complications

Negative and positive displacement IV connectors allow blood reflux at connection/disconnection[1]

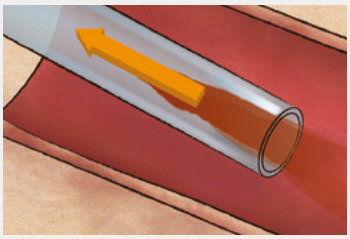
Negative displacement device



DISCONNECTION

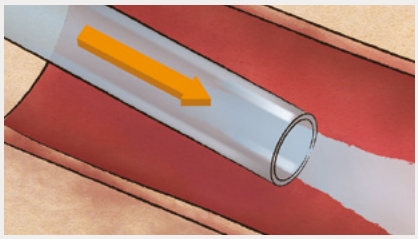
When proper clamping sequence is not followed, a one-time pulse of blood may flow back into the catheter lumen upon *disconnection* of a Negative Displacement connector.

Positive displacement device



CONNECTION

When a Positive Displacement connector is *connected*, blood flows back into the catheter.



DISCONNECTION

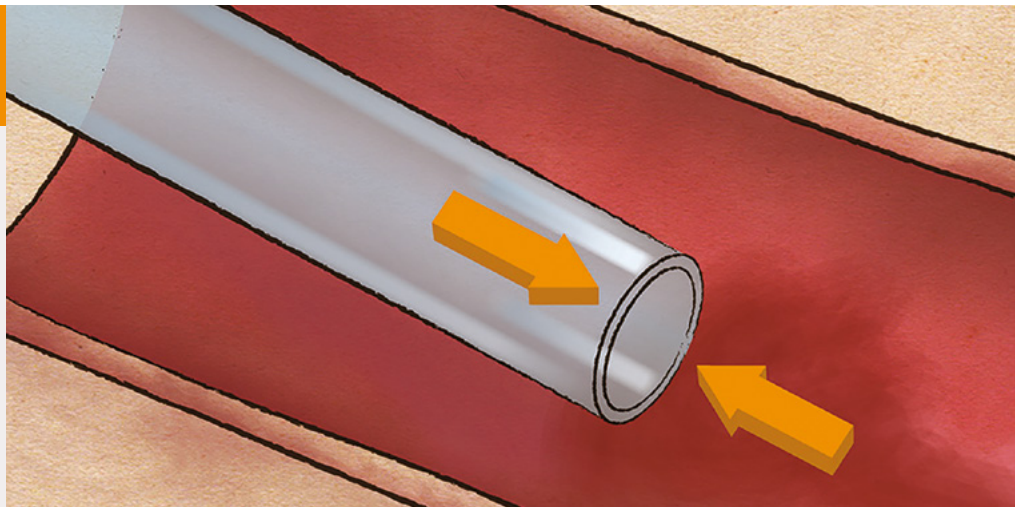
When a Positive Displacement connector is *disconnected*, a one-time pulse of reserved fluid is pushed through the catheter tip into the bloodstream.

Neutral displacement connectors reduce the risk of blood reflux at connection/disconnection*[1]

Neutral Displacement device

CONNECTION/ DISCONNECTION

When a Neutral Displacement connector is *connected* or *disconnected*, there is minimal fluid or blood flow into or out of the catheter, helping reduce the potential for refluxing.



* associated with devices with higher reflux volumes

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Needle-free IV Connector

ONE-LINK Connector:

a neutral displacement connector engineered with practicality in mind

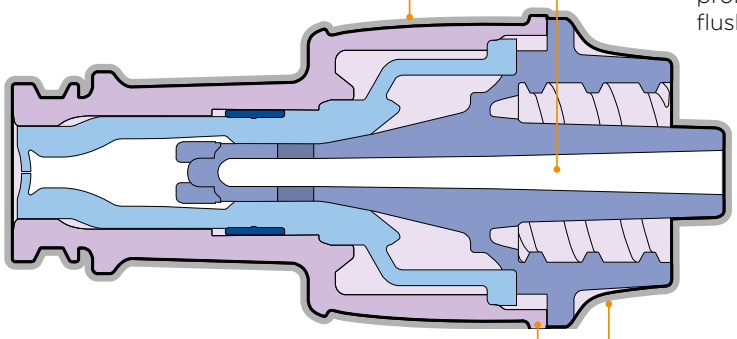
The ONE-LINK Connector is designed to simplify the administration of IV fluids and medications

It has neutral fluid displacement, designed to help reduce the occurrence of thrombotic catheter occlusions, which can lead to complications including back-tracking

Finger grip design
reduces the likelihood of touch contamination

Straight fluid path
promotes thorough flushing

Double-seal design
provides an effective barrier to microbial ingress



Smooth surface
for easy cleansing reduces the risk of contamination

Clear housing
allows for visualisation of the fluid path

Non-PVC and Non-DEHP
for patients with special requirements

Clear housing
enhances clinical practice

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ONE-LINK Connector:

simple and practical, and aligned with recommendations in an MHRA alert[4]

Neutral fluid displacement design

- Minimises reflux at connection or disconnection

Designed to help reduce the risk of thrombotic catheter occlusions

- Associated with devices with higher reflux volumes

No clamping sequence required

- Simplifies training (for patient safety, clamp when not in use)

Tested for up to 7 days/200 actuations

- Supports closed IV system practices

Clear housing

- Allows visualisation of the fluid path

Compatible, flexible design

- Works with a variety of valved and non-valved vascular access catheters

Low priming volume of 0.08 mL*

- May minimise excessive flush volumes for fluid-restricted patients, such as neonates

*If 10 mL flush cannot be performed after blood infusion/sampling, replace One-Link connector immediately.

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ONE-LINK Connector:

a universal device that can help standardise across hospitals

The ONE-LINK Connector helps eliminate time and costs associated with the need to replace a device during imaging

Compatible with power injection (≤325 psi/2241 kPa)

- Designed to prevent connector and tubing failure

Promotes closed system

- Reduces change-outs thereby reducing the likelihood of contamination

Maximum flow rates of 10 mL/second

- Appropriate for a wide variety of patient populations

The ONE-LINK Connector is a universal device that can help standardise across the hospital, reducing inventory and storage requirements and potential patient risk

Universal device that is compatible with a wide range of intravascular catheters commonly used throughout the hospital, including:

- Intravascular catheters, including central and peripheral catheters
- Valved (such as GROSHONG, PASV, PowerPICC SOLO) and non-valved catheters
- Luer-lock and Luer-slip tip syringes/blood collection devices
- A wide variety of fluids including lipids

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One Simple Solution

for you and your patients

Baxter's ONE-LINK Connector:

- Simple to use
- Provides neutral fluid displacement, reducing the risk of catheter occlusion associated with devices with higher reflux volumes[1]
- Suitable for CT/MRI applications
- Universal device that can help standardise across the hospital

*For Healthcare Professionals only.

References:

1. Hadaway L. Reopen the pipeline. Nursing. 2005; 35(8): 54-61.
2. McKnight S. Nurse's Guide to Understanding And Treating Thrombotic Occlusion of Central Venous Access Devices. MEDSURG. Nursing 2004; 13(6): 377-382.
3. Yacopetti N. Central Venous Catheter-Related Thrombosis-A Systematic Review. Journal of Infusion Nursing. July/August 2008; 31(4): 244.
4. MHRA Medical Device Alert. Intravenous (IV) extension sets with multiple ports - risk of backtracking. Issued 20 September 2010. Published 17 December 2014. MDA/2010/073

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