



## ARGYLE™ Umbilical Vessel Catheters

Designed with both the patient and the clinician in mind, ARGYLE™ Umbilical Vessel Catheters (UVC) sets the standard of care for premature infants. The ARGYLE™ product portfolio includes single, dual and triple lumen UVCs and a full line of NEO-SERT™ insertion trays. All products are latex and DEHP free. UVCs benefit the patient by reducing the need for painful venipunctures and provides double or triple the access of a single lumen catheter. This allows simultaneous multiple therapies from one device. The NEO-SERT™ insertion trays provide everything needed for the procedure in one preassembled disposable tray. The UMB-E™

catheter anchor provides a convenient, safe and secure way to anchor umbilical catheters.

### Order Information

Order Code	Description	Ship Case	HCPCS*
8888160648	Argyle™ Polyurethane Umbilical Vessel Catheter, Triple Lumen, 5 Fr/Ch (1.7 mm) x 15" (38.1 cm) 18/21/21 G (1.3/0.8/0.8 mm) 0.32 mL, 0.19 mL, 0.19 mL	5	
8888160663	Argyle™ Polyurethane Umbilical Vessel Catheter, Triple Lumen, 8 Fr/Ch (2.7 mm) x 15" (38.1 cm) 15/18/18 G (1.8/1.3/1.3 mm) 0.77 mL, 0.33 mL, 0.33 mL	5	
8888160531	Argyle™ Polyurethane Umbilical Vessel Catheter, Dual Lumen, 3.5 Fr/Ch (1.2 mm) x 15" (38.1 cm) 20/23 G (0.9/0.6 mm) 0.21 mL, 0.16 mL	5	
8888160556	Argyle™ Polyurethane Umbilical Vessel Catheter, Dual Lumen, 5 Fr/Ch (1.7 mm) x 15" (38.1 cm) 18/21 G (1.3/0.8 mm) 0.32 mL, 0.22 mL	5	
8888160325	Argyle™ Polyurethane Umbilical Vessel Catheter, Single Lumen, 2.5 Fr/Ch (0.8 mm) x 12" (30.5 cm) 0.08 mL	10	
8888160333	Argyle™ Polyurethane Umbilical Vessel Catheter, Single Lumen, 3.5 Fr/Ch (1.2 mm) x 15" (38.1 cm) 0.15 mL	10	
8888160341	Argyle™ Polyurethane Umbilical Vessel Catheter, Single Lumen, 5 Fr/Ch (1.7 mm) x 15" (38.1 cm) 0.33 mL	10	
8888160119	Argyle™ Polyurethane Umbilical Vessel Catheter Insertion Tray, Single Lumen, 3.5 Fr/Ch (1.2 mm) and 5 Fr/Ch (1.7 mm)	5	
8888160424	Argyle™ Umbilical Vessel Catheter Insertion Tray, Single Lumen, 3.5 Fr/Ch (1.2 mm)	5	
8888160432	Argyle™ Umbilical Vessel Catheter Insertion Tray, Single Lumen, 5 Fr/Ch (1.7 mm)	5	
8888160838	Argyle™ Umbilical Vessel Catheter Insertion Tray, 3.5 Fr/Ch (1.2 mm)	5	
8888160853	Argyle™ Umbilical Vessel Catheter Insertion Tray, 5 Fr/Ch (1.7 mm)	5	
8888160408	Argyle™ Umbilical Vessel Catheter Tray, No Catheter,	5	
160409	Argyle™ Umbilical Vessel Catheter Insertion Tray, No Catheter	5	

43201	Argyle™ Umbilical Venous Catheter Tray, No Catheter	5	
MI30000	Argyle™ Umbilical Vessel Catheter Anchor	50	
50007250	Devon™ NICU/PICU Procedure Tray	18	

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## Features and Benefits

The ARGYLE™ line of Umbilical Vessel Catheters and insertion trays are designed with both the patient and the clinician in mind.

Features	Benefits
Completely encapsulated X-Ray opaque lines	Easy to view on x-ray to determine proper placement
Smooth, rounded atraumatic tip	Reduced risk of trauma
Numerical depth marks from 5 cm to 25 cm	Allows for accurate placement
Polyurethane construction	Strong, durable material resists leaks and breaks
Latex and DEHP Free	Reduced risk to patients
Dual and Triple lumen UVCs are available	*Double or Triple the access of a single lumen catheter
-	*Reduces the need for painful venipuncture and heelsticks
-	*Convenience of multiple therapies from one catheter
-	*May reduce costs associated with multiple catheter placements
-	*Provides the ability to simultaneously monitor blood pressure through one lumen, while infusing fluids through another lumen
NEO-SERT™ insertion trays feature a two-tier design	*Prep components are in the top tray
-	*Procedure components are in the bottom tray
NEO-SERT™ insertion trays provide everything needed for the procedure including the catheter	Saves time and money by eliminating reprocessing of components or pulling multiple items
UMB-E™ Umbilical Catheter Anchor is preassembled	*Saves time by eliminating time-consuming tape bridges
-	*Can hold two separate lines securely in place

## Frequently Asked Questions

Question	Answer
Do the catheters or insertion trays or umbilical anchor contain latex or DEHP?	Our Polyurethane catheters do not contain latex or DEHP and are also latex-free.
What is the benefit of a polyurethane catheter?	Most UVCs are made from either Silicone or Polyurethane. Polyurethane, while slightly stiffer upon insertion, features larger lumens allowing for greater flow rates. Polyurethane softens similarly to Silicone at body temperature.
What are the inner lumen sizes for the multilumen catheters?	Sizes vary from 15 gauge to 23 gauge depending on the catheter.
Are your catheters radiopaque?	Yes.
Can I trim the UVC?	No. Our UVCs go through a special manufacturing process to provide an atraumatic tip on the UVC. Trimming the UVC will remove the tip.
Do the UVCs come with trays?	Yes. We offer catheters, catheters in trays and stand alone insertion trays. Our 8888160119 tray includes both a 3.5 Fr and a 5 Fr UVC.
Do your NEO-SERT™ insertion trays come with safety needles?	The 43201 has MAGELLAN™ Safety Needles and a Safety Scalpel.
Where can I find the priming volume for the UVCs?	Priming volumes are printed on the front of each pouch.
Which lumen should be used for transducing blood pressure?	We suggest using the large lumen for pressure monitoring.
What volume of flush do you recommend for the lumens that are not in use?	Flush with 0.5 cc to 1.0 cc of heparinized saline every 6 hours for those lumens not in use.
If we are only running one infusion, which lumen should be heparin locked-off?	Infuse through the smaller lumen and leave the primary (largest) lumen for intermittent or bolus infusions.
Should we close off an infusion lumen if we are attempting to aspirate blood from another lumen?	Yes.
Which lumen should be used for aspirating blood?	The largest lumen.

## Indications

The catheter is intended for short-term vascular access via the umbilical vessels in neonatal patients

1. Short-term vascular access

## Contraindications

1. These catheters are contraindicated for patients exhibiting renal, gastrointestinal, cardiac, or periumbilical abnormalities (including clinical indicators for umbilical infection).
  2. The use of the product is contraindicated in patients with known sensitivities or allergies to its components.
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## Precautions

1. Catheter lumens should be flushed routinely if used intermittently, before and after medications are administered and before and after blood samples are aspirated. Amount, strength and frequency of heparin flush should be determined by hospital policy.
  2. Routine umbilical stump care should be administered to help prevent infection.
  3. To remove catheter, withdraw it slowly.
  4. Use a 10 cc or larger syringe to flush lumen in vivo. Smaller syringes may generate extreme pressure which could rupture the catheter.
  5. Directions described herein do not represent all medically acceptable protocols, nor are they intended as a substitute for the physicians experience and judgment treating any specific patient.
  6. Exercise caution when using sharp instruments near the catheter.
  7. Exercise caution when suturing catheter to avoid cutting, indenting, or compromising the catheter in any way.
  8. Always observe sterile technique when handling the catheter during insertion and when administering routine care to the catheterized umbilical stump.
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## Warnings

1. Do not use if unit package is opened or damaged
  2. Umbilical catheters should be inserted and removed only by a qualified, licensed physician or other healthcare practitioner authorized by and under the direction of such physician
  3. Use of an indwelling catheter in an umbilical vessel may improve the care of sick infants; however, it may also lead to serious complications. Use of this device requires careful consideration of the benefits and risks involved and a decision as to whether the need for the catheter outweighs the risk of the catheterization procedure and the subsequent presence of an indwelling catheter.
  4. Do not use clamps on umbilical vessel catheters
  5. Placement must be determined by x-ray
  6. Check extremities for discoloration and blanching while the catheter is indwelling
  7. If a catheter thrombus is suspected, do not flush. Follow hospital protocol and physicians orders for aspiration and de clotting.
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