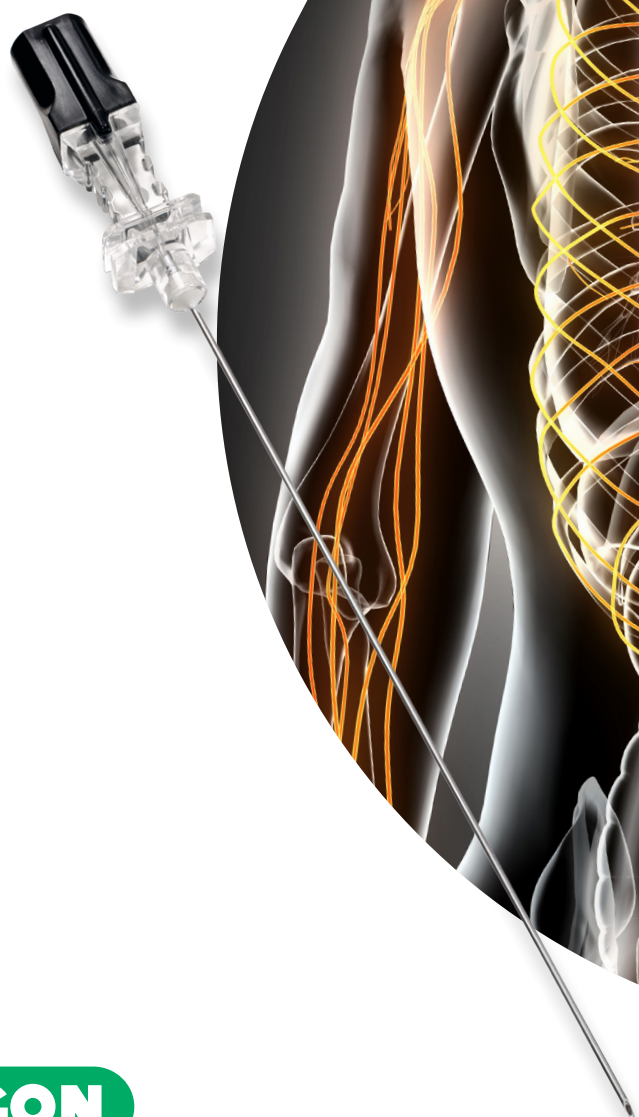


# ANAESTHESIA

neurafit™

Avoiding the risk of  
spinal misconnections



Value Life

# Introducing Neurafit™

Our solution to preventing spinal misconnections

Our ISO standard NRFit™ connectors minimise the risk of medication being delivered to the patient via the wrong route

## The problem

When used for neuraxial and regional anaesthesia, universal Luer connections have led to administrative errors<sup>1</sup>, which in some cases has proven fatal<sup>2</sup>.

Problems occurred when intravenous (IV) medicines were administered by the spinal route and vice versa; when anaesthetics were delivered through IV lines<sup>3</sup>.

## The solution

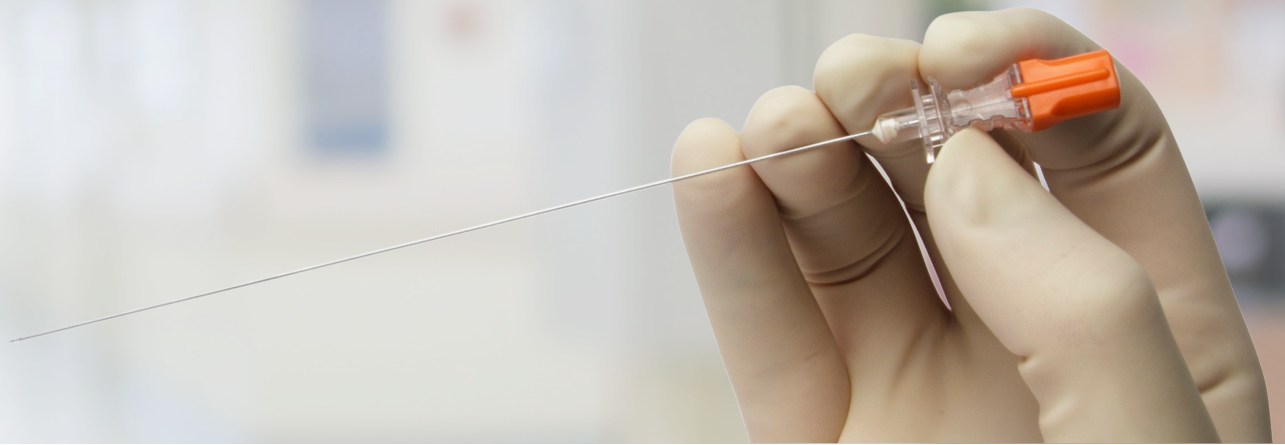
It is widely recognised that the use of a non-Luer connection can limit these errors<sup>4</sup> which has generated an increasing need for better connections<sup>5</sup>. The result is the ISO 80369-6 standard named NRFit<sup>6</sup>. In line with these new standards specifying small-bore connectors for neuraxial and regional anaesthesia, Vygon has developed Neurafit.

## NRFit compliant

Featuring NRFit standard small-bore connectors, the benefits of Neurafit include:

- Avoids any connection to Luer devices
- A one-piece reversed design, and a smaller diameter, to minimise dead space
- No misconnections.





# Neurafit™: the advantages

Made to be sturdy and exceptionally strong from premium-quality steel, Neurafit is available with two different needle designs to meet specific clinical needs. The device delivers a host of safety benefits and efficiency features.



## Quincke needle design

Ideal for performing an effective lumbar puncture with a rapid return of cerebrospinal fluid (CSF).



## Whitacre pencil point design

Reduces the risk of post spinal headache during intrathecal injection. The shape, size and positioning of the eye ensures optimum needle placement and excellent CSF response time.



## Safe

- Easy identification of our Neurafit range with yellow protectors; the colour associated with NRFit standards
- Recessed notch indicates the direction of the needle eye plus accurate administration of anaesthetic.



## Efficient

- Crystal clear hub has fast CSF flashback
- Easy to see CSF through magnified hub
- Spinal introducer with precision matched stylet delivers quick and easy one step removal. Plus instant confirmation of needle tip position.



## Ease of use

- Available with slip and lock connections
- Familiar connections mean there is no need to change established habits when switching to NRFit devices
- Introducer has an ergonomic hub for easy handling.



## Whitacre needles

Vygon Code	NHSSC	Description	Colour	Needle		Introducer		Quantity Box/case
				Diameter (G)	Length (mm)	Diameter (G)	Length (mm)	
000181042A1	FTR2422	Neura <b>fit</b> Whitacre needle	●	27	90	22	38	25/1000
000181942A1	FTR2421	Neura <b>fit</b> Whitacre needle	●	26	90	20	38	25/1000
000181052A1	FTR2419	Neura <b>fit</b> Whitacre needle	●	25	90	20	38	25/1000
000181252A1	FTR2420	Neura <b>fit</b> Whitacre needle	●	25	120	20	38	25/1000
000181072A1	FTR2417	Neura <b>fit</b> Whitacre needle	●	22	90	18	38	25/1000
00518127A1	FTR2418	Neura <b>fit</b> Whitacre needle	●	22	120	-	-	25/1000

## Quincke needles

Vygon Code	NHSSC	Description	Colour	Needle		Introducer		Quantity Box/case
				Diameter (G)	Length (mm)	Diameter (G)	Length (mm)	
00518005A1	FTR2429	Neura <b>fit</b> Quincke needle	●	25	90	-	-	25/1000
00518347A1	FTR2426	Neura <b>fit</b> Quincke needle	●	22	38	-	-	25/1000
00518397A1	FTR2427	Neura <b>fit</b> Quincke needle	●	22	90	-	-	25/1000
00518027A1	FTR2428	Neura <b>fit</b> Quincke needle	●	22	120	-	-	25/1000
00518349A1	FTR2424	Neura <b>fit</b> Quincke needle	●	20	38	-	-	25/1000
00518399A1	FTR2425	Neura <b>fit</b> Quincke needle	●	20	90	-	-	25/1000
00518392A1	FTR2423	Neura <b>fit</b> Quincke needle	●	18	90	-	-	25/1000

## References

- 1 Milamed D, Brown K, Murphy E. Luer's lure: from an international standards perspective. *Anesthesiology* 2012;117:1358–1363.
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- 3 Smetzer J, Baker C, Byrne F, Cohen M. Shaping systems for better behavioral choices: lessons learned from a fatal medication error. *Jt Comm J Qual Patient Saf* 2010;36:152–163.
- 4 Patel S, Loveridge R. Obstetric neuraxial drug administration errors: a quantitative and qualitative analytical review. *Anesth Analg* 2015;121:1570–1577.
- 5 Birnbach D, Brull S, Prielipp R. J'accuse: failure to prevent epidural and spinal catheter misconnections. *A A Case Rep* 2016;6:107–110.
- 6 <https://www.iso.org/standard/50734.html>

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