REPLACEMENT CAP, WHITE FEMALE LUER LOCK

100 Quantity

2020-07-31
Expiration Date

LOT 0061443956

REF 474900

PRODUCT CODE W1000

GTIN 04022495770332

STERILE EO

CE 0123

P5000366-7
REV. 9/15

(01)04022495770332(17)200731(10)0061443956

B BRAUN

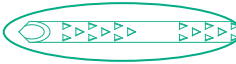
B. Braun Medical Inc.
Bethlehem, PA 18018-3524 USA
1-800-227-2862
www.bbraun.com

EC REP
B. Braun Melsungen AG
34209 Melsungen, Germany

Stimuplex® Ultra Insulated Echogenic Needle

- 20 Ga. x 4 in. (100 mm)
- 30° Bevel
- Insulated
- Extension Tubing
- Length Graduation at 0.5 cm and 1 cm from tip, then every 1 cm
- Etched Echogenic Markings begin approx. 1.7 mm from tip

For use with the Stimuplex DIG, Stimuplex DIG RC, Stimuplex HNS 11 or 12 Nerve Stimulators.



	2020-06-30
LOT	0061440530
REF	333659
PRODUCT CODE	STIMAU20100/30

GTIN: 04046964715938

STERILE | EO

NONPYROGENIC in unopened, undamaged package.

For single use only.
Do not resterilize.

NOTE: Refer to Instructions for Use and additional safety information provided in outer packaging.

Not made with natural rubber latex.

A4807104-3 REV. 5/15

Pictorial is for reference only. Rx only

B. Braun Medical Inc.
Bethlehem, PA 18018-3524 USA
1-800-227-2862 www.bbraun.com
Packaged in USA.
Component from Japan.

CAUTIONS:

- NEEDLE MUST ONLY BE USED FOR DETECTING TARGET NERVE AND FOR INJECTING LOCAL ANESTHETIC. IT MUST THEN BE REMOVED.
- NEEDLE IS NOT INTENDED FOR INTRAVASCULAR USE.

Instructions for Use (IFU):

Use Aseptic Technique.

1. Attach a syringe filled with Sodium Chloride for Injection or anesthetic solution to extension tubing integrated into needle and flush.
2. When using Stimuplex peripheral nerve stimulator, refer to nerve stimulator IFU. Verify proper functionality of nerve stimulator and attach conducting lead to output cable. Set initial current at 1–2 mA, with a pulse width of 0.1 ms.
3. Introduce needle through skin with bevel facing up. (See hub bevel indicator arrow)
4. WARNING: IF PARESTHESIA IS CAUSED INADVERTENTLY AS A RESULT OF DIRECT CONTACT WITH NERVE, NEEDLE MUST NOT, UNDER ANY CIRCUMSTANCE, BE INSERTED FURTHER.
   Advance needle towards target nerve bundle while observing appropriate motor response elicited by stimulating current.
5. Reduce current and optimize needle position until visible muscle contractions occur at lower current levels. Tip of needle has reached optimal position when noticeable contractions occur at a current of approx. 0.2–0.5 mA (higher current levels may be required for certain lumbar blocks). Aspirate for possible intravascular placement. Needle is now situated at an appropriate distance from nerve. Needle should not be placed any closer to nerve to avoid nerve lesions.
   NOTE: FOR USE WITH ULTRASOUND SEE ENCLOSED IFU.
6. WARNING: AN UNUSUALLY HIGH INJECTION PRESSURE MAY INDICATE THAT AN INJECTION HAS BEEN ADMINISTERED INTRANEURALLY. DISCONTINUE INJECTION, OTHERWISE IRREVERSIBLE NERVE DAMAGE MAY OCCUR.
   CAUTION: TO PREVENT INADVERTENT INTRANEURAL PLACEMENT OF NEEDLE, DO NOT RE-POSITION NEEDLE AFTER INJECTION OF LOCAL ANESTHETIC.
   Anesthetic solution can now be injected through needle until motor response generated by nerve stimulator ceases.