POWERPICC® PROVENA™ CATHETER

BARD ACCESS SYSTEMS

PROACTIVE

PROVENOUS

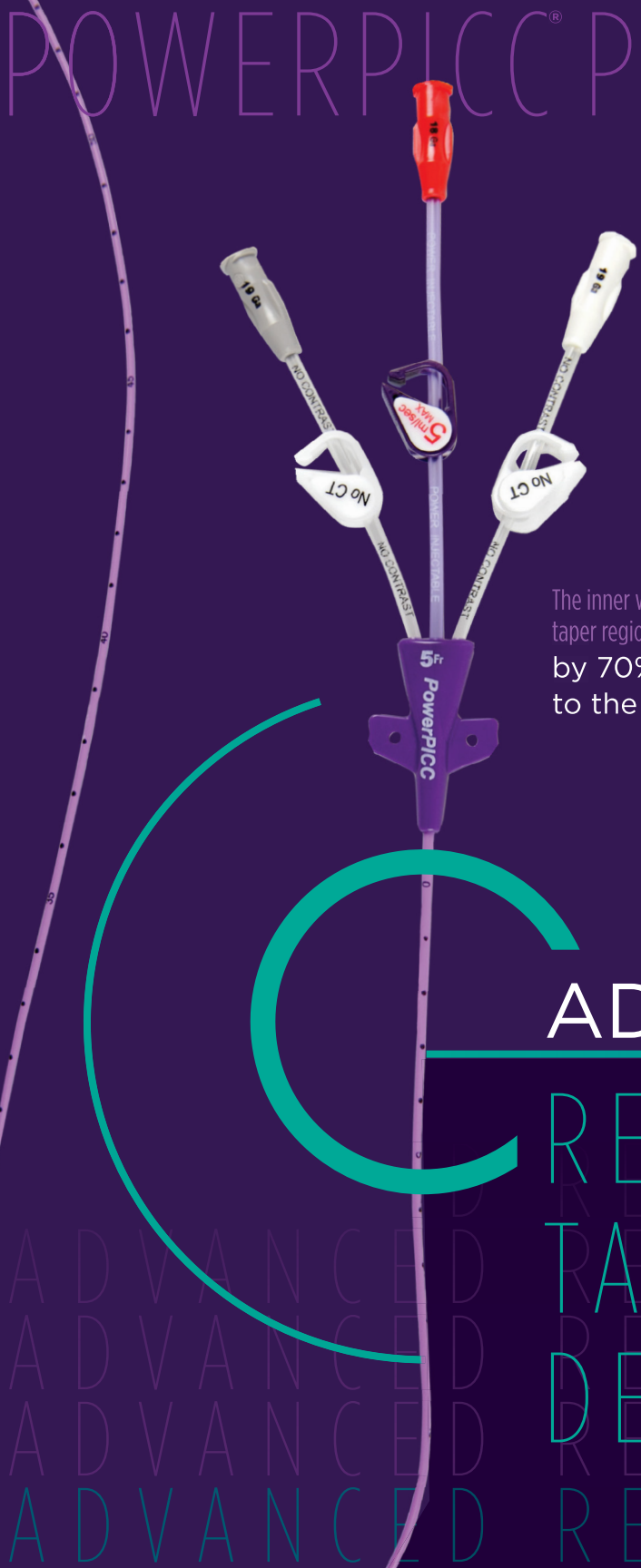
SOLUTIONS

INTRODUCING POWERPICC® PROVENA™ CATHETERS

Bard Access Systems is committed to providing safe and effective vascular access solutions to advance lives and the delivery of healthcare. Nursing guidelines and contemporary clinical literature support the use of smaller-diameter catheters.[1, 2, 3, 4]

By combining advances in polyurethane material technology and manufacturing processes, Bard Access Systems has created smaller-diameter PICCs that maintain high performance for infusion therapy.

POWERPICC® PROVENA™



The inner wall thickness of the reverse taper region has been **increased by 70% with no change to the outer diameter***

ADVANCED REVERSE TAPER DESIGN

ADVANCED REVERSE TAPER DESIGN

CATHETER

THIRD GENERATION 5 FR TRIPLE-LUMEN CATHETER WITH ADVANCED REVERSE TAPER

POWERPICC PRO

IMPROVES KINK-RESISTANCE

BY 28%*^

AND HAS EQUIVALENT KINK-RESISTANCE TO THE POWERPICC® 5 FR DUAL-LUMEN CATHETER^

MAINTAINS HIGH FLOW PERFORMANCE

Accommodates various dressing orientations

APER DESIGN

PROVENA™ CATHETER

A SMALLER ALTERNATIVE for your critical care needs**

Multiple lumens for patient therapy needs

Short- and long-term infusion therapy that can extend across departments of the hospital

Bedside placement with no CXR needed in adult patients if confirmed with Sherlock 3CG™ Tip Confirmation System (TCS)

Lower placement risks compared to Acute CICCs to help improve patient safety

Indicated for central venous pressure monitoring

Supports nursing guidelines and clinical literature to use smaller-diameter catheters[1,2,3,4]

POWERPICC® PROVENA™ CATHETER INDICATIONS FOR USE

The PowerPICC® PROVENA™ catheter is indicated for short or long term peripheral access to the central venous system for intravenous therapy, power injection of contrast media, and allows for central venous pressure monitoring. For blood sampling, infusion, or therapy use a 4 French or larger catheter. The maximum recommended infusion rate is 5 mL/sec for power injection of contrast media. For central venous pressure monitoring, it is recommended that a catheter lumen of 20 gauge or larger be used.

SHERLOCK 3CG™ TCS INDICATIONS FOR USE

The Sherlock 3CG™ TCS is indicated for guidance and positioning of Peripherally Inserted Central Catheters (PICCs). The Sherlock 3CG™ TCS provides real-time PICC tip location information by using passive magnet tracking and the patient's cardiac electrical activity (ECG). When relying on the patient's ECG signal, the Sherlock 3CG™ TCS is indicated for use as an alternative method to chest X-ray and fluoroscopy for PICC tip placement confirmation in adult patients.

Limiting but not contraindicated situations for this technique are in patients where alterations of cardiac rhythm change the presentation of the P-wave as in atrial fibrillation, atrial flutter, severe tachycardia, and pacemaker driven rhythm. In such patients, who are easily identifiable prior to PICC insertion, the use of an additional method is required to confirm PICC tip location.

Please consult product labels and inserts for any indications, contraindications, hazards, warnings, precautions, and directions for use.

*Compared to PowerPICC® HF catheter. Data on file. Bard Access Systems, Salt Lake City, UT.
ˆ Based on Bard simulated testing. Data on file. May not be indicative of actual clinical performance.
** Compared to 6 Fr triple-lumen PICCs

POWERPICC® PROVENA™ 5 FR TRIPLE-LUMEN CATHETER

S1385108D	Nursing Max Barrier Tray with Sherlock 3CG™ Tip Positioning System Stylet
S1385108	Nursing Full Tray with Sherlock 3CG™ Tip Positioning System Stylet
S9385108D	Nursing Max Barrier Tray with Sherlock™ Tip Location System Stylet
S9385108	Nursing Full Tray with Sherlock™ Tip Location System Stylet
S3385108D	Nursing Max Barrier Tray
S3385108	Nursing Full Tray
S3385335	Interventional Radiology Tray with 135 cm Nitinol Guidewire
S3385355	Interventional Radiology Tray with 70 cm Nitinol Guidewire

SPECIFICATIONS

Lumen	Priming Volume (ml)	Max. Achievable Pump Flow Rate (ml/hr)^	Gravity Flow Rate (ml/hr)	Power Injection Flow Rate (ml/sec)
18 Ga (Red)	0.67	Saline (1.0 cP) >999 TPN (2.0 cP) >999 Blood (3.5 cP) 649	824	5
19 Ga (Gray & White)	0.43	Saline (1.0 cP) >999 TPN (2.0 cP) 536 Blood (3.5 cP) 307	260	N/A

POWERPICC® PROVENA™ 5 FR TRIPLE-LUMEN CATHETER WITH SOLO™[2] VALVE TECHNOLOGY

S1395108D	Nursing Max Barrier Tray with Sherlock 3CG™ Tip Positioning System Stylet
S1395108	Nursing Full Tray with Sherlock 3CG™ Tip Positioning System Stylet
S9395108D	Nursing Max Barrier Tray with Sherlock™ Tip Location System Stylet
S9395108	Nursing Full Tray with Sherlock™ Tip Location System Stylet
S3395108D	Nursing Max Barrier Tray
S3395108	Nursing Full Tray
S3395335	Interventional Radiology Tray with 135 cm Nitinol Guidewire
S3395355	Interventional Radiology Tray with 70 cm Nitinol Guidewire

SPECIFICATIONS

Lumen	Priming Volume (ml)	Max. Achievable Pump Flow Rate(ml/hr)^	Gravity Flow Rate (ml/hr)	Power Injection Flow Rate (ml/sec)
18 Ga (Red)	0.67	Saline (1.0 cP) >999 TPN (2.0 cP) 943 Blood (3.5 cP) 539	508	5
19 Ga (Gray & White)	0.45	Saline (1.0 cP) >999 TPN (2.0 cP) 510 Blood (3.5 cP) 292	188	N/A

^Estimates based on a pump alarm setting of 500 mmHg and a full length catheter at 55 cm.

[1] Evans et al. “Risk of Symptomatic DVT Associated With Peripherally Inserted Central Catheters.” CHEST. Vol. 133. No. 4. October 2010.

[2] Evans et al. “Reduction of Peripherally Inserted Central Catheter-Associated DVT.” CHEST. Vol. 143. No. 3. March 2013.

[3] Liem et al. “Peripherally Inserted Central Catheter Usage Patterns and Associated Symptomatic Upper Extremity Venous Thrombosis.” Journal of Vascular Surgery. 55. 2012.

[4] Infusion Nurses Society. “Infusion Therapy Standards of Practice.” Journal of Infusion Nursing. Volume 39. Jan/Feb 2016.

BARD ACCESS SYSTEMS

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