

# BD Q-SYTE™ LUER ACCESS SPLIT-SEPTUM

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THIS NEEDLELESS IV ACCESS DEVICE IS UNIQUELY SPLIT.  
ITS CLINICAL RESULTS ARE NOT.



Helping all people  
live healthy lives



# A split-septum needleless access system has 64%–70% lower CRBSI rates than mechanical valves.<sup>1,2</sup>

The Department of Health has estimated that there are 300,000 healthcare associated infections each year.<sup>3</sup> The Health Protection Agency reported that bloodstream infections have increased from 80,000 in 2003 to 105,000 in 2007.<sup>5</sup> The National Audit Office report on reducing Healthcare Associated Infections in June 2009<sup>6</sup> reported that 44% of bloodstream infections are associated with invasive devices, two thirds of these due to intravenous access devices such as peripheral and central line catheters. Although a small and seemingly inconsequential component of an infusion therapy system, a needleless access device can be the place of origin for microbial growth.<sup>4</sup>

Purposefully simple in design and function, split-septum devices eliminate the complexities of mechanical valves, and with them, the places that may harbour bacteria.<sup>4</sup> In fact, studies comparing devices found that patients are three times more likely, on average, to develop a catheter related blood stream infection (CRBSI) with the use of mechanical valves vs. a split-septum needleless access system.<sup>1,2</sup>

## THE SOLUTION IS IN SIMPLICITY

The split-septum concept was introduced to the needleless IV access device market with Interlink.<sup>®</sup> BD understands that split-septum features such as simple internal design, ease of use, and a straight, clear fluid path, are critical to achieve CRBSI reductions. Now, BD Medical extends the benefits of split septum to the convenience of luer access with BD Q-Syte Luer Access Split Septum.

<sup>1</sup> Rupp ME, Sholtz LA, Jourdan DR, et al. Outbreak of bloodstream infection temporally associated with the use of an intravascular needleless valve. CID. 2007;44:1408-1414.

<sup>2</sup> Salgado CD, Chinnes L, Paczesny TH, Cantey JR. Increased rate of catheter-related bloodstream infection associated with use of a needleless mechanical valve device at a long-term acute care hospital. Infect Control Hosp Epidemiol. 2007;28:684-688.

<sup>3</sup> House of Commons Committee of Public Accounts – Twenty Fourth Report 2004-5: Improving patient care by reducing the risks of hospital acquired infections: a progress report.

<sup>4</sup> Karchmer TB, Wood C, Ohi CA, et al. Contamination of mechanical valve needleless devices may contribute to catheter-related bloodstream infections. SHEA 2006 Presentation Number: 221 Poster Board Number: 47.

<sup>5</sup> Surveillance of Healthcare Associated Infections Report : 2008 Health Protection Agency.

<sup>6</sup> Reducing Healthcare Associated Infections in England. National Audit Office : 12 June 2009

# The BD Q-Syte™ split-septum difference

Smooth surface is easily cleaned prior to access.

No crevices or gaps around the surface to harbour bacteria.

Clear housing allows visual assessment of the fluid path.

Simple fluid path design reduces places for microbes to grow;<sup>4</sup> this fluid path also delivers a better flow rate.<sup>7</sup>

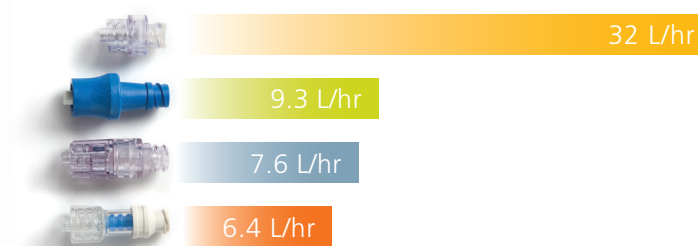


## ULTIMATE PERFORMANCE IN CLOSED LUER ACCESS

In addition to the benefits of split-septum design, the BD Q-Syte device delivers optimal luer access performance. Because of its straight and unobstructed fluid path, the BD Q-Syte device provides:

- Dramatically higher flow rates<sup>7</sup>
- A low priming volume
- Flexibility to use ISO-compatible luer slip or luer lock connection

## FLOW RATE COMPARISON LUER ACCESS DEVICES



## COMPLIANCE WITH NEW REGULATIONS

The Government has made reduction of healthcare associated infections a priority. Previously the Healthcare Commission has monitored infection rates in trusts and aided in their prevention. From 1 April 2009 additional requirements have been published by the newly formed Care Quality Commission. This commission will continue to complete annual inspections of hospitals and will monitor compliance with the Health and Social Care Act 2008 which has published a code of practice to prevent and reduce healthcare associated infections.

Because the cost to the NHS of hospital associated infections is estimated to be in excess of £1 billion per year<sup>8</sup>, taking strides to reduce the risk of CRBSIs is in the best interest of hospitals and patients alike. Utilising split-septum devices such as BD Q-Syte may help hospitals reduce their rate of CRBSIs, an outcome that is good for patients, the healthcare institution and the bottom line.

<sup>7</sup> Data on file (see page 4)

<sup>8</sup> Flowman et al (1999) : The Socio-economic Burden of Hospital Acquired Infections – Public Health Laboratory Service London.



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## BD Q-SYTE™ LUER ACCESS SPLIT-SEPTUM

Ref No.	Product Description	Quantity	Flow Rate H <sub>2</sub> O (ml/min) <sup>9</sup>	Priming Volume (mL)
<b>385100</b>	<b>BD Q-Syte™ Luer Access Split-Septum Stand-Alone Device</b>	<b>50/Shelf Pack 200/Case</b>	<b>525</b>	<b>0.10</b>
<b>BD Q-Syte™ Extension Sets</b>				
<b>385101</b>	<b>15 cm (6 in.) Macro Bore, fixed nut</b>	<b>25/Shelf Pack 200/Case</b>	<b>445</b>	<b>1.14</b>
<b>385102</b>	<b>15 cm (6 in.) Small Bore, fixed nut</b>	<b>50/Shelf Pack 200/Case</b>	<b>49</b>	<b>0.21</b>
<b>Extension Sets with BD Q-Syte™ Luer Access Split-Septum</b>				
<b>385161</b>	<b>15 cm (6 in.) Macro Bore Bi-Ext. Set, spin nut</b>	<b>50/Case</b>	<b>445</b>	<b>1.60</b>
<b>385162</b>	<b>15 cm (6 in.) Macro Bore Tri-Ext.</b>	<b>50/Case</b>	<b>445</b>	<b>2.25</b>
<b>385163</b>	<b>15 cm (6 in.) Micro Bore Bi-Ext.</b>	<b>50/Case</b>	<b>49</b>	<b>0.45</b>
<b>385164</b>	<b>15 cm (6 in.) Micro Bore Tri-Ext.</b>	<b>50/Case</b>	<b>49</b>	<b>0.80</b>
<b>394501</b>	<b>BD Connecta™ 3-way with BD Q-Syte™</b>	<b>50/Shelf Pack 500/Case</b>	<b>390</b>	<b>0.31</b>

<sup>9</sup> Test method, ISO 10555-5 Annex B (max flow @ 525 ± 25 mL/min)



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