



nCompass™ Stabilization Set

IV Stabilization System with Anti-Reflux Valve



We Make Quality Patient Care Possible™



NP Medical's nCompass™ Stabilization Set takes a big step in getting patients home sooner, safer, and satisfied by reducing clinical variability and enhancing stabilization at the vascular access site?

nCompass positions the adhesive base right below the connection to the catheter to provide best-in-class stabilization and broadly distributes contact upon the patient to avoid rocking or piston-type motions being transmitted to the catheter.

Designed with a bidirectional pressure-activated valve placed at the catheter to prevent low pressure, retrograde flow of blood and infusates, the nCompass system allows for stable, standardized vascular access site management and realizes NP Medical's mission to make quality patient care possible!¹⁻⁴

The nCompass IV Stabilization System can be used for any patient population for which IV therapy is prescribed.



Low profile and compatible with off-the-shelf dressings

Retrograde Flow (Backflow) control placed closest to the catheter — prevents backflow of blood and infusates from low pressure fluctuations associated with spikes in vascular pressure due to patient coughing or sneezing and IV bag run dry⁴

Innovative tube rotation technology swivels without resistance for left or right-side placement, reduces twisting forces experienced by catheter from extension tube movement and standardizes deployment procedures

Soft base pad with adhesive shields patient's skin from typical pressure contact with plastic connectors



Compatible with **low pressure power injectors** up to 325 psi

Compatible with commercially available needle-free connectors



Delivers anti-reflux performance when used with neutral needle-free connectors such as nPulse™⁶

Stabilization base for compatible peripheral IV Catheters — minimizes movement and helps stabilize the catheter at a favorable indwell insertion angle²

TECHNICAL SPECIFICATIONS¹

- Compliant with ISO 80369-7
- Priming Volume: 0.3 mL
- 7-inch effective length (with needle-free connector)
- Pressure Resistance up to 325 psi

MATERIAL COMPATIBILITY¹

- MR Safe
- Not made with Natural Rubber Latex or DEHP
- Blood
- Alcohol
- Lipids

1. Data on file at NP Medical
2. Czajka C., Frey, A.M., & Schears, G. (2018), Vascular access device stabilization and line securement, *American Nurse Today*, 13(12), 22-24
3. Hull, G. Moureau, N. & Sengupta, S., Quantitative Assessment of Catheter Reflux in Commercially Available Needleless IV Connectors. *J Vasc Access*, December 2017
4. Little, W.C., Reeves, R.C., Coughlan, H.C., & Rogers, E.W. (1982), Effect of Cough on Coronary Perfusion Pressure, *Circulation* 65(3), 604-610
5. US Patent 11,013,902, AU2019236142, CN111954552 - Other Patents Pending
6. Infusion Therapy Standards of Practice, 2024

D0000951108-C

Simplified Tube Placement

The patented tube rotation featured in this device improves care by:

- Isolating the intravenous catheter from torsional forces that may be acting on the tube
- Eliminating kinks caused by imperfect J-loops
- Allowing for easy left or right placement



Anti-Reflux Valve Technology

An anti-reflux valve is positioned close to the intravenous catheter and is compatible with any neutral, needle-free connector.

The updated INS Standards of Practice highlight the benefits of anti-reflux valves in minimizing reflux into the IV catheter and mitigating potential associated risks.⁷



Enhanced Stability

The **soft base pad with adhesive** provides an adjunct to the primary dressing, enhancing stabilization in support of the latest INS standards.⁸ It can help avoid dislodgement and complications requiring premature removal of the intravenous catheter.

The stabilization system broadly distributes the downward forces on the patient, thereby reducing pressure points.



⁷Infusion Nurses Society. (2024). Infusion therapy standards of practice (9th ed., Rev.). Section 34, B, p. S115.

⁸Infusion Nurses Society. (2024). Infusion therapy standards of practice (9th ed., Rev.). Section 36, A, p. S120.



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