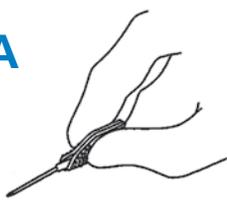


Points to Practice

Before you start

Wash hands and prep the skin of patient as per local hospital policy and guidelines.

2A



2B



Insertion

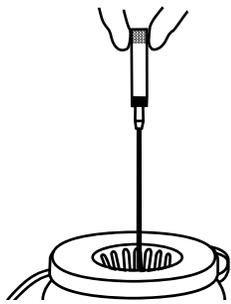
- Grasp the textured sides of wings and bring them together, pinching firmly. (Fig. 2A).
- Using thumb and index finger gently pinch the skin around selected site to identify the subcutaneous tissue. (Fig.2B).
- Insert the full length of the catheter and needle through the skin at a 30°-45° angle. (Fig. 2B).



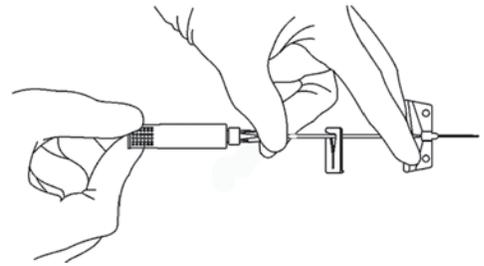
4

Disposal

- Discard the needle immediately in a puncture resistant, leak-proof sharps container.



1



Preparation

- Hold as shown (Fig. 1) and rotate the white safety shield to loosen the needle. (Fig. 1).
- Check if the needle bevel is facing up and that the catheter is not over the bevel before insertion.

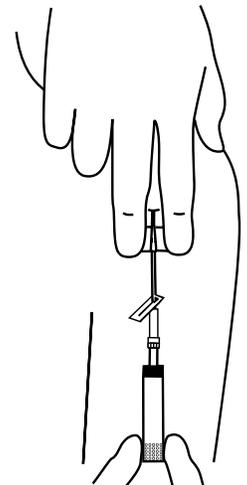
3



Make sure the cannula end is sitting well within the subcutaneous layer – just under the skin – 2mm thick

Needle Removal

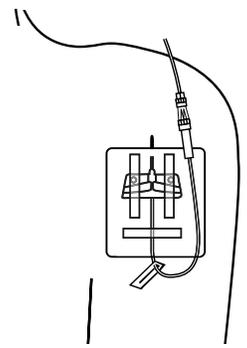
- Lay the wings flat on the skin surface and pull the white safety shield in a straight, continuous motion until the safety shield separates from the safety system. (Fig. 3).



5

Stabilization

- Secure the catheter and apply a sterile dressing per facility protocol. Connect infusion line as needed.



1. Gibney MA, Arce CH, Byron KJ, Hirsch LJ. Skin and subcutaneous adipose layer thickness in adults with diabetes at sites used for insulin injections: implications for needle length recommendations. *Curr Med Res Opin.* 2010; 26 (6): 1519–1530.

Refer to package insert for full instructions and safety information.

BD and BD Logo are trademarks of Becton, Dickinson and Company. © 2013 BD.

MED1112107/2



BD Medical

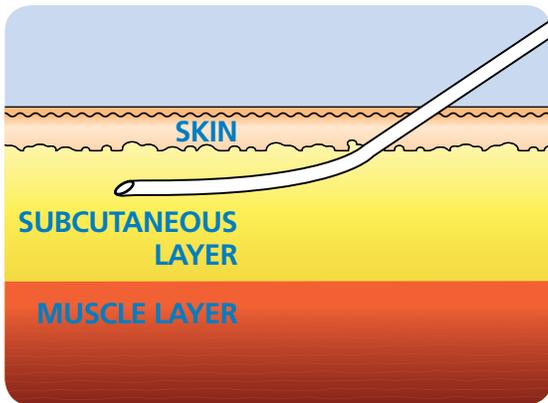
2100 Derry Road West, Suite 100
Mississauga, ON L5N 0B3
Canada
www.bd.com/ca

Subcutaneous Infusion Therapy

Subcutaneous infusion, also known as “Hypodermoclysis”, is increasingly and widely used for the following therapies:

- Rehydration
- Pediatric care
- Palliative care
- Pain management

With an aging population and global economic burdens, hypodermoclysis can offer a cost-efficient, effective alternative to intravenous therapy.



Appropriate sites for subcutaneous infusion include:

- Scapula
- Subclavicular chest wall
- Anterior abdominal wall
- Anterior aspect of the upper arms
- Anterior aspects of the thighs

When IV access is not required, possible or practical, hypodermoclysis is an effective alternative.

Early intervention in cases of dehydration can prevent serious complications¹.

