



Helping all people  
live healthy lives

## BD Q-Syte™ Luer Access Split Septum Device

Simple design.  
Dramatic results.

Simple design. Dramatic results.

**“When needleless systems are used, a split septum valve may be preferred over some mechanical valves due to increased risk of infection with the mechanical valves.”<sup>1</sup> — CDC, April 1, 2011**

#### **The impact of needleless connectors on CRBSIs**

Recently updated guidelines from the Centers for Disease Control and Prevention (CDC) offer critical, new evidence-based interventions to help you overcome the challenge of catheter-related bloodstream infections (CRBSIs). Studies have shown that the rate of these infections may be reduced simply by the type of device clinicians use on their patients. When compared with mechanical valves, split-septum devices have 64%–70% lower CRBSI rates.<sup>2,3</sup> Furthermore, there has been three Australian publications that demonstrated the introduction of mechanical valve access devices had resulted in a least a doubling of CRBSI rates.<sup>4-6</sup>

#### **A true split-septum by INS standards**

While many valves may claim to be split septum, the split-septum devices described in the evidence cited by the CDC were BD Q-Syte™ Luer Access Split Septum and Interlink®. The 2011 Infusion Nursing Standards of Practice defines a split septum device as a simple needleless connector with a prepierced septum that can be of blunt cannula or luer-lock design.<sup>7</sup> What makes the BD Q-Syte device a true split septum is the simple fluid path with no internal mechanism.<sup>8</sup> This device eliminates the complexities of mechanical valves, and with them, the places that may harbor bacteria.<sup>9</sup>

**“The nurse should be aware that the catheter hub is a known source for the development of CRBSI and that needleless connectors are recognized sites for microbial contamination.”<sup>7</sup>**

#### **Helping you meet best-practice standards and guidelines**

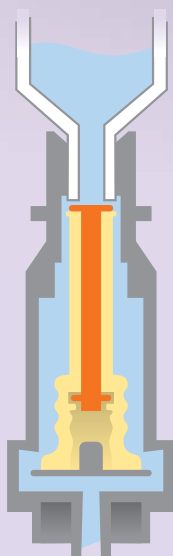
BD has a range of products to support your needs to successfully implement critical standards and guidelines from the CDC and INS. It begins with BD Q-Syte, which has shown positive outcomes in peer-reviewed evidence. In addition, we will supply educational materials and conversion support.

Smooth surface is easily  
cleaned prior to access

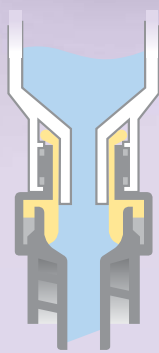
No crevices or gaps  
around the surface  
to harbor bacteria

Clear housing  
allows visual  
assessment of  
fluid path

Simple fluid path  
design reduces places  
for microbes to grow<sup>3</sup>



**Typical  
Mechanical  
Valve**



**BD Q-Syte™  
Split Septum**

# BD Q-Syte™ Luer Access Split Septum

Ref No.	Product Description	Quantity	Flow Rate H <sub>2</sub> O (L/hr) <sup>1</sup>	Priming Volume (mL)
<b>BD Q-Syte™ Luer Access Split Septum Device</b>				
385100	Stand-alone Device	50/Shelf Pack 200/Case	32	0.10
<b>BD Connecta™ with BD Q-Syte™ Luer Access Split Septum Device</b>				
394501	3 way Stopcock with BD Q-Syte™ Luer Access Split Septum Device	50/Shelf Pack 500/Case	2.4/23.4	0.31
<b>Acacia Extension Sets with BD Q-Syte™ Luer Access Split Septum Device</b>				
385150	15 cm BD RightBore™ 18 Ext. Set, spin nut	50/Case	19	0.60
385151	15 cm Small Bore Ext. Set, spin nut	50/Case	2	0.25
385152	15 cm Macro Bore Ext. Set, spin nut	50/Case	22	1.00
385153	36 cm Small Bore Ext. Set, spin nut	50/Case	3	0.55
385154	15 cm Power Injectable Ext. Set, pinch clamp, spin nut	50/Case	14	0.50
385161	15 cm Macro Bore Bi-Ext. Set, spin nut	50/Case	20	1.60
385162	15 cm Macro Bore Tri-Ext. Set, spin nut	50/Case	20	2.25
385163	15 cm Small Bore Bi-Ext. Set, spin nut	50/Case	2	0.45
385164	15 cm Small Bore Tri-Ext. Set, spin nut	50/Case	2	0.80
385165	20 cm "Y" Macro Bore Ext. Set, spin nut	50/Case	22	1.40
385166	50 cm "2Y" Macro Bore Ext. Set, spin nut	50/Case	18	3.20

**BD Q-Syte™ Luer Access Split Septum Device is also available on BD Nexiva™ Closed I.V. System - Dual Port**

1 O'Grady NP, Alexander M, Burns LA, et al. *CDC*. Available at: <http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf>. Accessed April 1, 2011.

2 Salgado CD, Chinnes L, Paczesny TH, Cantey JR. *Infect Control Hosp Epidemiol*. 2007;28:684-688.

3 Rupp ME, Sholtz LA, Jourdan DR, et al. *CID*. 2007;44:1408-1414.

4 Murphy C, Resnik S. *Australian Infection Control*. 2006; 11(2): 46-51.

5 Harrington G. Victorian Infection Control Professionals Association Conference. 23rd - 25th November, 2005. Telstra Dome, Melbourne, Australia.

6 Field K, McFarlane C, Cheng AC, et al. *Infect Control Hosp Epidemiol*. 2007; 28(5): 610-613.

7 Infusion Nurses Society. Infusion Nursing Standards of Practice. *J Infus Nurs*. 2011;34:(1S)S1-S110.

8 Hadaway L, Richardson D. *J Infus Nurs*. 2010;33:22-31.

9 Jarvis WR, Murphy C, Hall KK., et al. *CID*. 2009;49:1821-1827.

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## Australia:

Becton Dickinson Pty Ltd,  
4 Research Park Drive,  
Macquarie University Research Park,  
North Ryde, NSW 2113.  
Toll Free telephone: 1800 656 100.

## New Zealand:

Becton Dickinson Limited,  
8 Pacific Rise,  
Mt Wellington, Auckland.  
Toll Free telephone: 0800 572 468.