

# Defend with Profend®

Nasal Decolonization Kit to reduce HAI\* risk for better outcomes.



**Bacterial decolonization lowers hospital expenses** by reducing the number of healthcare-associated infections (HAIs) and shortening the length of hospital stays.<sup>1</sup>

Surgical patients and critical care patients are at high risk:

- 290,000 surgical site infection (SSI) events happen per year<sup>2</sup>
- *Staphylococcus aureus* (*S. aureus*) causes 12% of CLABSIs<sup>3</sup> and 24% of VAPs<sup>4</sup>
- Nasal colonization increases the risk of getting an SSI up to 9 times,<sup>5</sup> and each SSI costs up to \$60,000<sup>6</sup>

Nasal decolonization with PVP-Iodine is now a **CDC core strategy for reducing *S. aureus*** in high-risk surgeries, critical care, and central IV catheter patients.<sup>7</sup>



Nasal decolonization is part of a **new standard** of care.



- 60-second application with **Profend®** PVP-Iodine nasal decolonization swabs kills 99.7% of *S. aureus* at 10 minutes and 99.9% at 12 hours<sup>8</sup>
- Apply in nose for one minute—15 seconds x 4 swabs = one application
- Up to 2.5x faster application than other PVP-Iodine swabs<sup>9</sup>
- Promote clinician compliance with pre-saturated swabs that are simple, easy to use and effective
- Ideal for patients colonized with *S. aureus* and MRSA<sup>5,10</sup>
- Apply before any type of surgery for 12 hours of nasal *S. aureus* reduction<sup>8</sup>
- Administer as needed for critical care patients
- As a PVP-Iodine antiseptic, **Profend** nasal decolonization swabs support your initiatives against antibiotic resistance<sup>11</sup>



See references and footnotes on back.

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[www.DefendwithProfend.com](http://www.DefendwithProfend.com)

# 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](http://www.DefendwithProfend.com)

	NDC	REORDER NO.	COUNT	CASE PACK	TI/HI	CASE WEIGHT	CASE CUBE
<b>Profend® Nasal Decolonization Kit</b>							
<b>Patient Kit</b>	#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 <sup>3</sup>

**References:** 1. Nelson R, Samore M, Smith K, et al. Cost-effectiveness of adding decolonization to a surveillance strategy of screening and isolation for methicillin-resistant *Staphylococcus aureus* carriers. *Clin Microbiol Infect.* 2010;16(12):1740–1746. 2. Klevens RM, Edwards JR, Richards CL, et al. Estimating healthcare-associated infections and deaths in U.S. hospitals, 2002. *Public Health Rep.* 2007;122(2):160–166. 3. Burton DC, Edwards JR, Horan TC, Jernigan JA, Fridkin SK. Methicillin-resistant *Staphylococcus aureus* central line-associated bloodstream infections in US intensive care units, 1997-2007. *JAMA.* 2009;301(7):727–736. doi:10.1001/jama.2009.153. 4. Greene LR, Sposato K. Guide to the elimination of ventilator-associated pneumonia. Washington, DC: Association for Professionals in Infection Control and Epidemiology (APIC); 2009. [http://www.apic.org/Resource/\\_EliminationGuideForm/18e326ad-b484-471c-9c35-6822a53ee4a2/File/VAP\\_09.pdf](http://www.apic.org/Resource/_EliminationGuideForm/18e326ad-b484-471c-9c35-6822a53ee4a2/File/VAP_09.pdf). Accessed January 23, 2018. 5. Kalmeijer 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. 6. 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. 7. 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. 8. PDI *in vivo* Study PDI-0113-CTE01. 9. Instructions for use. 10. PDI Study PDI-0113-KT1. 11. Sievert D, Ricks P, Edwards JR, et al. Antimicrobial-resistant pathogens associated with healthcare-associated infections: summary of data reported to the National Healthcare Safety Network at the Centers for Disease Control and Prevention, 2009-2010. *Infect Control Hosp Epidemiol.* 2013;34(1):1–14.

\* Healthcare-associated infections  
 † Central line-associated bloodstream infections  
 ‡ Ventilator-associated pneumonia  
 § Methicillin-resistant *S. aureus*

