NEEDLEFREE LUER CONNECTION INSTALLATION GUIDE





PROCEDURE - USE ASEPTIC TECHNIQUE

1. Swab septum with 70% alcohol antiseptic and allow to air dry.



 Attach male luer connector at distal end of syringe, catheter, or IV tubing into female luer of Q2 by pushing in and twisting clockwise until resistance is felt.

NOTE: Do not overtighten.*

- * Overtightening may make luer difficult to remove.
- 2. For slip luers, push syringe into Q2 while twisting.



1. Flush Q2 per facility protocol.

NOTE: Q2 automatically closes and provides back check valve safety. Capping is not necessary.

Q2 PERFORMANCE AND TECHNOLOGY

Split septum is noted in the CDC Guidelines as a preferred design for connectors



Septum surface easily disinfected Smooth, gapless surface

Septum seal reduces risk of biofilm formation

Housing tight between septum

Fluid pathway facilitates optimum flushing

Straight and direct

Heparin-free flushing solution

Uses saline to reduce the risk of heparin-induced thrombocytopenia

No moving parts reduces risk of HA-BSI contamination

No internal mechanism

Compatibility	Standard female luers accept any needleless connector
Fluid Path/ Priming Volume	Split septum with straight fluid path / Approx. 0.1 mL ¹
Q2 Displacement	Q2-port has a displacement of 0.028 mL ¹
Activations	Replace Q2 port after 100 activations ¹
Flow Rates	(High) 350 mL/min ¹



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