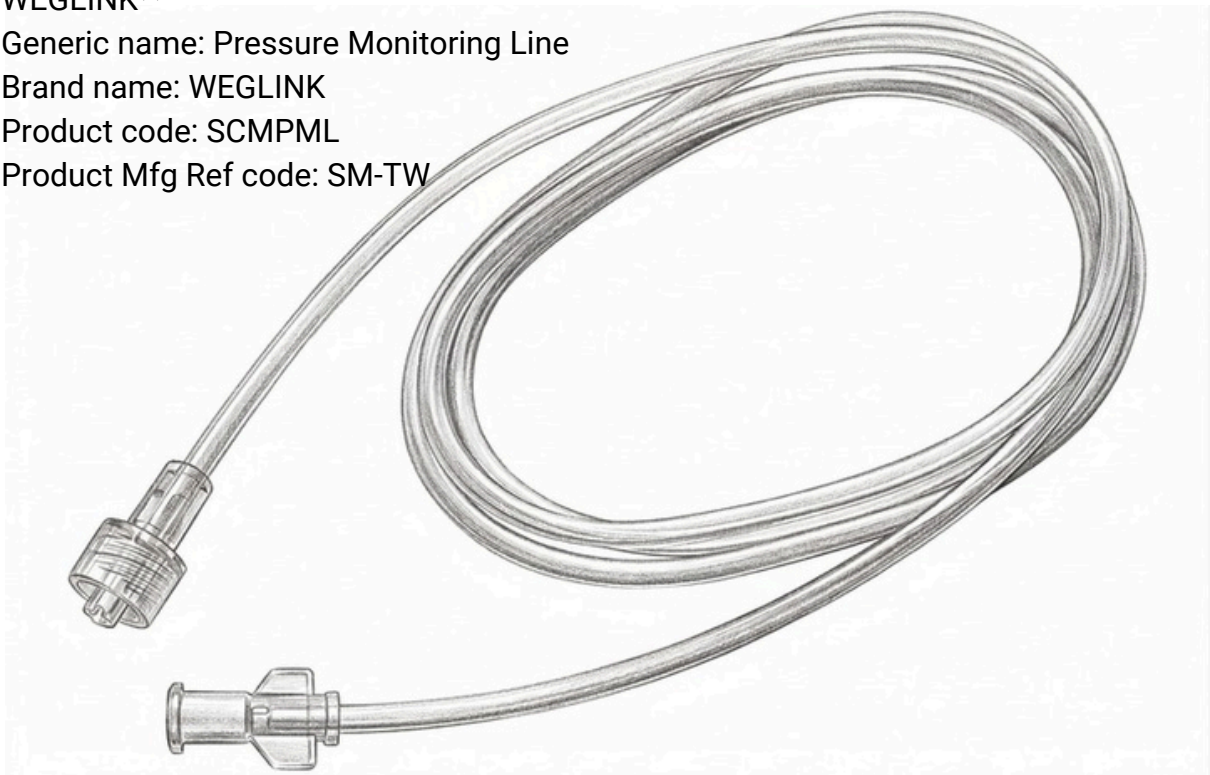
WEGLINK(™)

Generic name: Pressure Monitoring Line

Brand name: WEGLINK

Product code: SCMPML

Product Mfg Ref code: SM-TW



WEGLINK is typically a high-pressure, non-compliant extension line that connects an invasive catheter to a pressure transducer. It ensures accurate transmission of pressure waves without distortion.

Main components:

- Tube: Rigid, kink-resistant, a small internal diameter (bore) to maintain pressure integrity and high signal clarity during transmission.
- Male connector and female connectors: For secure leakproof connections.

Materials:

- Medical grade PVC
- Latex-free materials
- Transparent tubing for easy visualization

Models available:

MODELS	SPECIFICATION
10cm	Length 10cm
50cm	Length 50cm
100cm	Length 100cm
150cm	Length 150cm
200cm	Length 200cm

Indications For Use

- Critically illpatients in the ICU: Patients in the intensive care unit (ICU) are often critically ill and their condition can change rapidly. Continuous blood pressure monitoring allows healthcare providers to track even minor changes and intervene quickly if needed.
- Patients undergoing surgery: Especially during major surgeries, a patient's blood pressure can fluctuate significantly. WEGLINK allows for close monitoring to ensure blood pressure remains within a safe range throughout the procedure.
- Patients on vasopressor medications: Medications like vasopressors are used to raise blood pressure in patients experiencing hypotension (low blood pressure). WEGLINK allows healthcare providers to closely monitor how these medications are affecting the patient's blood pressure and adjust the dosage as needed.
- Frequent blood draws: If a patient requires frequent blood draws, WEGLINK can be inserted to avoid the repeated discomfort of inflating a blood pressure cuff. Blood samples can be withdrawn through a port on WEGLINK.

Clinical Advantages

- Real-TimeData: Provides immediate feedback for titrating medications like vasopressors.
- Blood Sampling: Allows for frequent blood draws (such as for arterial blood gases) without repeated needle sticks, improving patient comfort.
- Safety: Single-use, sterile designs help minimize infection risks compared to reusable systems.

Contraindications

- BleedingDisorders: If a patient has a diagnosed bleeding disorder or is taking blood thinners, insertion of the catheter can increase the risk of bleeding at the insertion site.
- Severe Local Infection: If the insertion site has a severe infection, introducing a catheter can worsen the infection and potentially spread it to the bloodstream.
- Severe Arterial Stenosis: A narrowed artery at the insertion site can make catheterization difficult and potentially damage the artery further.
- Uncontrolled Burns: Burns near the insertion site can increase the risk of infection and make sterile insertion challenging.
- Shock: In some cases of severe shock, blood flow may be too weak to get accurate readings from the pressure line.

Clinical Setup & Priming

To ensureaccuratepressure transmission, the system must be completely free of air and properly pressurized.

- Aseptic Technique: Always perform hand hygiene and wear gloves when handling the system to prevent bloodstream infections.
- Priming: Use 500 mL of 0.9% Normal Saline. Flush the entire tubing, including all stopcocks and the transducer, ensuring no air bubbles are present, as they can distort the waveform.
- Pressure Bag: Inflate the pressure bag to 300 mmHg. This maintains a continuous flush of approximately 3 mL/hr to prevent the catheter from clotting.
- Tubing Differentiation: Note that tubing before the transducer is often soft, while tubing leading to the patient is rigid to accurately sense slight pressure variations.

Calibration: Leveling & Zeroing

Accuracydepends onaligning thetransducer with the patient's heart.

- Phlebostatic Axis: The transducer must be leveled at the fourth intercostal space, mid-axillary line (approximately the level of the right atrium).
- Zeroing Protocol:
    1. Turn the stopcock off to the patient and open it to atmospheric air.
    2. Select the "Zero" function on the monitor and wait for a "zeroed" confirmation.
    3. Close the stopcock to air and return it to the open position for monitoring.
- Frequency: Zero the system at least once per shift, every 4 hours, after any blood draws, or if the patient's position changes significantly.

Maintenance & Safety

- SiteMonitoring:Continuously assess the insertion site for signs of infection, bleeding, or dislodgement. For radial lines, perform neurovascular checks (pain, pulse, pallor, paresthesia, paralysis) on the hand.
- Fluid & Tubing Changes:
    - Saline Bags: Change every 24 hours.
    - Tubing Systems: Replace every 72 to 96 hours according to hospital policy.
- Never Infuse: Do not use arterial lines for medication or fluid infusions; they are for monitoring and blood sampling only.

Troubleshooting Common Issues

Problem	Possible Cause	Action
Dampened Waveform	Air bubbles, kinks, blood clots, or low pressure in the flush bag.	Flush the line, check for kinks, and ensure the pressure bag is at 300 mmHg.
Inaccurate Readings	Transducer not leveled, air in system, or loose connections.	Re-level to the phlebostatic axis, zero the system, and tighten all Luer locks.
No Waveform	Monitor setting issues, stopcock turned the wrong way, or catheter occlusion.	Verify monitor labels (e.g., "ART" or "ABP"), check stopcock positions, and aspirate/flush if needed.