BD

Helping all people live healthy lives

BD Q-Syte™

Luer Access Split Septum

Needleless IV access device designed to help minimise the potential for contamination and reduce the risk of accidental needlestick injuries

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Closed systems helps to reduce the risk of catheter related bloodstream infections

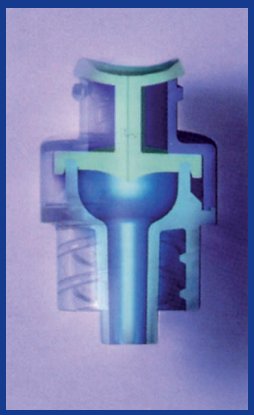
The system is designed for:

- Use on ISO standard IV medical devices
- Use with intermittent or continuous infusion
- Connection and disconnection of syringes and IV sets
- Blood withdrawal
- Use on arterial lines

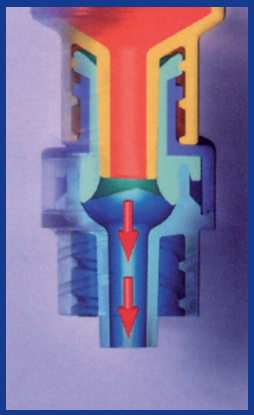
"Novel needleless connectors have been shown to reduce the risk of IVD-related BSI in prospective randomised trials."[1]

1. C.J. Crnich, D.G. Maki, The Promise of Novel Technology for the Prevention of Intravascular Device-Related Bloodstream Infection. CID 2002:34.

- **Closed**
- **Needleless**
- **Simple**
  Only 2 material components, silicone and polycarbonate



Closed



Open

Smooth silicone surface

- Swabable, easily disinfected
- No interstitial space
- May help to achieve appropriate disinfection

Split Septum

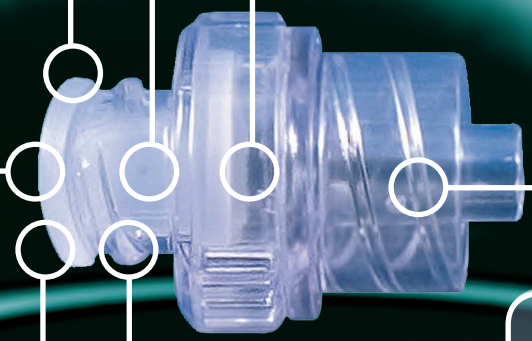
- Luer activated closed system
- Helps prevent micro-organism ingress

Straight large fluid path

- Allows high flow rates
- The flow rate is >500ml/min
- No haemolysis increase

Clear housing

- Complete internal visibility
- Help to assure flush efficacy



Lipid compatibility

- Suitable for parenteral nutrition

Latex-free

- Avoids allergy with latex

DEHP free

Compact light device

- May help to increase patient comfort due to the smaller and lighter design

Luer-lock and luer-slip compatibility

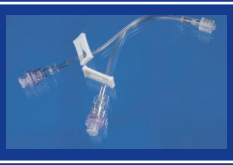
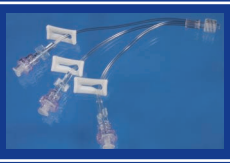
- Good efficiency with luer-lock and luer-slip connections
- Eliminates the need for sharp needles to access the closed system device

"‥ When the Q-Syte CLAD was accessed with a luer syringe tip that had been microbially contaminated on the external surface, no contamination of the flush solution following infusion was identified." [2]

"The attributes of this needleless connector in preventing contamination may be of value in the clinical setting. [2]

"In the clinical environment, where a lower risk of microbial contamination is expected compared with these in vitro studies, the Q-Syte CLAD may be of value in reducing the risk of introducing micro-organisms into the fluid pathway during administration of intravenous fluids." [2]

2. D. Adams *et al*. Infection Risk associated with a closed luer access device. Journal of Hospital Infection. 2006;**62** 353-357

Catalogue Ref.		Description	Priming Volume	Flow Rate	Box/Case
385100		BD Q-Syte™ Stand Alone	0.1ml	525ml/min.	50/200
385101		BD Q-Syte™ with 0.1ml 15cm Standard Bore Extension	1.14ml	445ml/min.	25/200
385102		BD Q-Syte™ Stand Alone	0.1ml	525ml/min.	50/200
385161		BD Q-Syte™ Bi-Extension Set 15cm Macro Bore	1.6ml	445ml/min.	- /50
385162		BD Q-Syte™ Tri-Extension Set 15cm Macro Bore	2.25ml	445ml/min.	- /50
385163		BD Q-Syte™ Bi-Extension Set 15cm Small Bore	0.45ml	49ml/min.	- /50
385164		BD Q-syte™ Tri-Extension Set 15cm Small Bore	0.8ml	49ml/min.	- /50
394501		BD Connecta™ 3-way with BD Q-Syte™	0.31ml	390ml/min.	50/200
385108		BD Q-Syte™ Vial Adapter	0.1ml	525ml/min.	25/100

"Five hospitals where MVs were introduced to replace SSs* expereienced subsequent increased BSI rates. MV*-associated BSI rates did not return to preceeding SS baseline BSI rates, despite implementation of multiple CDC Intraveonous Guideline recommendations." [3]

* The closed devices can be divided into different categories. The main ones are: MV (Mechanical Valves) and SS (Split Septum)

3. W. Jarvis, R. Sheretz, T. Pearl, K Bradley, E. Giannetta, Increased central venous catheter-associated bloodstream infection rates temporarily associated with changing from a split-septum to a luer-access mechanical valve needleless device: A nationwide outbreak? American Journal of Infection Control. June 2005 Vol.33 No.5.

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