



Points to Practise

Acceptable subcutaneous cannula insertion sites

Avoid the following sites (see syringe pump policy):

- Oedematous areas
- Bony prominences
- Skin folds / sites near a joint and waistband area
- Localised disease (e.g. abdomen in peritoneal disease

Irradiated sites

Broken skin



Insertion

Disposal

- Textured side of wings must face skin.
- 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 subcutaneoustissue (Fig.2B).
- Insert the full length of the catheter and needle through the skin at a 30°-45° angle (Fig. 2B).







Preparation

- Hold as shown 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.



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

Needle Removal

Stabilisation

• Secure the catheter and apply a

sterile dressing per facility protocol.

- Lay the wings flat on the skin surface and pull the clear safety shield in a straight, continuous motion until the safety shield separates from the safety system (Fig. 3).
- Place fingers as shown either side of needle (pressure over needle may interrupt needle recoil mechanism).
- Replace with an end cap when not in use. ALWAYS remove clamp from the cannula.





 Catheter;intima saf-t yellow (MED65412)

Connector; needlefree tko valve (MED63763)

• Discard the needle immediately

HCS central stores order codes:

sharps container.

in a puncture resistant, leak-proof

