Customer Service Centers

EMEA: EDI - www.cookmedical.com/edi.do
Distributors: +353 61239240, ssc.distributors@cookmedical.com
Austria: +43 179567121, oe.orders@cookmedical.com
Belgium: +32 27001633, be.orders@cookmedical.com
Denmark: +45 38487607, da.orders@cookmedical.com
France: +33 171230269, fr.orders@cookmedical.com
Germany: +49 6950072804, de.orders@cookmedical.com
Hungary: +36 17779199, hu.orders@cookmedical.com
Ireland: +353 61239252, ie.orders@cookmedical.com
Italy: +39 0269682853, it.orders@cookmedical.com
Netherlands: +31 202013367, nl.orders@cookmedical.com
Norway: +47 23162968, no.orders@cookmedical.com
Poland: +48 223060159, pl.orders@cookmedical.com
Sweden: +46 858769468, se.orders@cookmedical.com
Switzerland:
    French: +41 448009609, fr.orders@cookmedical.com
    Italian: +41 448009609, it.orders@cookmedical.com
    German: +41 448009609, de.orders@cookmedical.com
    United Kingdom: +44 2073654183, uk.orders@cookmedical.com
Americas: EDI - www.cookmedical.com/edi.do
Phone: +1 812.339.2235, 800.457.4500, Fax: 800.554.8335
E-mail: orders@cookmedical.com
Australia:
Phone: +61 738411188, 1800777222, Fax: +61 738411288,
1800077283, E-mail: cau.custserv@cookmedical.com
www.cookmedical.com
To combat CRBSIs, we impregnate our polyurethane catheters with the clinically proven combination of minocycline and rifampin. More than 21 peer-reviewed articles and meta-analyses recognize Spectrum as superior—it’s evidence of protection no other process or technology can match. Furthermore, over 10 years of clinical use and a study of more than 500,000 catheter days⁴ show no evidence of bacterial resistance. Cook Spectrum® catheters give your patients the best protection possible against CRBSIs and may also provide significant economic benefits for your hospital.
Minocycline+rifampin is the most rigorously studied and synergistic combination of antibiotics available on a catheter for reducing CRBSIs through two distinct mechanisms of action. Unlike most antibiotics, this combination has the ability to penetrate the biofilm that forms on all indwelling catheters.¹

More than 10 years of clinical use has shown no evidence that M+R catheters lead to bacterial resistance, and a seven-year study of over 500,000 catheter days confirms these results.⁴ A separate study indicates that a facility using M+R catheters may have shown a decrease in vancomycin usage.⁵

In a challenging clinical environment, a hospital that switches to M+R catheters may expect to see a decrease in CRBSI rates, attributable mortality and CRBSI-related costs. Even high-performing hospitals can switch to Spectrum to drive incremental improvement in CRBSI rates and may still achieve substantial reductions in mortality and expenses.
Insertion and Maintenance
**Important Information**

**Contraindications**
Do not use on patients with known allergy or history of allergy to tetracyclines (including minocycline) or rifampin. Minocycline and rifampin are agents that do not induce any genotoxic risks except a possible teratogenic effect in pregnant women. We therefore do not recommend the use of Cook Spectrum and Spectrum Glide catheters in pregnant women.

**Hospital-Approved Injection Caps**
Work with your hospital infection control team to learn about your hospital’s injection caps and follow manufacturers’ recommendations for proper use, care and maintenance of your caps. Failure to comply with these recommendations can lead to catheter malfunction and/or increased risk of infection.

**Slide Clamps**
To ensure the appropriate lumen is completely clamped off, use extra care to confirm the clamps are fully engaged in the closed position.

**Preflushing**
Flush all catheter lumens and injection caps prior to catheter placement.

**Hydrophilic Coating**
Spectrum catheters feature a hydrophilic coating that activates upon insertion. Catheters may be wetted with saline prior to placement.

**Flushing CVC After Placement**
When flushing the lumens and checking for blood return, flush remaining saline through the caps/lumens of CVC to ensure all blood has been cleared.

**Catheter Measurement***
Catheter length should be measured from the tip to the point between two thin, black lines located 1.5 cm below the hub.

*Excludes special lengths, pigtail, 4 Fr, 5 Fr and 10 Fr catheters.

Please see package insert for complete Instructions for Use.
# Cook Spectrum - Insertion and Maintenance

<table>
<thead>
<tr>
<th>Port</th>
<th>Suggested Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Double Lumen</strong></td>
<td>whole blood or blood product delivery and sampling, any situation requiring greater flow rate, CVP monitoring, medication delivery, power injection*</td>
</tr>
<tr>
<td>Distal</td>
<td></td>
</tr>
<tr>
<td>Proximal</td>
<td>medication delivery, acute hyperalimentation</td>
</tr>
<tr>
<td><strong>Triple Lumen/ Five Lumen</strong></td>
<td>whole blood or blood product delivery and sampling, any situation requiring greater flow rate, CVP monitoring, medication delivery, power injection*</td>
</tr>
<tr>
<td>Distal</td>
<td></td>
</tr>
<tr>
<td>Mid(s)</td>
<td>medication delivery, acute hyperalimentation</td>
</tr>
<tr>
<td>Proximal(s)</td>
<td>medication delivery</td>
</tr>
</tbody>
</table>

*FDA cleared for power injection in 7, 8, 9 and 10 Fr power-injectable CVCs only.
Power Injection and Flow Rates
CT printed on distal lumen. Power inject contrast media through distal lumen only.
### Cook Spectrum - Power Injection and Flow Rates

<table>
<thead>
<tr>
<th>Type of Catheter</th>
<th>Maximum Flow Rate mL/sec*</th>
<th>Average Pressure at Maximum Flow psi*</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Fr, Triple Lumen, Power-Injectable CVC</td>
<td>10</td>
<td>142</td>
</tr>
<tr>
<td>8 Fr, Double Lumen, Power-Injectable CVC</td>
<td>10</td>
<td>54</td>
</tr>
<tr>
<td>9 Fr, Triple Lumen, Power-Injectable CVC</td>
<td>10</td>
<td>39</td>
</tr>
<tr>
<td>10 Fr, Five Lumen, Power-Injectable CVC</td>
<td>10</td>
<td>32</td>
</tr>
</tbody>
</table>

*Maximum pressure limit settings of 325 psi. All testing verified on industry-leading MEDRAD® Stellant® CT Injector.

Maximum flow rates printed on lumen clamp.

MEDRAD and Stellant are registered trademarks of MEDRAD, Inc.
In accordance with ISO 10555-3, lumens of each device were flow tested using 20°C purified water, with a head height of 1,000 mm.

<table>
<thead>
<tr>
<th>Catheter Fr</th>
<th>Cross-section</th>
<th>Lumen No./Hub Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 Double (SDLM - Soft Polyurethane)</td>
<td><img src="image" alt="4.0 Double SDLM" /></td>
<td>1 2</td>
</tr>
<tr>
<td>4.0 Double (UDLM)</td>
<td><img src="image" alt="4.0 Double UDLM" /></td>
<td>1 2</td>
</tr>
<tr>
<td>5.0 Double</td>
<td><img src="image" alt="5.0 Double" /></td>
<td>1 2</td>
</tr>
<tr>
<td>5.0 Triple</td>
<td><img src="image" alt="5.0 Triple" /></td>
<td>1 2 3</td>
</tr>
<tr>
<td>7.0 Triple</td>
<td><img src="image" alt="7.0 Triple" /></td>
<td>1 2 3</td>
</tr>
<tr>
<td>7.0 Triple Power-Injectable</td>
<td><img src="image" alt="7.0 Triple PI" /></td>
<td>1 2 3</td>
</tr>
<tr>
<td>8.0 Double Power-Injectable</td>
<td><img src="image" alt="8.0 Double PI" /></td>
<td>1 2</td>
</tr>
<tr>
<td>9.0 Triple Power-Injectable</td>
<td><img src="image" alt="9.0 Triple PI" /></td>
<td>1 2 3</td>
</tr>
<tr>
<td>10.0 Five Lumen Power-Injectable</td>
<td><img src="image" alt="10.0 Five Lumen PI" /></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Port</td>
<td>Equivalent gage</td>
<td>Minimum Lumen Volume mL</td>
</tr>
<tr>
<td>--------</td>
<td>----------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Distal</td>
<td>20</td>
<td>0.3</td>
</tr>
<tr>
<td>Proximal</td>
<td>22</td>
<td>0.3</td>
</tr>
<tr>
<td>Distal</td>
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<td>0.2</td>
</tr>
<tr>
<td>Proximal</td>
<td>23</td>
<td>0.2</td>
</tr>
<tr>
<td>Distal</td>
<td>20</td>
<td>0.2</td>
</tr>
<tr>
<td>Proximal</td>
<td>20</td>
<td>0.2</td>
</tr>
<tr>
<td>Distal</td>
<td>20</td>
<td>0.2</td>
</tr>
<tr>
<td>Mid</td>
<td>23</td>
<td>0.2</td>
</tr>
<tr>
<td>Proximal</td>
<td>23</td>
<td>0.2</td>
</tr>
<tr>
<td>Distal</td>
<td>18</td>
<td>0.3</td>
</tr>
<tr>
<td>Mid</td>
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<td>0.2</td>
</tr>
<tr>
<td>Distal</td>
<td>16</td>
<td>0.5</td>
</tr>
<tr>
<td>Mid</td>
<td>18</td>
<td>0.3</td>
</tr>
<tr>
<td>Proximal</td>
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<td>0.3</td>
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<tr>
<td>Distal</td>
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<td>0.6</td>
</tr>
<tr>
<td>Mid</td>
<td>18</td>
<td>0.5</td>
</tr>
<tr>
<td>Proximal</td>
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<td>0.6</td>
</tr>
<tr>
<td>Distal</td>
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<td>0.9</td>
</tr>
<tr>
<td>Proximal</td>
<td>14</td>
<td>1.0</td>
</tr>
<tr>
<td>Distal</td>
<td>14</td>
<td>0.9</td>
</tr>
<tr>
<td>Mid</td>
<td>18</td>
<td>0.4</td>
</tr>
<tr>
<td>Proximal</td>
<td>18</td>
<td>0.5</td>
</tr>
<tr>
<td>Distal</td>
<td>14</td>
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</tr>
<tr>
<td>Proximal</td>
<td>19</td>
<td>0.2</td>
</tr>
<tr>
<td>Proximal</td>
<td>19</td>
<td>0.2</td>
</tr>
</tbody>
</table>
The EchoTip Advantage

“…As the angle of insonation decreased, echogenic needles became much more advantageous. This corresponds to many biopsy situations and venous access in large patients or deep sites…”

“…EchoTip (Cook) needles remained clearly better than all others down to the 15° angle…”

Safer Method of CVC Insertion

The Agency for Healthcare Research and Quality (AHRQ) recommends ultrasound for CVC placement as one of 11 practices to improve patient safety, based on the greatest strength of evidence."
Avoidance of Unnecessary Complications

“Any time we [clinicians] insert needles into a patient blindly, we risk injuring them. The use of bedside ultrasound allows us to see inside the patient and visualize where we are placing the needle. The EchoTip significantly improves the ability to identify the exact ‘tip’ location of that needle.”

Ben deBoisblanc, MD
Tray contains:

- Power-injectable* Cook Spectrum central venous catheter with hydrophilic coating and Luer-lock end caps
- Safe-T-J® double flexible-tipped wire guide with cm markings
- EchoTip echogenic introducer needle
- Catheter insertion checklist
- BakSnap® safety syringe
- Prefilled sodium chloride syringes
- 25 gage needle
- 22 gage needle
- FEP catheter introducer needle
- Transducer tubing
- Dilator
- Lidocaine and lidocaine label
- Filter straw
• Tinted Chloraprep® One-Step
• Full-body fenestrated drape with clear window
• Gauze sponges
• Disposable safety scalpel
• Straight needle with suture or curved needle with suture and needle holder
• Disposable syringes
• Needleless injection caps
• Locking sharps container
• Movable suture wing**

Also available with:
• Cap, mask with face shield, and gown

BakSnap is a registered trademark of DuoProSS Meditech Corporation. Chloraprep is a registered trademark of CareFusion 2200, Inc.
* Power injection available only in 7, 8, 9, 10 Fr power-injectable CVCs.
** Selected lengths only.
Clamping Movable Suture Wing

Spread wings of rubber clamp and position on catheter in appropriate position to ensure proper tip location.

Snap rigid fastener onto catheter clamp.

Secure catheter to patient by suturing catheter clamp and fastener together to the skin using side wings to minimize risk of catheter migration.
The MicroCLAVE Neutral Displacement Connector provides simple, needle-free access to your Spectrum CVCs. A dedicated internal fluid path design and minimal dead space help protect against contamination of the catheter hub that can lead to bloodstream infection. In addition, MicroCLAVE reduces the risk of accidental needlestick exposure for clinicians and is recommended by OSHA’s Needlestick Safety and Prevention Act.
Instructions for Use (abbreviated)*

1. Using aseptic technique, remove MicroCLAVE from package. Do not contaminate.

2. Prime MicroCLAVE in accordance with facility protocol. Invert device to expel air.

3. Remove protective cap and attach male Luer of MicroCLAVE to extension set or IV catheter.

4. Swab silicone seal in accordance with facility protocol to access MicroCLAVE.

5. Attach a fully primed syringe or administration set to MicroCLAVE. Grasp MicroCLAVE and firmly push and twist male adapter into MicroCLAVE until secure.

6. To disconnect, grasp MicroCLAVE and twist syringe or administration set away from MicroCLAVE until loose.

7. Flush MicroCLAVE with normal saline or in accordance with facility protocol after each use.

8. For subsequent connections repeat from step four.

*Refer to MicroCLAVE Instructions for Use for complete information.
Also recommended by OSHA’s Needlestick Safety and Prevention Act, the BakSnap syringe is easy to use and helps prevent accidental needlestick injury. In just a two-second operation, the plunger is pulled back and snapped, and the entire unit is disposed of, dramatically reducing sharps waste and the associated containment processing costs.

BakSnap is a registered trademark of DuoProSS Meditech Corp.
Instructions for Use

1. Draw exact amount of medicine. Crystal-clear barrel and easy-to-read calibrations promote accurate measurement.

2. Injection process is intuitive, supporting ease of use. Simply push the plunger until it is fully seated. A click assures you that you have locked up the retraction mechanism and all fluids are dispensed.

3. After extraction from patient, pull the plunger back until an obvious stop is felt.

4. Snap off the plunger and dispose of it in the regular trash. The barrel harbors the needle and is ready for sharps containment. Sharps waste is dramatically reduced.
Spectrum trays and sets are available with Minipuncture Access™, an optional feature that allows entry into the vein using a smaller 20 gage needle. The wire is advanced through the small bore needle (Figure 4). A special cannula inside the catheter lumen helps create a smooth transition between the wire and catheter as it enters the vessel. The inner cannula of the catheter must be removed after insertion.
StatLock® Securement Device

The StatLock Securement Device is available in our pediatric Full Spectrum Trays. Its adhesive back eliminates suturing and has been shown to decrease infection risk.8

StatLock is a registered trademark of C.R. Bard, Inc.


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Belgium: +32 27001633, be.orders@cookmedical.com
Denmark: +45 38487607, da.orders@cookmedical.com
France: +33 171230269, fr.orders@cookmedical.com
Germany: +49 6950072804, de.orders@cookmedical.com
Hungary: +36 17779199, hu.orders@cookmedical.com
Ireland: +353 61239252, ie.orders@cookmedical.com
Italy: +39 0269682853, it.orders@cookmedical.com
Netherlands: +31 202013367, nl.orders@cookmedical.com
Norway: +47 23162968, no.orders@cookmedical.com
Poland: +48 223060159, pl.orders@cookmedical.com
Spain: +34 912702691, es.orders@cookmedical.com
Sweden: +46 858769468, se.orders@cookmedical.com
Switzerland:
  French: +41 448009609, fr.orders@cookmedical.com
  Italian: +41 448009609, it.orders@cookmedical.com
  German: +41 448009609, de.orders@cookmedical.com
United Kingdom: +44 2073654183, uk.orders@cookmedical.com

Americas: EDI - www.cookmedical.com/edi.do
Phone: +1 812 339 2235, 800.457.4500, Fax: 800.554.8335
E-mail: orders@cookmedical.com

Australia:
Phone: +61 738411188, 1800777222, Fax: +61 738411288,
1800777283, E-mail: cau.custserv@cookmedical.com
www.cookmedical.com