

- Potential local hematoma.
- Occlusion or bending of the cannula
- Progressive respiratory distress

• Unilateral decreased chest expansion Ensure casualty is treated for infection per medical protocol.

Adverse Reaction:

Adverse reactions include:

- Pain
- Bleeding
- Infection
- Injury to local nerves resulting in numbness or paralysis of intercostal muscle
- Laceration of the lung tissue of uninjured lung tissue



The ARS is intended to be inserted into the pleural space of the chest cavity, to act as a mechanism to relieve tension pneumothorax in casualties with progressive respiratory distress, with known or suspected torso trauma.

1. Select Site: Identify the second intercostal space on the anterior chest at the midclavicular line on the same side as the injury. (Fig. 1)

- 2. Cleanse site with antimicrobial solution
- 3. Remove the red cap with a twisting motion



Fig. 1 Note: Numbers Denote Intercostal spaces

4. Remove the ARS® from case

5. Insert the ARS® into the skin over the superior border of the third rib, midclavicular line, and direct it into the intercostal space at a 90-degree angle to the chest wall. Ensure ARS® entry into the chest is not medial to the nipple line and not directed toward the heart.

6. Insert the ARS® into the pleural space. Listen for the sudden escape of air as the tension pneumothorax is decompressed.

7. Remove the needle portion of the ARS° and leave the catheter in place. Secure the catheter to the chest as directed by your local protocols.

8. Monitor closely for recurrence of respiratory distress

See Reverse for more information

U.S. Design Patents: D584,409 S; D595,847 S; D584,410 S; 7,874,426 B2 Canadian Design Patents: 127820, 127822, 127823 EPO Patents (European): 001002372-0001, 001013940 0001, 001013940-0002



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Intended Use:

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