The Olberon Vacuderm™ for Kids is a unique smart tourniquet designed to facilitate below the elbow cannulation of children and distract the child.

Its innovative vacuum pump enhances the tourniquet effect of the device by distending the targeted vein in preparation for the insertion of an IV catheter.

Suitable for most hospital departments, clinics, home-care nursing and ambulances.

- Available as a turtle or hedgehog design with free puzzle card.
- The child may 'assist' the procedure by pumping the dome.
- Designed to improve the success rate of first attempt venous access.
- Improves children's comfort and experience.
- Reduces trauma for the child, parent and practitioner.
- Easy to use, complementing existing practices.
- Single patient use to minimise the risk of infection.
- Soft and comfortable strap with unique quick release buckle.
- Patented Class 1 medical device and latex free.
- Full training available on request.

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Olberon Vacuderm™

...for kids

Optimising venous access

A kids smart tourniquet for difficult to reach veins with unique distraction element

Helps to improve first attempt cannulation in children's venous access

Olberon Vacuderm™

...for kids

Optimising venous access

COMMON DIFFICULT PROCEDURES

Cannulating a child is problematic, often requiring several medical staff and sometimes multiple attempts.

Introducing a needle into the vein (cannulation) is the most performed invasive medical procedure worldwide.

Over a billion peripheral intravenous catheters (PIVSs) are inserted each year in hospitalized patients worldwide.[1]

Up to 50% of cannulations in children fail at the first attempt.[2]

SAFETY & INFECTION PREVENTION

Every attempt at cannulation increases the risk of infection to children.

Failure is traumatic for both the child, parent and the practitioner.

HIGH WASTAGE, COST & TIME

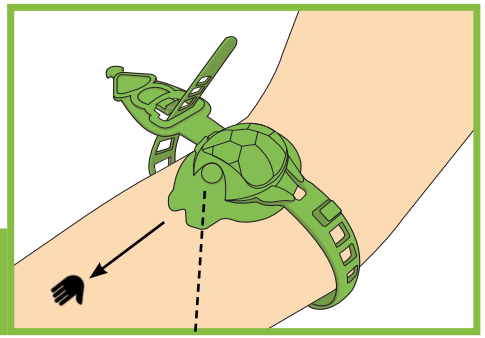
One cannulation attempt costs approximately £33 per patient.[2]

In some patients, after two failed attempts a senior doctor might be called.

Failed cannulations waste patient and practitioners time.

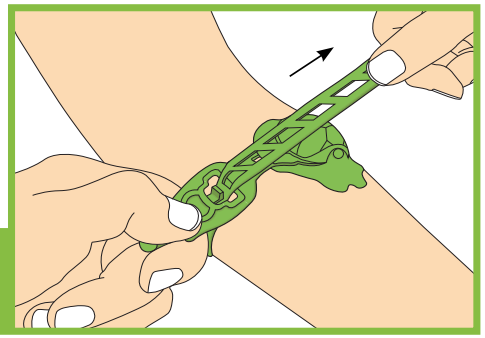
1. *Journal of Hospital Medicine* 2015; 10:530-533.
2. Helm *et al* (2019), "Accepted but Unacceptable: Peripheral IV Catheter Failure" *J Infus Nurs.* 2019 May/Jun; 42(3):151-164.

1



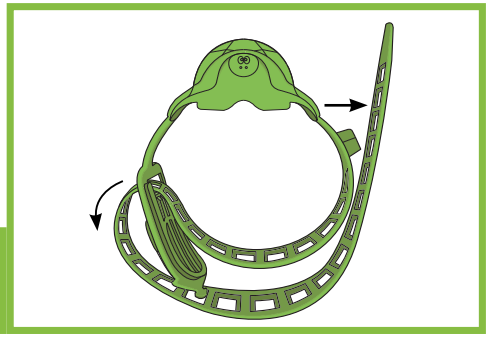
Ensure the hand/arrow V section is pointing towards the patient's hand to allow for accurate alignment to the vein, and effective pumping/ filling of the vein.

2



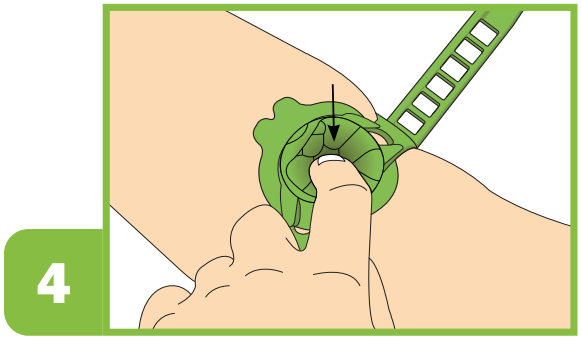
Using two hands, thread the strap through the buckle and stretch, ensuring the tourniquet is pulled as tightly as it will allow, to give the required tourniquet result.

3



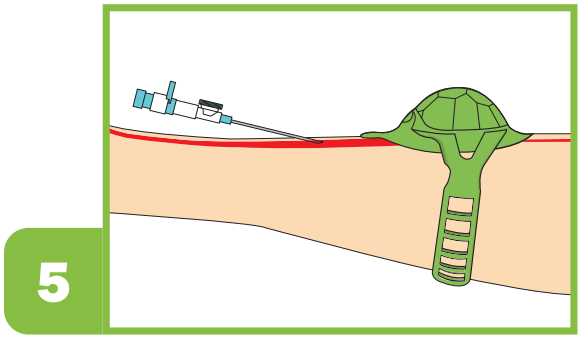
The strap should be hooked back onto itself to give a more secure placement and additional tightening.

4



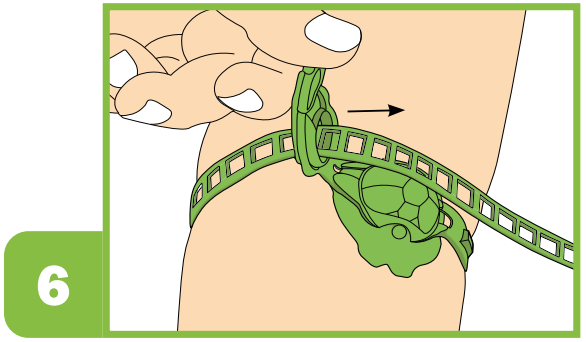
Pump the dome at least 10 to 15 times, gently and slowly towards the back of the dome. Continue pumping a few more times if the desired effect has not yet been reached. The vein should feel bouncy ready for cannulation.

5



Insert the cannula as per standard practice.

6



Release is single-handed by lifting the buckle. To complete the cannulation procedure, use a dressing to protect the IV insertion site as per standard practice.