

BD Nexiva™ Integrated Solution

For challenges you face in IV therapy today
BD Nexiva™ Closed IV Catheter System



BD Q-Syte Luer Access Split Septum on BD Nexiva eliminates the places infection-causing microorganisms may harbour.³ That in itself can reduce the probability of a CRBSI.



BD Nexiva closed IV catheter system is designed to minimise needle stick injuries and blood exposure during insertion. The automatic needle safety mechanism helps to protect you from needle stick injuries while the integrated closed system may reduce the potential for contamination and infection by keeping blood where it belongs – away from you.



BD Nexiva built in stabilisation platform is designed to minimise cannula movement and dislodgement, which may help to reduce complications and in turn increase patient satisfaction.



With BD Nexiva, there's no more locating, collecting and assembling multiple products before treating your patient. BD Nexiva is designed to improve insertion success for all users and patient types. For radiology the system is also capable of withstanding power injections for use with contrast-enhanced CT scans* enabling the department to immediately perform necessary procedures without the hassle of changing to pressure-resistant devices.

*24 gauge catheter system should not be used with power injectors

BD Nexiva™ Closed IV Catheter System						
Gauge	Catheter length (mm)	Colour code	Flowrate H ₂ O (ml/min)	Units/case	BD Reference	NPC Code
18	32	green	84	20/80	383539	FSP2238
20	25	pink	54	20/80	383536	FSP2237
22	25	blue	27	20/80	383532	FSP2236
24	19	yellow	13	20/80	383531	FSP2235

BD Q-Syte™ Luer Access Split Septum					
Description	Flowrate H ₂ O (ml/min)	Deadspace	Units/case	BD Reference	NPC Code
BD Q-Syte™ standalone	525	0.1ml	50/200	385100	FSC045



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1 Plowman R, et al. The rate and cost of hospital-acquired infections occurring in patients admitted to selected specialties of a district general hospital in England and the national burden imposed. *J Hosp Infect* 2001; 47:198-209
2 Official Journal of the European Union, Legislation, Vol 53, 1 June 2010
3 Karchmer TB, Wood C, Ohi CA, et al. Contamination of mechanical valve needleless devices may contribute to catheter-related bloodstream infections. SHEA 2006 Presentation Number: 221 Poster Board Number: 47.
4 Maki D, Ringer, M. Risk factors for infusion-related phlebitis with small peripheral venous catheters. *Annals of Internal Medicine*. 1991;114:845-854.
5 Data on file.
6 Salgado CD, et al. Increased rate of catheter-related bloodstream infection associated with use of a needleless mechanical valve device at a long-term acute care hospital. *Infection Control and Hospital Epidemiology*. 2007;28.
7 Rupp ME, et al. Outbreak of bloodstream infection temporally associated with the use of an intravascular needleless valve. *Clinical Infectious Diseases*. 2007;44.

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BD Nexiva™ Integrated Solution

The elements of BD Nexiva were designed by clinicians like you to meet your needs as you care for your patients.

Every feature was designed with ease of use and enhanced clinical outcomes in mind.

Facing the challenges



Healthcare associated infections continue to impact patients, staff and budgets

Catheter related bloodstream infections (CRBSI) cause prolonged hospital stay, considerable patient morbidity and mortality, and increased treatment costs. Because the cost to the NHS of bloodstream infections is estimated to be in excess of £25 million per year¹, taking strides to reduce that risk may be in the best interest of hospitals and patients alike.



Blood exposure and needle stick injuries continue to be a risk.

Every day you are at risk of being exposed to patients' blood, which increases the likelihood of contracting a bloodborne disease. EU directive on safer working conditions for healthcare workers² requires that employers establish a written Exposure Control Plan designed to eliminate or minimise employee exposure to bloodborne pathogens and consider the use of safety-engineered devices.



Cannula movement or dislodgement can lead to phlebitis and recannulation

The last thing you want to do is having to recannulate your patients causing them unnecessary concern and additional work for you.



Need for efficiencies in times of fewer resources

As resources become scarcer, pressure on clinicians continues to increase, leaving less time to care for your patients.



BD Vialon™ Biomaterial

Clinically-proven, has longer indwell times and softens up to 70% in the vessel, reducing the chance of mechanical phlebitis by up to 50%.^{4,5}

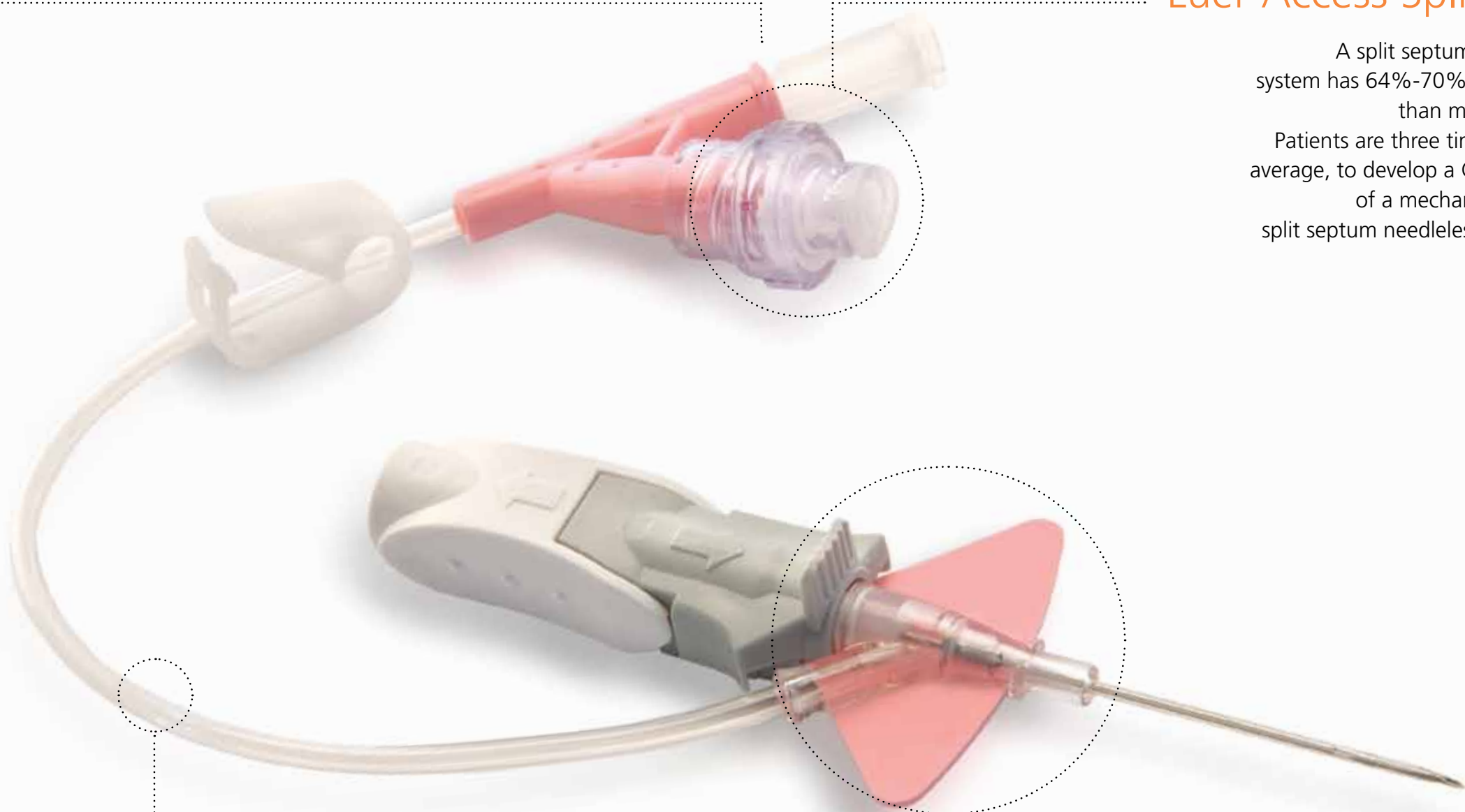
BD Instaflash™ Needle Technology

is designed to reduce failed insertion by confirming vessel entry, enabling you to stay focused on the insertion site.



Integrated Closed System

The pre-assembled system creates a closed fluid path, designed to reduce blood leakage from the catheter hub, and minimise the potential for contamination and exposure to blood. In addition, manipulation is away from the insertion site, designed to minimise mechanical phlebitis.



BD Q-Syte™ Luer Access Split Septum

A split septum needleless access system has 64%-70% lower CRBSI rates than mechanical valves.^{6,7} Patients are three times more likely, on average, to develop a CRBSI with the use of a mechanical valve versus a split septum needleless access system.^{6,7}

High Pressure Extension Set

The pre-attached high pressure extension set is compatible with power injectors used with contrast-enhance CT scans.* This preassembled system is designed to withstand pressures of up to a maximum of 300 PSI.

Built in Stabilisation Platform

The built in stabilisation platform is soft and flexible, and is designed to help minimise cannula movement in the vessel which may increase cannula dwell time.