Product Reference Sheet

Transpac™ IT

Integrated Pressure Transducer

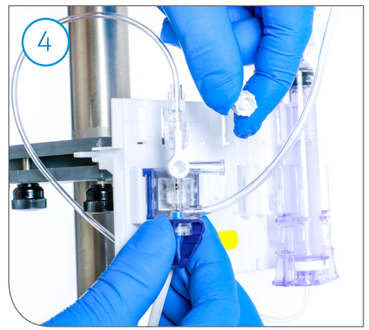
Transducer Set Up

- Remove transducer monitoring kit assembly from package.
- Check all fittings to ensure tight connection.
- Attach transducer to reusable pole mount.

- Attach cable to transducer by connecting cable extension to reusable cable.
- Connect other end of reusable cable to patient monitor.

Caution: Care must be taken to keep electrical connections of the cable extension dry or erratic readings may result.

- Prepare collapsible IV solution bag by extracting all air from the bag.
- Close clamp on set.
- Remove protective cap from administration set spike.
- Insert the spike carefully into IV solution bag.
- Squeeze drip chamber to draw solution into drip chamber, filling no more than halfway.
- Open clamps on administration set.



- Remove white vented cap from venting (zeroing) stopcock.
- Activate fast flush valve of the continuous flush device.
- Fill transducer slowly (using gravity pressure ONLY) until air-free.
- Flush fluid through transducer and side port of stopcock.

- Turn handle of venting (zeroing) stopcock “off” to its side port.
- Place yellow non-vented cap (from spare parts bag) onto side port of the stopcock.
- Activate fast flush valve of the continuous flush device (gravity feed only).
- Ensure that ALL air clears the fluid path.

- Remove white cover at patient connector.
- Flush the rest of the patient line.
- Place yellow non-vented cover onto patient connector.
- Ensure that ALL air is purged from the fluid path.

- Verify all stopcock handles are turned “off” to side ports and all side ports covered by yellow non-vented caps.
- Pressurize IV solution source to 300 mmHg.
- Close cricket clamp on pressure cuff.

- Remove yellow non-vented cover at patient connector. A continuous flush of approximately 3 mL per hour should be observed in the drip chamber.

- For a systemic arterial blood pressure line, activate fast flush valve of continuous flush device, while allowing arterial cannula to backflow during attachment.
- For pulmonary artery catheters, monitoring system should be attached to catheter and catheter filled with IV solution prior to insertion. Follow catheter manufacturer’s instructions.

Re-Level and Re-Zero the Transducer

- Ensure side port of venting (zeroing) stopcock is positioned at approximately same level as pressure site (usually the mid-axillary level).

- Turn handle of venting (zeroing) stopcock “off” to the patient.
- Remove yellow non-vented cap from side port of venting (zeroing) stopcock.
- Follow monitor manufacturer’s calibration procedures.
- Once zeroed, turn handle of venting (zeroing) stopcock “off” to its side port.
- Replace non-vented yellow cap.

For a complete list of Indications, Contraindications and Cautions, please see reverse.

P19-4510

℞ Only For safe and proper use, refer to the Instructions for Use.

icumedical
human connections

800.824.7890 | www.icumed.com

INDICATIONS

- Direct arterial pressure monitoring
- Left atrial monitoring with an air-eliminating filter between solution source and continuous flush device
- Pulmonary artery monitoring (PA distal)
- Venous pressure monitoring (RA proximal)
- Cardiac catheterization

CONTRAINDICATIONS

- Left atrial monitoring without an air-eliminating filter between solution source and continuous flush device
- Intracranial pressure monitoring
- Compartmental pressure monitoring
- Intrauterine pressure monitoring

CAUTION

- Care must be taken to keep electrical connections on the cable extension dry or erratic readings may result.
- If an air-free solution source is not used (i.e., air is not extracted from the bag) air may be forced into the monitoring line when solution is exhausted.
- To prevent inadvertent puncture of the IV solution bag, insert the spike carefully using a downward twisting motion.
- Make certain the drip chamber does not completely fill during pressurization. Air should remain in the drip chamber so that the continuous flush rate can be verified following a fast flush.