They also improve patients quality of life by allowing ambulatory treatment without the inconvenience of programming, power sources and erroneous alarms.

The major indications are:

- Infusional chemotherapy
- Pain management
- Antibiotic therapy (Cystic Fibrosis, Osteomyelitis, HIV)
- Chelation (thalassemia)

The administration routes that can be used are:

- IV
- Intra-arterial
- Subcutaneous
- Epidural
- Pain Management
  (incl.wound infusion and nerve blocks)

The Baxter Infusor, Intermate and Folfusor devices utilise Elastomeric technology to provide reliable infusion treatment while promoting patient recovery. The Infusor™ Promoting Patient Mobility

The Infusor or Intermate – with their lightweight disposable design and silent operation – allow patients to continue therapy in any setting. The Infusor and Intermate offers patients a medication delivery system that is comfortable, portable and adaptable to both their therapy and lifestyle needs.
The *Infusor* and *Intermate* may be stored at room temperature or in the refrigerator. Storage conditions are determined by drug stability.

**To store the *Infusor* or *Intermate* at ROOM TEMPERATURE** choose a cool, dry place that is:

- Clean
- Away from direct sunlight
- Away from heat sources such as an oven or heater
- Where the *Infusor* or the *Intermate* won’t get damaged

**To store the *Infusor* or *Intermate* in THE REFRIGERATOR:**

- Make sure the *Infusor* or the *Intermate* are not touching each other so air can circulate around them.
- Keep the *Infusor* or the *Intermate* in a separate compartment of the refrigerator.
- If using an *INTERMATE* device, allow the device to warm up to room temperature before use (approx 4-6 hours)

**Important points to note:**

- Don’t expose the *Infusor* to extremes of temperature or direct sunlight.
- Patients should try not to get their catheter wet in the shower.
- Patients should keep the *Infusor* and the *Intermate* out of the reach of children.
- The *Infusor* and *Intermate* are single use only.
- The *Infusor* and *Intermate* devices must be filled in accordance with the directions for filling and priming.
- Do not overfill the devices.
- Do not fill less than 1/3rd of the capacity of the device.
- Epidural administration of drugs other than those indicated for epidural use could result in serious injury to the patient.
- The *Infusor* LV device is not designed for rapid infusion of medications.
Using the Infusor™ or Intermate™

Getting ready to use the devices

1. The Infusor should be removed from the refrigerator directly before use unless otherwise instructed. The Intermate should be removed from the refrigerator 4-6 hours before use unless otherwise instructed.

2. Clean a flat surface with soap and water and dry thoroughly.

3. Assemble everything you’re going to need on the clean surface. Lay out these instructions where you can follow them, without having to touch them, as you connect your Infusor or Intermate.

4. Check the name of the medication on the label.

5. Check the expiration date on the label.

6. Check that your name is correct on the label.

7. Wash your hands with hot water and soap. Dry thoroughly.
Connecting the **Infusor** or **Intermate** to the catheter

1. Remove the luer cap from the end of the *Infusor* or *Intermate* tubing. Check to make sure that liquid has moved to the end of the tubing.

2. Replace the Luer Cap.

3. Flush the IV line as instructed. Make sure that the catheter is clamped, then remove and discard the end cap.

4. While still holding the IV line, pick up the *Infusor* tubing, remove the Luer Cap and connect it to the catheter.

5. Store the Luer Cap in the bag the *Infusor* came in.

6. Unclamp the catheter so that the infusion can commence.

7. The patient should place the *Infusor* or *Intermate* in the mesh bag or belt bag provided, where the device won’t fall out or get damaged.

NB - Where possible if not contra-indicated, the flow restrictor of the *Infusor* should be taped to the patient’s skin to facilitate nominal flow rate.

Disconnecting the **Infusor** or **Intermate**

1. When the *Infusor* or *Intermate* is empty remove it from the catheter. If you’re not sure whether it’s completely empty, please refer to the section ‘Checking the progress of your infusion’.

2. Close the clamp on the catheter and disconnect the Luer Connector end of the *Infusor* or *Intermate* from your catheter by gently twisting anti-clockwise.

3. Flush the catheter the way you have been instructed and attach a new sterile end cap. Place the Luer Cap you saved earlier on the end of the *Infusor* or *Intermate*. Dispose of the empty *Infusor* or *Intermate* the way you have been directed.
What to do if the medication does not infuse

1. Remember the **Infusor or Intermate** flows very slowly so make sure you have waited long enough.
2. Check that the IV line is unclamped and that there are no kinks in the line.
3. If the medication is still not flowing, **clamp the catheter and disconnect the Infusor or Intermate**. Replace the Luer Cap on the end of the **Infusor or Intermate** tubing.
4. **Make a note** of the **Infusor or Intermate** code number.

What to do if the **Infusor or Intermate** leaks or bursts

1. Immediately **clamp the catheter**.
2. **Disconnect the Infusor or Intermate** and replace the Luer Cap on the end of the **Infusor or Intermate** tubing.
3. **Attach a new Infusor or Intermate**, or cap the catheter.
4. If medication comes into contact with the patient’s skin, immediately wash the area with warm, soapy water.
5. If your hospital or community service has provided you with a spill kit, refer to instructions in the kit for managing spills.
6. **Make a note** of the **Infusor or Intermate** code number.

**Do not** use the device if

- The expiration date on the label has passed.
- The name on the label is incorrect.
- The balloon has burst or is split.
- There is any sign of leaking drug.
- There is a split or break in the tubing.
- The Luer Cap has been removed or is missing.
- The Fill Port Protector Cap is missing or has fallen off.
Checking the progress of the infusion

The patient may receive more than one Infusor or Intermate to deliver all their medication. Depending on the type of Infusor or Intermate that was given, it will take approximately 30 minutes to 7 days for the Infusor or Intermate to empty.

Small-Volume Infusor, Large-Volume Infusor, Small-Volume Intermate, Large-Volume Intermate

You will know when the Intermate or Large-Volume Infusor is empty as the balloon will be touching all eight empty indicator bumps on two sides of the Infusor or Intermate. The Infusor or Intermate works slowly so the balloon will appear to be shrinking over several hours or days.

The diagram below shows you approximately how the balloon deflates over time.

The Infusor
Small Volume Infusor™

Protection Cap

Balloon

Winged Luer Cap

Luer Connector

Half Day Infusor
5 ml/h
**Temperature**

The *Infusor* device is designed to operate at the nominal flow rate when the flow restrictor of codes 2C1073KJ, 2C1063K, and 2C1009K are at a temperature of 31.1° C (88°F). All other *Infusor* codes are designed to operate at the nominal flow rate when the flow restrictor is at a temperature of 33.3° C (92° F).

The *Intermate* device is designed to operate at the nominal flow rate at a temperature of 21.1° C (70° F).

Flow rate will decrease approximately 2.3% per 1° C (1.8° F) decrease in temperature and will increase approximately 2.3% per 1° C (1.8° F) increase in temperature.

**Head height**

Flow rate of the *Infusor* device is optimised when the Elastomeric Reservoir and the Distal End Luer Lock are positioned at the same height. Flow rate will decrease approximately 0.5% per 2.54 cm (1 inch) if the Elastomeric Reservoir is positioned below the Distal End Luer Lock. Flow rate will increase approximately 0.5% per 2.54 cm if the Elastomeric Reservoir is positioned above the Distal End Luer Lock.

**Viscosity**

The *Infusor* device is designed to operate at the nominal flow rate using 5% Dextrose (D5W) as the diluent to provide the correct fluid viscosity.

There will be an approximate 10% increase in the nominal flow rate when 0.9% Sodium Chloride (NS) is used.

The *Intermate* device is designed to operate at the nominal flow rate using 0.9% Sodium Chloride (NS) as the diluent to provide the correct fluid viscosity. There will be an approximate 10% decrease in the nominal flow rate when 5% Dextrose (D5W) is used.

**Catheter size**

When delivering solution through a catheter refer to the directions for use provided by the catheter manufacturer. The length, diameter, and location of the catheter can decrease flow rate. A 22 gauge (3 French) or larger diameter catheter should be used with the *Infusor* to achieve nominal flow rates.

An 18 gauge (4 French) or larger diameter catheter should be used with the *Intermate* to achieve nominal flow rates.
Problem Description

High Flow

Where was the flow restrictor placed on the patient?
The Infusor operates at the labelled nominal rate when the Infusor flow restrictor is taped to the skin in the correct location (See temperature information.)

A temperature of 31.1°C is achieved when the flow restrictor is taped to a peripheral location on the patient’s skin. A temperature of 33.3°C is achieved when the Infusor flow restrictor is taped to a central location on the patient’s skin. The Intermate operates at the labelled nominal rate when the flow restrictor is at room temperature (21.1°C). The Intermate contents must be at room temperature in order for the Intermate flow restrictor to be at room temperature (See temperature information.)

What was the viscosity of the solution in the device?
See viscosity information.

Was the flow within tolerance?
The Infusor flows within +/- 10% - 12.5% of the labelled nominal flow rate. The Intermate flows within +/- 15% of the labelled nominal flow rate (please refer to the table on page 13 to determine acceptable flow ranges)

Was any direct heat source (heating pads, heated water bed, heating blanket) or indirect heat source (sunlight) placed on or near the flow restrictor of the Infusor or the housing of the Intermate? Was the patient’s body temperature elevated?
Direct or indirect heating of the Infusor flow restrictor or Intermate flow restrictor may cause a faster infusion than the labelled nominal flow rate (See attached temperature information.)

What volume of drug/diluent was used in the device?
Underfilling the Infusor device will result in a flow rate that is higher than the labelled nominal flow rate. The nominal flow rate is achieved by utilising the fill volumes listed in the product chart.

Was the flow restrictor placed at the same head height as the Infusor?
See the Head Height information.
**Problem Description**

*Low Flow & No Flow*

Was the flow within tolerance?
The *Infusor* flows within +/- 10% - 12.5% of the labelled nominal flow rate. The *Intermate* flows within +/- 15% of the labelled nominal flow rate (please refer to the table on page 13 to determine acceptable flow ranges).

Was the flow restrictor in contact with any cooling source?
Was the flow restrictor taped to the patient’s skin?
Was the filled *Intermate* brought to room temperature prior to use?

Viscosity of the drug solution will influence flow rate. Changes in the temperature of the flow restrictor will change the viscosity of the drug solution contained inside – thereby changing the flow rate.

Cooling the *Infusor* or *Intermate* flow restrictor to a temperature below the nominal temperatures (see product information charts) will reduce the flow rate. If not contra-indicated, the *Infusor* flow restrictor should be taped to the patients skin to achieve nominal flow rate. If the flow restrictor is not taped to the patients skin, the flow restrictor may not be at the correct temperature to achieve the nominal flow rate.

The *Intermate* contents must be at room temperature to achieve the nominal flow rate.

What was the viscosity of the solution in the device?
See Viscosity information.

What volume of drug/diluent was used in the device?
Overfilling the *Infusor* device will result in a flow rate that is lower than the labelled nominal flow rate. The nominal flow rate is achieved by utilising the fill volumes listed in the product information chart.

Was the flow restrictor placed at the same head height as the *Infusor*?
See Head Height information.

Was air removed from the *Infusor* tube set and flow restrictor prior to use?
Was flow verified by visualising 2-3 drops of fluid flowing from the flow restrictor at the time of the filling and at the time of use?

Air in the *Infusor* tube set or flow restrictor may potentially result in a ‘Low Flow’ or ‘No Flow’ condition. A visual confirmation of 2 drops of fluid flowing from the flow restrictor will ensure that the flow restrictor is cleaned of all air bubbles prior to use.
Problem Description

 Priming Difficulty

Were Baxter filling chart instructions followed? Was the *Infusor* filled slowly?
Was the *Infusor* filled while holding the device in a vertical position?

The filling technique recommended by Baxter is the technique that has been validated in our Quality Assurance Laboratories. This technique should be used for optimal priming results. It is important to fill the *Infusor* very slowly. Remember to gently and slowly crack the Duckbill Valve and push fluid into the device until the Elastomeric balloon begins to inflate.

Was force-priming technique utilised?
Was continuous suction applied during force-priming?
Was three-way stopcock open during force priming? Was a 10mL or smaller syringe used to force prime the device?

Modifications to the recommended force priming technique may result in poor force priming results.

Problem description

 Leaks

Was the fill port capped after filling? Was the fill port swabbed after filling?

Normal residual drug in the filling port can sometimes be reported as a leak. To avoid this type of complaint report, suggest that the customer wipe away residual solution with a sterile swab after filling. Also ensure that Fill Port cap is replaced after filling to avoid leakage of this residual solution.

Was the Winged Luer Cap tightened after filling the device?

The Winged Luer Cap is not tightened during the manufacturing process. The Customer must perform tightening of the cap after filling and priming are completed.

Problem description

 Ruptures

Was the *Infusor* stored in the presence of sunlight or UV light?

Sunlight or UV light may damage the Elastomeric material of the *Infusor* and *Intermate* reservoirs.
## Large Volume Infusor

<table>
<thead>
<tr>
<th>Name</th>
<th>LV10</th>
<th>LV5</th>
<th>LV2</th>
<th>LV1.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>2C1063KP</td>
<td>2C1009KP</td>
<td>2C1008KP</td>
<td>2C1087KP</td>
</tr>
<tr>
<td>Nominal Infusion duration</td>
<td>1 day</td>
<td>2 days</td>
<td>5 days</td>
<td>7 days</td>
</tr>
<tr>
<td>Nominal Flow Rate</td>
<td>10 mL/h</td>
<td>5 mL/h</td>
<td>2 mL/h</td>
<td>1.5 mL/h</td>
</tr>
<tr>
<td>Nominal Fill Volume</td>
<td>240 mL</td>
<td>240 mL</td>
<td>240 mL</td>
<td>252 mL</td>
</tr>
<tr>
<td>Nominal Temperature</td>
<td>31.1°</td>
<td>31.1°</td>
<td>33.3°</td>
<td>33.3°</td>
</tr>
<tr>
<td>Flow Rate Accuracy</td>
<td>+/- 10%</td>
<td>+/- 10%</td>
<td>+/- 10%</td>
<td>+/- 10%</td>
</tr>
<tr>
<td>Acceptable Flow Times</td>
<td>21.8-26.7 hrs</td>
<td>43.6-53.3 hrs</td>
<td>109.1-133.3 hrs</td>
<td>152.7-186.7 hrs</td>
</tr>
</tbody>
</table>

## Small Volume Infusor

<table>
<thead>
<tr>
<th>Name</th>
<th>Half Day</th>
<th>Single Day</th>
<th>Two Day</th>
<th>Multi Day</th>
<th>Seven Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>2C1073KJP</td>
<td>2C1071KJP</td>
<td>2C1075KJP</td>
<td>2C1080KJP</td>
<td>2C1082KJ</td>
</tr>
<tr>
<td>Nominal Infusion duration</td>
<td>12 hours</td>
<td>1 days</td>
<td>2 days</td>
<td>5 days</td>
<td>7 days</td>
</tr>
<tr>
<td>Nominal Flow Rate</td>
<td>5 mL/h</td>
<td>2 mL/h</td>
<td>2 mL/h</td>
<td>0.5 mL/h</td>
<td>0.5 mL/h</td>
</tr>
<tr>
<td>Nominal Fill Volume</td>
<td>60 mL</td>
<td>48 mL</td>
<td>96 mL</td>
<td>60 mL</td>
<td>84 mL</td>
</tr>
<tr>
<td>Nominal Temperature</td>
<td>31.1°</td>
<td>33.3°</td>
<td>33.3°</td>
<td>33.3°</td>
<td>33.3°</td>
</tr>
<tr>
<td>Flow Rate Accuracy</td>
<td>+/- 12.5%</td>
<td>+/- 12.5%</td>
<td>+/- 12.5%</td>
<td>+/- 12.5%</td>
<td>+/- 12.5%</td>
</tr>
<tr>
<td>Acceptable Flow Times</td>
<td>10.7-13.7 hrs</td>
<td>21.3-27.4 hrs</td>
<td>42.7-54.9 hrs</td>
<td>106.7-137.1 hrs</td>
<td>149.3-192.0 hrs</td>
</tr>
</tbody>
</table>

## Folfusor

<table>
<thead>
<tr>
<th>Name</th>
<th>SV2.5</th>
<th>SV0.5</th>
<th>SV5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>2C4711K</td>
<td>2C4700K</td>
<td>2C4705K</td>
</tr>
<tr>
<td>Nominal Infusion duration</td>
<td>2 days</td>
<td>7 days</td>
<td>1 Day</td>
</tr>
<tr>
<td>Nominal Flow Rate</td>
<td>2.5 mL/h</td>
<td>0.5 mL/h</td>
<td>5 mL/h</td>
</tr>
<tr>
<td>Nominal Fill Volume</td>
<td>120 mL</td>
<td>84 mL</td>
<td>120 mL</td>
</tr>
<tr>
<td>Nominal Temperature</td>
<td>33.3°</td>
<td>33.3°</td>
<td>33.3°</td>
</tr>
<tr>
<td>Flow Rate Accuracy</td>
<td>+/- 10%</td>
<td>+/- 10%</td>
<td>+/- 10%</td>
</tr>
<tr>
<td>Acceptable Flow Times</td>
<td>43.4-53.2 hrs</td>
<td>153.4-186.2 hrs</td>
<td>21.49-26.40 hrs</td>
</tr>
</tbody>
</table>
# Acceptable Flow Times at Nominal Conditions

## Intermate Specifications

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Nominal Infusion duration</th>
<th>Nominal Flow Rate</th>
<th>Nominal Fill Volume</th>
<th>Nominal Temperature</th>
<th>Flow Rate Accuracy</th>
<th>Acceptable Flow Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>SV200</td>
<td>2C1714K</td>
<td>30 mins</td>
<td>200 mL/h</td>
<td>100 mL</td>
<td>21.1°</td>
<td>+/- 15%</td>
<td>26-35 mins</td>
</tr>
<tr>
<td>SV100</td>
<td>2C1712K</td>
<td>60 mins</td>
<td>100 mL/h</td>
<td>100 mL</td>
<td>21.1°</td>
<td>+/- 15%</td>
<td>52-71 mins</td>
</tr>
<tr>
<td>SV50</td>
<td>2C1710K</td>
<td>120 mins</td>
<td>50 mL/h</td>
<td>100 mL</td>
<td>21.1°</td>
<td>+/- 15%</td>
<td>104-141 mins</td>
</tr>
<tr>
<td>LV250</td>
<td>2C1724K</td>
<td>60 mins</td>
<td>250 mL/h</td>
<td>250 mL</td>
<td>21.1°</td>
<td>+/- 15%</td>
<td>52-71 mins</td>
</tr>
<tr>
<td>LV100</td>
<td>2C1722K</td>
<td>2.5 hrs</td>
<td>100 mL/h</td>
<td>250 mL</td>
<td>21.1°</td>
<td>+/- 15%</td>
<td>2.2-2.9 hrs</td>
</tr>
<tr>
<td>LV50</td>
<td>2C1720K</td>
<td>5 hrs</td>
<td>50 mL/h</td>
<td>250 mL</td>
<td>21.1°</td>
<td>+/- 15%</td>
<td>4.3-5.9 hrs</td>
</tr>
<tr>
<td>XLV250</td>
<td>2C1754K</td>
<td>120 mins</td>
<td>250 mL/h</td>
<td>500 mL</td>
<td>21.1°</td>
<td>+/- 15%</td>
<td>1.4-2.2 hrs</td>
</tr>
</tbody>
</table>

## Accessories Specifications

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belt Bag 18 inch waist strap</td>
<td>IPB102XLX1</td>
<td>30</td>
</tr>
<tr>
<td>Belt Bag Small</td>
<td>2C1100</td>
<td>6</td>
</tr>
<tr>
<td>Mesh Bag for the Infusor</td>
<td>BG3386WH</td>
<td>500</td>
</tr>
</tbody>
</table>

## Infusor Applications

- **LV the Infusor**: Large volume the Infusor used for Chemotherapy, Antibiotics and Pain Management
- **SV the Infusor**: Small Volume the Infusor used for Chemotherapy and Pain Management
- **Folusors**: Small Volume the Infusor for Chemotherapy
- **The Intermate**: Fast flowing devices for Antibiotics and IVig Infusions
Can concurrent Infusions be run with the Baxter Infusor?
Yes. Concurrent infusions may be run via a Y-Site or 3-way tap, however there is a possibility that the flow rate of the Infusor may decrease, particularly if the pressure of the alternate infusion device is high. It is also recommended to use an anti-reflux valve to prevent flow from one line into the other.

Is the Infusor Recyclable?
The Infusor is made from recyclable material, however disposal of the device should be in accordance with individual hospital protocol.

Can the Infusor be used by patients with latex allergies?
Yes, all Baxter Infusor, Folfusor and Intermate devices are free of natural latex.

Why is it important to place the end of the administration tubing close to the skin?
The end of the administration tubing is where the Infusor flow restrictor is located. This restrictor is a tiny glass tube which determines the flow rate of the Infusor. The flow restrictor is calibrated to work best at a temperature of 31-33°C so placement next to the skin helps to maintain this constant temperature.

Can the Infusor be used inside MRI machines or Hyperbaric chambers?
Yes, the Infusor does not contain any metal so is suitable to go through an MRI machine. The Infusor may also be used inside hyperbaric chambers. As long as the patient is exposed to the same changes in pressure as the Infusor device there is no hindrance to the infusion.
Can extension sets be used with the Baxter Infusor?

When using an extension set, the flow restrictor located at the distal end of the Infusor administration tubing should still be taped to the skin if possible. Extension sets should be primed prior to connection to the patient. As a general guide, overall infusion time will be marginally lengthened when using an extension set.

Can Baxter Infusor and Intermate devices be used during flight?

Yes, Baxter has conducted internal testing to establish the effects of cabin pressure on flow rate and solution de-gassing during flight. Results indicate that the reduced pressure environments such as those experienced during flight do not have a significant effect on solution de-gassing. Neither reduced pressure environment nor changes in gravitational acceleration have any significant effect on flow rate.

A small air bubble is noticeable in the filled Infusor reservoir – is this an issue?

Sometimes during the filling procedure a small number of air bubbles are introduced into the reservoir. These tiny bubbles are due mainly to the dead space in the fill port of the devices. The total volume of these bubbles is approximately 0.2 cc or ‘pea-size’. These bubbles are known to ‘disappear’ over time; either by passing through the rubber wall (reservoir) or by dissolving into the fluid. The ‘pea-size’ bubble will take 24 to 29 hours to dissipate from the bladder system if the recommended filling technique is used.

Air that is inadvertently introduced during the compounding process cannot be withdrawn through the fill port. Therefore, it is important to purge air from the system (i.e. syringe, diluent container, or transfer set) prior to filling the device.
For further information and support for your Baxter Elastomeric Products’ please contact Baxter Customer Support on:

**Australia:** 1300 789 646  
**New Zealand:** 0800 229 837