

Bioport 3 Closed Blood Draw/Closed Flush System

Directions for Use for Neonate/Pediatric Patients Where Low Volume Blood Draw and Low Flush Volume Desired

After Priming and Set up of Kit and Startup of Pressure Monitoring, follow directions below for UAC arterial blood draw.

- 1. Turn the white lever on flush syringe to point toward the transducer. Also turn off any other lines flowing into the umbilical catheter.**
- 2. Double swab the two lab sites near the patients catheter with alcohol and/or betadine. Allow to dry.**
- 3. Using a 3cc slip tip syringe, fully depress syringe plunger and push/twist to insert in the upper lab site closest to the transducer. Holding the syringe stable in the port, draw the desired amount of blood for clearance of the catheter and tubing. (1.5ml to 2ml recommended) Leave this syringe with clearance blood in place.**
- 4. Close the pinch clamp between 2 lab sites to fully occlude tubing.**
- 5. Access the lower lab site, nearest the patient, with a slip tip syringe, using a push/twist to insert and very slowly draw the desired volume of blood for the sample. Grasp the syringe at the base near the lab site and slowly remove from lab site. Do not allow the syringe to “pop out” of the port. Multiple samples may be drawn.**
- 6. Open the pinch clamp between 2 lab sites.**
- 7. Go to the holding/ waste syringe on the upper labsite and very slowly re-infuse the held blood/saline mixture back to the patient. Do not fully depress syringe plunger when returning blood to avoid introducing air into the system. Remove the syringe slowly from the site by grasping at the syringe tip and doing a slow removal.**
- 8. Go to the Bioport 3 Flush Syringe and rotate the syringe clockwise until white lever on Bioport 3 Syringe is pointed toward patient. (in line with the patient line) (Point BP3 flush syringe to flush bag and get added flush solution if needed for this step)**
- 9. With syringe plunger facing upright, flush line with desired amount of flush solution. Approx. 1ml to 1.5ml should be adequate to return blood in line to patient and flush the catheter. (Repeat steps 8-10 if needed.)**
- 10. At the end of the flush, maintain positive pressure on the syringe and rotate the BP3 syringe and white lever clockwise until white lever is back to monitoring position. (facing air, opposite flush bag)**
- 11. Swab the 2 lab sites used for blood draw, slightly elevate the 2 lab sites to allow any residual blood to return to the patient, and resume normal pressure monitoring.**

Note: Lab sites should be elevated slightly after draw, to allow any residual blood to clear the blood draw area of the line.