bionector[®] quick reference guide



Points to practice

Always select the appropriate connector for the cannula/catheter device.

(Avoid attaching a standalone bionector to the end of a peripheral IV cannula where possible and use a bionector octopus extension set. Please refer to hospital policy where exceptions may apply i.e Radiology/CT









Single lumen bionector Octopus extension

Adhere to effective hand hygiene compliance.

Ensure needle-free device is screwed on securely to end of cannula/catheter as per hospital policy and standard precaution procedures.







Always adopt the Aseptic Non-Touch Technique approach and adhere to hospital policy guidelines.



Always check the needle-free device for any damage prior to disinfecting it and for use.

Ensure needle-free device is screwed on securely to end of cannula/catheter.





'Scrub the hub' – scrub the needle-free device port with a 70% Isopropyl alcohol and 2% CHG swab or as per hospital policy. Scrub for a minimum of 15 seconds or refer to hospital policy. Allow to dry for approx 30 seconds.



Use a 10ml syringe with 0.9% Saline for flushing and adhere to hospital IV flushing and drug administration policy. Flush between each IV administration.

A standalone bionector® does not require priming prior to attachment.

bionector octopus extension sets do require priming prior to connection.





Luer lock syringes
– screw on clockwise
onto the bionector.
Luer slip syringes – push
in and twist (a ¼ turn).
Do not over tighten.



Use a push-pause technique when flushing to create a turbulent flow for clearing cannula/catheter of potential debris.



Remove syringe and administer medication, flushing in between each medication given (before and after). Re-swab bionector or refer to hospital policy. Clamp the line off when not in use

Key points

bionector has a dwell time of 7 days / 360 accesses

Cytotoxic compatible
Blood and blood product compatible
Lipid resistant
Alcohol resistant

Latex-free split septum L

CT Rated to 350 PSI

Non mechanical valves (reduces risk of CRBSIs)

Biocompatible PUR tubing (to prevent risk of drug adsorption)

Neutral fluid displacement (Reduces risk of blood reflux and occlusion)

MRI conditional

Direct and straight fluid pathway

Removable clamps on extension sets





