

Defend with Profend®

Nasal Antiseptic Kit to reduce SSI* risk before surgery.



60-second application with **Profend®** nasal antiseptic swabs **kills 99.7% of *Staphylococcus aureus* (*S. aureus*) at 10 minutes and 99.9% at 12 hours.¹**

Patients need surgical site infection (SSI) risk reduction:

- 30% of healthy adults have *S. aureus* in their nasal passages²
- 85% of *S. aureus* SSIs come from the patient's own nasal flora³
- Nasal colonization increases the risk of getting an SSI up to 9 times,⁴ and each SSI can cost up to \$60,000⁵

Nasal decolonization with PVP-Iodine is now a **CDC core strategy** for reducing *S. aureus* in high-risk surgeries.⁶



Why use **Profend PVP-Iodine** Nasal Antiseptic Swabs?

- Apply in nose for just 60 seconds—15 seconds x 4 swabs = one application
- Up to 2.5x faster application than other PVP-Iodine swabs⁷
- Pre-saturated swabs need no preparation—just snap and swab
- Slim, compact design for patient comfort
- Clinician-administered for 100% compliance
- Preferred by over 90% of clinicians surveyed for speed and efficiency compared to other PVP-Iodine swabs⁸
- 96.6% of patients surveyed are comfortable with nasal application of PVP-Iodine⁹



See references and footnotes on back.



www.DefendwithProfend.com

Defend with Profend nasal antiseptic 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 antiseptic 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 Antiseptic 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. PDI Study PDI0113-CTEV01. 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. 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. 4. 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. 5. 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. 6. 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. 7. Instructions for use. 8. PDI user acceptance study. 9. Maslow J, Hutzler L, Cuff G, Rosenberg A, Phillips M, Bosco J. Patient experience with mupirocin or povidone-iodine nasal decolonization. *Orthopedics.* 2014;37(6):e576–e581.

*Surgical site infections