



“Undisputed, Best in Class”

FEATURES

Catheter: ChronoFlex C[®], radiopaque, 4Fr and 5Fr extended dwell catheter

Insertion Kit: Two effortless techniques: XL and AST

	XL	AST
Needle	21-gauge echogenic tip, safety needle	21-gauge and 22-gauge echogenic, safety needles
Guidewire	.018", 45cm Nitinol guidewire, stainless steel coil	Full length-of-catheter Nitinol, soft tip
Dilator	Nylon, ZERO-EDGE™ transition	Nylon, ZERO-EDGE™ transition
Securement	ZPad Securement	ZPad Securement

BENEFITS

Infection Prevention: ZERO BSIs for over 35,000 catheter-days (industry best)¹⁻⁷

Kink Resistant: Made of unique catheter material, ChronoFlex C that is very kink resistant

Insertion Methods: Safer, simpler and faster

High Flow: Capable of delivering large volumes rapidly, 130-180 ml/min

Power Injectable: 325psi / 8ml per second (industry best)

Blood Drawable: Allows for blood draws in most patients, 60 – 99%

Improved Outcomes:

- 89% completion of therapy rate¹⁻⁶
- Less than 2% thrombosis and phlebitis rate¹⁻⁷
- Complication rate **below** 10%¹⁻⁶
- Overall soft and hard cost savings¹⁻⁶

Dwell Time: 29 Days

Patient Satisfaction: Provides patients with the potential of a **one stick hospitalization**

Reimbursable:

- CPT Codes: 36569, 36410 and 76937
- HCPCS Code: C1751

SPECIFICATIONS

The POWERWAND Midline Catheter is currently available in 4Fr and 5Fr sizes, in 8 cm (3.1") or 10 cm (3.9") lengths and in single sterile, quick kit and maximum barrier kit configurations.

Product Code	Catheter Size	Catheter Length	Power Injection	Insertion Technique	Packaging	Min Order Quantity
94102	4Fr	8 cm	8 mL/sec	XL	Single Sterile	10/case
94104	4Fr	8 cm	8 mL/sec	XL	Quick Kit	10/case
94106	4Fr	8 cm	8 mL/sec	XL	Maximum Barrier Kit	10/case
94103	4Fr	10 cm	8 mL/sec	XL	Single Sterile	10/case
94105	4Fr	10 cm	8 mL/sec	XL	Quick Kit	10/case
94107	4Fr	10 cm	8 mL/sec	XL	Maximum Barrier Kit	10/case
92005	4Fr	8 cm	8 mL/sec	AST	Single Sterile	10/case
72391	4Fr	8 cm	8 mL/sec	AST	Quick Kit	10/case
72390	4Fr	8 cm	8 mL/sec	AST	Maximum Barrier Kit	10/case
92007	4Fr	10 cm	8 mL/sec	AST	Single Sterile	10/case
72623	4Fr	10 cm	8 mL/sec	AST	Quick Kit	10/case
72622	4Fr	10 cm	8 mL/sec	AST	Maximum Barrier Kit	10/case
94112	5Fr	8 cm	8 mL/sec	XL	Single Sterile	10/case
94113	5Fr	8 cm	8 mL/sec	XL	Quick Kit	10/case
94114	5Fr	8 cm	8 mL/sec	XL	Maximum Barrier Kit	10/case
94115	5Fr	10 cm	8 mL/sec	XL	Single Sterile	10/case
94116	5Fr	10 cm	8 mL/sec	XL	Quick Kit	10/case
94117	5Fr	10 cm	8 mL/sec	XL	Maximum Barrier Kit	10/case
92003	5Fr	8 cm	8 mL/sec	AST	Single Sterile	10/case
72135	5Fr	8 cm	8 mL/sec	AST	Quick Kit	10/case
71425	5Fr	8 cm	8 mL/sec	AST	Maximum Barrier Kit	10/case
92006	5Fr	10 cm	8 mL/sec	AST	Single Sterile	10/case
72625	5Fr	10 cm	8 mL/sec	AST	Quick Kit	10/case
72624	5Fr	10 cm	8 mL/sec	AST	Maximum Barrier Kit	10/case

1. Warrington WG, Penoyer DA, Kamps T, et al. Outcomes of Using a Modified Seldinger Technique for Long Term Intravenous Therapy in Hospitalized Patients with Difficult Venous Access. *JAVA* 2012; (17)1;24-31.
2. Moureau N, Sigl G, Hill M. How to Establish an Effective Midline Program: A Case Study. *J Assoc Vasc Access*. 2015; 20(3)179-188.
3. Balliad P, Peterson S MD. Midline Catheter Reduces infiltrations for Coronary Artery Bypass Graft Patients. Poster presented at 2013 Infusion Nurses Society, Annual Scientific Meeting.
4. Caparas, JV, Hu, JP. Safe administration of vancomycin through a novel midline catheter: a randomized, prospective clinical trial. *J Vasc Access* 2014;15 (4): 251-256.
5. Castro S, Allison R. Use of Midline (Extended Dwell Peripheral IV) Device Improves Patient Safety and Saves Costs Compared to PICCs. Poster presented at 2012 Association for Vascular Access, Annual Scientific Meeting.
6. Bird D. The Power of Choice: Midline Catheter Improves Patient Safety and Comfort While Increasing Vascular Access Revenue and Productivity. Poster presented at 2012 Association for Vascular Access, Annual Scientific Meeting.
7. Pathak R, Diaz K, et al The Incidence of Central Line-Associated Bacteremia After the Induction of Midline Catheters in Ventilator Unit Population. *Infect Dis Clin Pract* 2015;00: 00-00 (e-pub before press)