



Helping all people
live healthy lives

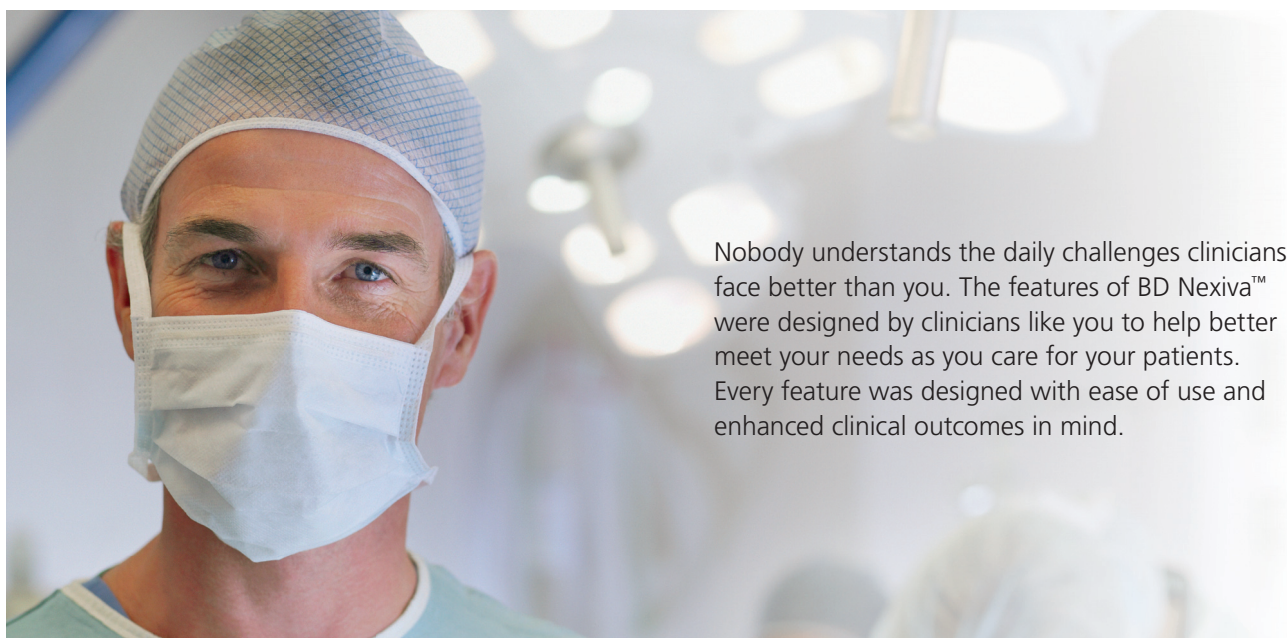
BD Nexiva™ Closed I.V. Cannula System

Delivering protection and ease-of-use¹⁻⁹

BD Nexiva™ Closed I.V. Cannula System –

The major challenges faced in I.V. therapy today ... and how BD can help

Cannula movement or dislodgement can lead to phlebitis and resites	<p>The last thing you want to do is tell your patient you have to resite their I.V. cannula. The BD Nexiva™ built-in stabilisation platform is designed to minimise cannula movement and dislodgement, which may help to minimise complications and increase patient comfort and satisfaction.</p> <p>Clinically proven BD Vialon™ Biomaterial softens in the vessel,^{5,7,8} reducing the chance of mechanical phlebitis by up to 50%,⁵⁻⁷ and provides longer indwell times.⁵⁻⁸</p>
Blood exposure is a risk	<p>Everyday, you are at risk of being exposed to patients' blood, increasing the likelihood of contracting a bloodborne disease. The BD Nexiva™ all-in-one Closed I.V. Cannula System is designed to minimise blood exposure during insertion, which may reduce the potential for contamination and infection by keeping blood where it belongs – away from you.</p>
Clinicians are busier than ever	<p>You have patients waiting and you are short of time. With BD Nexiva™, there's no more locating, collecting and assembling multiple products before treating your patient. It is designed to improve insertion success and the high-pressure extension set is capable of withstanding power injections* for contrast-enhanced CT scans.</p> <p><i>*For power injection use, refer to Instructions For Use. 24 gauge system should not be used with power injectors.</i></p>
Healthcare costs are rising rapidly	<p>Everyone is worried about the costs of healthcare. The BD Nexiva™ Closed I.V. Cannula System is designed to improve clinical outcomes and may reduce costs^{7,8} by reducing the chance of mechanical phlebitis⁵⁻⁷ and increasing indwell times.⁵⁻⁸</p>



Nobody understands the daily challenges clinicians face better than you. The features of BD Nexiva™ were designed by clinicians like you to help better meet your needs as you care for your patients. Every feature was designed with ease of use and enhanced clinical outcomes in mind.

helping you meet the challenges of I.V. therapy

BD Instaflash™ Needle Technology – delivering successful vascular access

- Designed to reduce reinsertions by providing immediate visual confirmation of vessel entry, enabling you to stay focused on the insertion site
- A successful first stick is important for both you and your patient, especially when accessing small and compromised veins

BD Q-Syte™ Luer Access Split Septum – ease-of-use & reduced infection rates vs. mechanical valves^{1,2,9}

- BD Q-Syte's simple fluid path design offers high flow rates, swabbable surface for easy cleaning, and clear housing
- In central lines, a split septum needleless access system **significantly reduces CRBSI rates** compared to mechanical valves ($p < 0.001$)^{1,2,9}

Dual Access or Single Port – flexibility & tailored use

- BD Nexiva™ Single Port is ideal for day procedures that don't require an access port
- BD Nexiva™ Dual Access Port with 1 x BD Q-Syte™ allows for simultaneous administration of compatible fluids and medications near the insertion site
- BD Nexiva™ Dual Access Port with 2 x BD Q-Syte™ is a third option

Vent Plug

Clamp

Push-Tab

Finger Grips

BD Vialon™ Biomaterial – for longer indwell times⁵⁻⁸

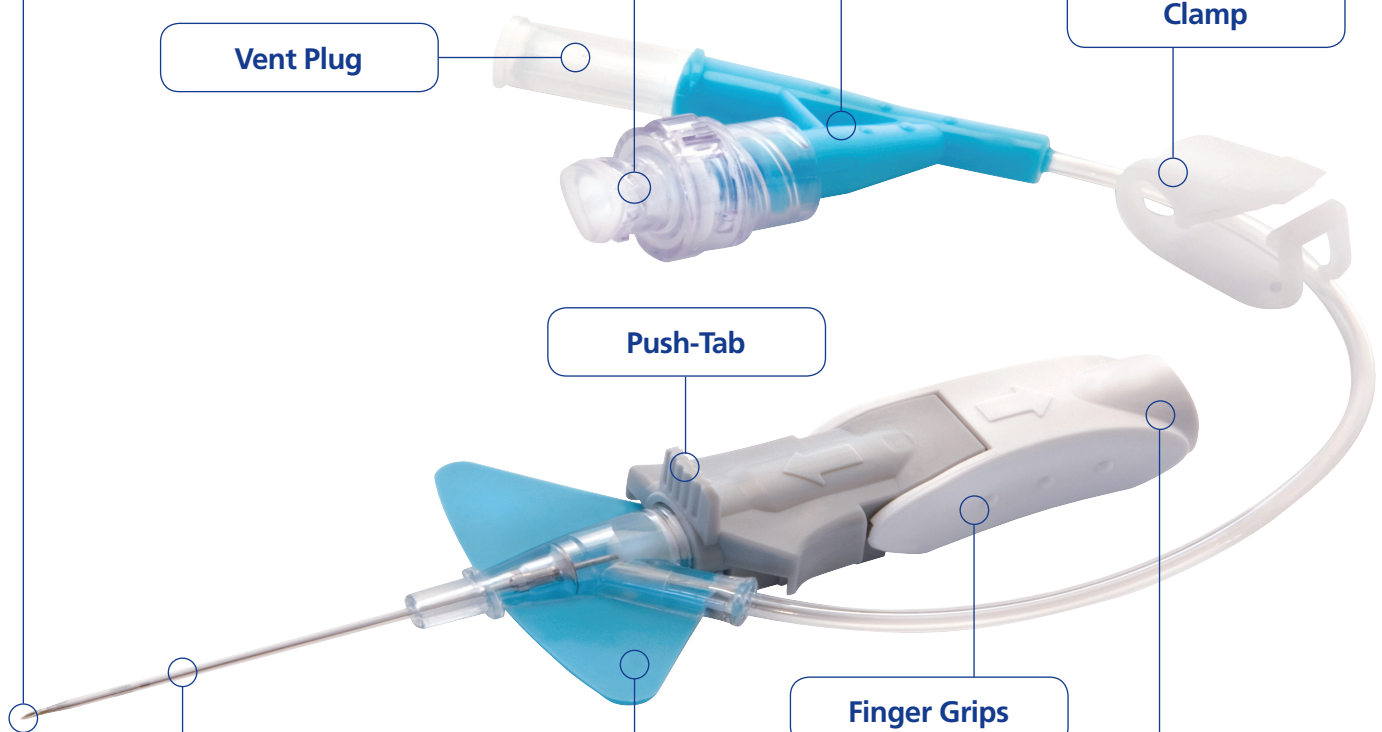
- Clinically proven BD Vialon™ Biomaterial softens in the vessel,^{5,7,8} reducing the chance of mechanical phlebitis by up to 50% (compared to Teflon®)⁵⁻⁷
- BD Vialon™ Biomaterial is more flexible and kink resistant (compared to Teflon®)^{6,7}

Built-in Stabilisation Device – for maximum comfort & stability

- The built-in stabilisation platform is soft, and flexible, and is designed to help minimise cannula movement in the vessel, which may improve cannula indwell time

All-in-One Closed System – for user safety

- The pre-assembled system creates a closed fluid path, designed to minimise blood leakage from the cannula hub and minimise the potential for contamination and exposure to blood
- The high-pressure extension set is capable of withstanding power injections for contrast-enhanced CT scans. (24 gauge system should not be used with power injectors)



Product Specifications

BD Nexiva™ Closed I.V. System with BD Vialon™ Biomaterial

Reference Number	Colour Code	Gauge Size	Cannula Length (inches)	Cannula O.D. (mm) [†]	Cannula I.D. (mm) [†]	Extension Tube I.D. (mm)	Units Box/ Case	Flow Rate H ₂ O (mL/hr)
Dual Port								
383530	Yellow	24	0.56	0.71	0.36	1.22	20/80	840
383531	Yellow	24	0.75	0.71	0.36	1.22	20/80	780
383532*	Blue	22	1.00	0.90	0.52	1.22	20/80	1620
383536*	Pink	20	1.00	1.10	0.64	1.65	20/80	3240
383537*	Pink	20	1.25	1.10	0.64	1.65	20/80	3120
383538*	Pink	20	1.75	1.10	0.64	1.65	20/80	2880
383539*	Green	18	1.25	1.31	0.81	1.65	20/80	5040
383540*	Green	18	1.75	1.31	0.81	1.65	20/80	4680
Dual Port with Cap								
383640	Yellow	24	0.56	0.71	0.36	1.22	20/80	840
383641	Yellow	24	0.75	0.71	0.36	1.22	20/80	780
383642*	Blue	22	1.00	0.90	0.52	1.22	20/80	1620
383646*	Pink	20	1.00	1.10	0.64	1.65	20/80	3240
383647*	Pink	20	1.25	1.10	0.64	1.65	20/80	3120
383648*	Pink	20	1.75	1.10	0.64	1.65	20/80	2880
383649*	Green	18	1.25	1.31	0.81	1.65	20/80	5040
383650*	Green	18	1.75	1.31	0.81	1.65	20/80	4680
Single Port								
383510	Yellow	24	0.56	0.71	0.53	1.22	20/80	960
383511	Yellow	24	0.75	0.71	0.53	1.22	20/80	900
383512*	Blue	22	1.00	0.90	0.67	1.22	20/80	1800
383516*	Pink	20	1.00	1.10	0.83	1.65	20/80	3240
383517*	Pink	20	1.25	1.10	0.83	1.65	20/80	3120
383518*	Pink	20	1.75	1.10	0.83	1.65	20/80	2880
383519*	Green	18	1.25	1.31	0.98	1.65	20/80	4860
383520*	Green	18	1.75	1.31	0.98	1.65	20/80	4560

* For power injection use, refer to Instructions For Use. 24 gauge system should not be used with power injectors.

† Average dimension.



BD Nexiva™ Single port



BD Nexiva™ Dual port with
2 x BD Q-Syte™

References: 1. Salgado CD, Chinnes L, Paczesny TH, Cantey JR. *Infect Control Hosp Epidemiol.* 2007; 28(6): 684-688. 2. Rupp ME, Sholtz LA, Jourdan DR, et al. *Clin Infect Dis.* 2007; 44(11): 1408-1414. 3. Mendelson MH, Lin-Chen BY, Finkelstein-Bond L, et al. 11th Annual Meeting of the Society for Healthcare Epidemiology of America (Toronto, Canada); Abstract. 2001. 4. Murphy C. *Healthcare Infection.* 2008; 13: 33-37. 5. Maki DG, Ringer M. *Ann Intern Med.* 1991; 114: 845-854. 6. Gaukroger, Roberts JG, Manners TA. *Anaesth Intens Care.* 1988; 16(3): 265-271. 7. McKee JM, Shell JA, Warren TA, Campbell VP. *J Infus Nurs.* 1989; 12(5): 288-295. 8. Stanley MD, Meister E, Fuschuber K. *South Med J.* 1992; 85(9): 883-886. 9. Jarvis WR, Murphy C, Hall KK, et al. *Clin Infect Dis.* 2009; 49(12): 1821-1827.

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