

Defend with Profend®

Nasal Decolonization Kit to reduce the risk of SSIs* in outpatient surgeries.



Proactively protect patients from surgical site infections (SSIs) in your ambulatory surgical center (ASC).

Why outpatient orthopedic, cardiac, plastic surgery, and other surgical patients need nasal decolonization:

- *Staphylococcus aureus* (*S. aureus*) is the most common pathogen in SSIs¹
- 85% of *S. aureus* SSIs come from the patient's own nasal flora²
- Nasal colonization increases the risk of getting an SSI up to 9 times,³ and each SSI costs up to \$60,000⁴

Nasal decolonization with PVP-Iodine is now a **CDC core strategy for reducing *S. aureus*** in high-risk surgeries.⁵



Why use Profend® PVP-Iodine Nasal Decolonization Swabs?



- Nasal decolonization is a vital component of a multifaceted SSI prevention approach for patients at ASCs
- 30% of healthy adults have *S. aureus* in their nasal passages⁶
- 60-second application kills 99.7% of *S. aureus* at 10 minutes and 99.9% at 12 hours⁷
- Apply in nose for just 60 seconds:
15 seconds x 4 swabs = one application
- Up to 2.5x faster application than other PVP-Iodine swabs⁸
- Pre-saturated swabs need no preparation, just snap and swab
- Clinician-administered for 100% compliance
- Preferred by over 90% of clinicians surveyed for speed and efficiency compared to other PVP-Iodine swabs⁹



See references and footnotes on back.

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Defend with Profend nasal decolonization swabs as part of a **layered approach** to infection prevention.

No single approach can fully eliminate the risk of healthcare-associated infections. That's why healthcare institutions need multiple layers of defense to attack infections from all angles. **Profend** nasal decolonization kits can help provide effective infection risk reduction at the innermost layer: patients themselves. It's just one of PDI Healthcare's integrated products that helps you implement an overall infection prevention strategy.



Learn more at www.DefendwithProfend.com

	NDC	REORDER NO.	COUNT	CASE PACK	TI/HI	CASE WEIGHT	CASE CUBE
Profend® Nasal Decolonization Kit							
Patient Kit	#10819-3888	X12048	48 patient units/case	4 swabs/patient pack, 12 patient packs/shelf unit, 4 shelf units/case	35/5	2.7 lbs	0.263 ft ³

References: **1.** Bratzler DW, Dellinger EP, Olsen KM, et al. Clinical practice guidelines for antimicrobial prophylaxis in surgery. *Am J Health-Syst Pharm.* 2013;70(3):195–283. **2.** Septimus EJ. Nasal Decolonization: What antimicrobials are more effective prior to surgery? *Am J Infect Control* 2019;47S:A53-A57. doi: 10.1016/j.ajic.2019.02.028. **3.** Kalmeyer MD, van Nieuwland-Bollen E, Bogaers-Hofman D, de Baere GA. Nasal carriage of *Staphylococcus aureus* is a major risk factor for surgical-site infections in orthopedic surgery. *Infect Control Hosp Epidemiol.* 2000;21(15):319-323. **4.** Anderson DJ, Kaye KS, Chen LF, Schmader KE, Choi Y, et al. Clinical and Financial Outcomes Due to Methicillin Resistant *Staphylococcus Aureus* Surgical Site Infection: A Multi-Center Matched Outcomes Study. *PLOS ONE.* 2009;4(12):e8305. doi:10.1371/journal.pone.0008305. **5.** Centers for Disease Control and Prevention. Strategies to Prevent Hospital-onset *Staphylococcus aureus* Bloodstream Infections in Acute Care Facilities. <https://www.cdc.gov/hai/prevent/staph-prevention-strategies.html>. Published December 2019. Accessed December 10, 2020. **6.** VandenBergh MF, Yzerman EP, van Belkum A, Boelens HA, Sijmons M, Verbrugh HA. Follow-up of *Staphylococcus aureus* nasal carriage after 8 years: redefining the persistent carrier state. *J Clin Microbiol.* 1999;37:3133–3140. **7.** PDI *in vivo* Study PDI0113-CTEV01. **8.** Instructions for use. **9.** PDI user acceptance study.

*Surgical site infections

