

## **B.Braun Product Complaint Form:**

## **TUBING (IV administration sets)**

Please complete form and forward to your site Material Management Dept. and retain any defective products.

**SECTION 1**: End-user/department to complete with all available information

Section 1A Section 1B \*\*Information will be kept confidential\*\*

Supplier: B. Braun Medical Inc. Supplier Individual Reporting Problem

Contact: Donna Bird Facility Department
Phone # 519-404-8125 Phone # Extension

Email Address: donna.bird@bbraun.ca Email Address

**Date Complaint Form Completed** 

Problem: Packaging Labeling X Defective Product Other (specify)

Product / Service: B. Braun tubing (IV administration set)

**IMPACT OF PROBLEM** Supplier Product # **SEVERE MINOR SERIOUS** SAP Item# (economic inconvenience) (potential for harm) (potential for critical incident) Was an RL Report Submitted? YES NO Lot# Expiry Date (If known) Incident # Location of Sample: Department or Material Management Health Canada Case# if reported **Date Problem Occurred:** Person who reported to HC Is product available for inspection? YES NO If yes, contact site MM for instructions Were other devices involved? YES NO If yes, please describe

**Details of Problem and Actions Taken to Date:** 

Please use checklist on following page for "AIR IN LINE" or "DOWNSTREAM OCCLUSION" alarm complaints. Other problems, please describe:

## **SECTION 2**: Material Management / Pharmacy Department

Section 3A

Material Manager

Phone #

Email

Poviowed and completed by Mat. Man. prior to submission

Section 3B

Purchase Order #

Purchased Date

SAP Item #

Contract Start Date

Contract #

Reviewed and completed by Mat. Man. prior to submission

to SCMSS

Comments/Additional Information

Material Management / Purchasing Dept. to send completed form via email to <a href="mailto:scmss@sharedhealthmb.ca">SCMSS@sharedhealthmb.ca</a>

To view progress status and resolutions for complaints, please visit the SCMSS Complaint Resolution tracker: SCM Product Complaints

<u>Please note</u> that additional information may be required to resolve the problem and will be gathered by SCMSS following receipt of the complaint form. Please email <u>SCMSS@sharedhealthmb.ca</u> should you have any questions.

COMPLAINT #

## Use for: "Air in line" alarm.

	Fluid is at room temperature		
	Drip chamber is ½ to 2/3 filled		
	Tubing is properly loaded		
	IV line primed through pump and injection port sites inverted while primed		
	ASV in place		
	Used prime function to remove the air in the line and infusion restarted (IMPORTANT: DO NOT SELECT		
	"NO" who	en it asks to prime the air in line. There needs to be an action on the alarm to deactivate it)	
		Alarm reoccurs, use prime function again to remove the air in the line and restart infusion	
	Open door, remove and visualize tubing, tap the tubing section and observe for bubbles		
	•	e bubbles, use Alcohol pad and wipe segment of the tubing between the silicone pump segment	
	and green clamp, reload the tubing and restart infusion		
		occurs, fill out Product Vendor Complaint form. Please note the following info:	
		Medication:	
	0	Rate:	
	0 1	Date and time:	
	o 1	LOT number of tubing (if possible):	
	0	Pump Serial Number or asset number:	
	0	Any other details about the event not already mentioned:	
	-		
	Change tl	he tubing. If possible send tubing to Biomed (HIPPO to Maintenance).	
	Change the pump. HIPPO to Maintenance to send pump to Biomed		
	_		
		<u>Use for: "Downstream Occlusion" Alarm</u>	
	IV site patent		
	Tubing clamps are open, no kinks in tubing		
	ASV in place (no more than 1 ASV in use)		
	Pressure adjusted by recommended 1 increment at a time and infusion restarted		
	alarm red	occurs, steps repeated, door of pump opened and tubing properly loaded	
	alarm reoccurs, change the pump		
	alarm reoccurs, change the tubing		
	if the pro	blem resolves with changing the pump, fill out Product Vendor Complaint Form. Please note the	
	following	info:	
		Medication:	
		Rate:	
		Date and Time:	
		LOT number of tubing (if possible):	
		Pump Serial Number or Asset Number:	
		Any other details about the event not already mentioned:	
_	C1	our and tasking //f massible \ As Dismod / UDDO to \ As \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	=	np and tubing (if possible) to Biomed (HIPPO to Maintenance) eoccurs, the resistance is most likely caused by IV site or positional IV	
П	u didiii f	eocors, the resistance is most likely Causeo by IV SHE OF DOSHIONALIV	