STEP 1: COLLECT THE FOLLOWING PRODUCTS
1. Hospital protocol, i.e.: gloves, gowns, aseptic preparation.  
2. Unopened DTXPlus® Disposable Transducer Set, Bag of saline, Pressure Infusion Bag, I.V. pole with transducer mounting bracket and pressure monitoring interface cable (or cables) if necessary for PA catheters. (See figure 1)

STEP 2: PRESSURE MONITORING SET PREPARATION
1. Check expiration and tightness on set and all luer connections.  
2. Close off roller clamp to administration set.  
3. Spike the saline bag with the admin set spike. Invert the saline bag (up-side down). Open the roller clamp. Squeeze the saline bag until it is free of air; now turn roller clamp off and turn saline bag right side up. (See figure 2a)  
4. Slightly squeeze the drip chamber until it is half full. Open the clamp. (See figure 2b)  
5. Place bag inside pressure infusion cuff on the I.V. pole. Do not pressurize the pressure cuff at this point – prime under gravity.  
6. Squeeze the saline bag until the drip chamber is 1/3rd full. Note: the unique angled cannula in top of drip chamber minimizes the formation of air bubbles in the drip chamber.  
7. Release the roller clamp.

STEP 3: PRESSURE MONITORING SET PREPARATION
1. Ensure that the white zeroing stopcock is ‘off’ to the patient (away from the transducer); unscrew the orange EasyVent™ luer lock on the zeroing stopcock until the luer lock rotates freely – do not remove the luer lock.  
   Note: the unique EasyVent Luer Lock allows for priming/zeroing procedures without removal and replacement, reducing contamination.  
2. Squeeze, and hold squeezed, the blue colored flow/flush device on the transducer (allowing the saline to fill the admin tubing and prime through the transducer and zeroing stopcock until saline drips past the zeroing stopcock EasyVent™ Luer Lock. (See figure 3a)  
3. Release the blue flow/flush device on the transducer to stop the flow.  
4. Tap the transducer to remove any air bubbles. (See figure 3b)  
5. Open the zeroing stopcock to the patient.  
6. Close the EasyVent™ Luer Lock by retightening.
STEP 4: SAFEDRAW SET PREPARATION  
1. Close red stopcock to the patient.  
2. Invert the Safedraw syringe.  
3. Pull back entire volume of syringe while squeezing flush.  
   (See figure 4)  
4. Close red stopcock to the transducer.  
5. Upright syringe and push fluid into the patient pressure tubing (repeat 1 - 5 twice).  
6. Close red stopcock to the syringe.  

STEP 5: PRESSURE MONITORING SET PREPARATION  
1. Squeeze, and hold squeezed, the flush device on the transducer to allow the saline to fill the patient pressure tubing. (See figure 5)  
   Note: Do not prime the patient pressure line under pressure.  

STEP 6: PREPARING FOR PRESSURE MONITORING  
1. Mount the transducer onto the I.V. pole mounting plate, ensuring that the zeroing stopcock is at the midaxillary line of the patient. (See figure 6)  
   Note: every 4 inches in height difference from mid-heart level represents a hydrostatic pressure difference of 7.4mmHg from the true patient pressure reading.  
2. Ensure that the interface cable is plugged into the monitor and that the monitor is ‘on’.  
3. Turn the zeroing stopcock ‘off’ to the patient and unscrew the orange EasyVent™ luer lock until it rotates freely – do not remove it.  

STEP 7: PRESSURE MONITORING  
1. Connect the luer connection to the patient’s cannula/catheter following hospital policy on good aseptic technique.  
2. Set the pressure infusion cuff to 300mmHg.  
3. Again, ensure transducer mounting plate is at ‘mid-heart level’.  
4. ‘Zero’ the monitor:  
   a. Unscrew the orange EasyVent luer lock on the zeroing stopcock until it rotates freely – do not remove it.  
   b. Press the ‘Zero’ button on the monitor. (See figure 7)  
   c. When the Systolic/Diastolic reading on the monitor displays ‘0’, the monitor is ‘zeroed’.  
   d. Close the zeroing stopcock ‘off’ to the EasyVent and retighten the EasyVent.  
5. The monitor should now be displaying a blood pressure trace.

Before using refer to Instructions for Use for indications, contraindications, warnings, precautions, and directions for use.