

Defend with Profend®

Nasal Decolonization Kit to reduce CLABSI* risk in the ICU.



PVP-Iodine nasal decolonization is a **CDC core strategy to reduce *Staphylococcus aureus* (*S. aureus*) risk** in critical care and central IV catheter patients.¹

Patients in ICUs, long-term care and hemodialysis units are at risk.

- 30% of healthy adults have *S. aureus* in their nasal passages²
- 12% of central line-associated bloodstream infections (CLABSIs) are caused by *S. aureus*³
- 24% of ventilator-associated pneumonia (VAP) cases are caused by *S. aureus*⁴
- 40% of hemodialysis patients are *S. aureus* carriers vs. 27% in the general population⁵



60-second application with **Profend®** nasal decolonization swabs **kills 99.7% of *S. aureus* at 10 minutes and 99.9% at 12 hours.**⁶



Why use Profend PVP-Iodine Nasal Decolonization Swabs?

- Ideal for patients colonized with *S. aureus* and MRSA (Methicillin-resistant *S. aureus*)⁷
- Administer as needed for critical care patients
- Pre-saturated swabs are a simple, efficient part of the ICU routine: just snap and swab
- 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
- Clinician-administered for 100% compliance
- As a PVP-Iodine antiseptic, **Profend** nasal decolonization swabs support your initiatives against antibiotic resistance⁹



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. 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. 2. 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. 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. Accessed January 23, 2018. 5. Scheuch M, Frein von Rheinbaben S, Kabisch A, et al. *Staphylococcus aureus* colonization in hemodialysis patients: a prospective 25 months observational study. *BMC Nephrol.* 2019;20:153. <https://doi.org/10.1186/s12882-019-1332-z>. 6. PDI in vivo Study PDI-0113-CTEV01. 7. PDI Study PDI-0113-KT1. 8. Instructions for use. 9. 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. *Central line-associated bloodstream infections

