

## CORRESPONDENCE

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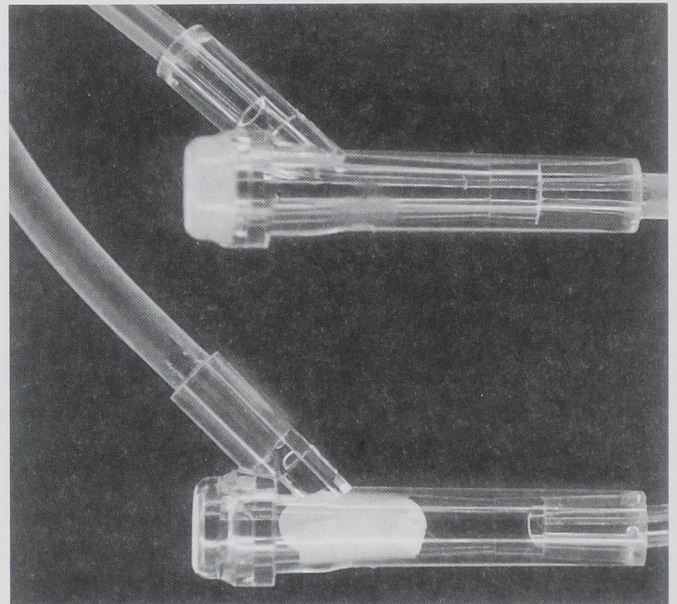
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## Defeating Proprietary Technology

*To the Editor:*—Use of needleless intravenous access systems, such as the Baxter InterLink (Baxter Healthcare Corporation, Round Lake, IL), have been advocated to reduce needle-stick injuries. We were recently confronted with a perplexing situation. During a rapid sequence intravenous induction it was noted that the intravenous infusion appeared to be obstructed without obvious indication of tubing occlusion or crimping. There was excellent blood return during aspiration and little resistance to injection at the intravenous injection site most proximal to the patient. The intravenous piggyback antibiotics flowed freely through a distal injection site. Finding no obvious cause for occlusion, the entire intravenous access system was quickly replaced, and the remainder of the case proceeded uneventfully.

At closer inspection of the faulty InterLink intravenous access system, it became apparent that the distal injection site had been accessed for a piggyback antibiotic infusion, using a Monoject 16 gauge blunt needle (Sherwood Medical, St. Louis, MO). The blunt needle had pushed the self-sealing rubber septum of the injection site into the lumen of the intravenous tubing, causing the unexplained occlusion (fig. 1), permitting the free flow of the intravenous antibiotics but occlusion to more distal infusion. The InterLink intravenous access system uses a proprietary plastic cannula with a blunt, beveled tip to access the pre-slit injection sites; use of a nonspecific blunt tip needle may incapacitate the intravenous access system. This case report again shows the dangers of improvisation.

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**Fig. 1. Upper injection site normal. Lower injection site shows displaced intraluminal rubber septum.**

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