

Putting AORN Preoperative Skin Antisepsis Guideline into Practice

Defend with Profend® Nasal Decolonization Kit



The recently released, May 2021, AORN guideline for preoperative skin antisepsis describes the importance of nasal and skin decolonization for the reduction of surgical site infections. The guideline navigates risk-based decisions for developing preoperative decolonization programs. This document highlights how Profend Nasal Decolonization Kit fits nicely within the various components, by referencing AORN guideline section numbers (1.2.1, 1.3.2, etc.), of a supportive decolonization program.

Program Development

Upon the facility team's decision to implement a decolonization program, AORN recommends focus on the following areas: strategy, timing, protocol, and education.

Decolonization Strategies (1.2.1)

- **Universal:** Universal decolonization is a horizontal approach to reduce clinically relevant pathogens through use of interventions for all members of a population regardless of their colonization status.
 - o **Profend** swabsticks have broad-spectrum activity against *S. aureus*, MRSA, and other bacteria.¹
 - o By using **Profend** swabsticks universally, the need to screen pre-operatively for MSSA may be eliminated, thereby saving on laboratory tests, costs, and time.
 - o No evidence of bacterial resistance has been seen with PVP-I.
- **Targeted:** Targeted decolonization is a vertical approach to reduce a specific pathogen for a select population (ex. *S. aureus*).
 - o **Profend** swabsticks reduce 99.7% of *S. aureus* at 10 minutes, 1 hour and 99.9% at 12 hours for patients testing (+) for nasal colonization of *S. aureus*.²
- **Blended:** Blended decolonization is using both approaches; ex. decolonizing all orthopedic surgery patients (universal) but screening cardiac surgery patients and treating only those colonized with *S. aureus* (targeted).
 - o **Profend** swabsticks provide flexible benefits to support blended approach.



Urgent Procedures (1.3.2)

A *S. aureus* decolonization protocol may be established for patients undergoing urgent procedures; due to time constraints, patients undergoing urgent procedures often do not receive screening or begin a decolonization protocol.

- o **Profend** swabsticks can be used in emergent procedures by reducing 99.7% of *S. aureus* at 10 minutes.²



See references and footnotes on back.

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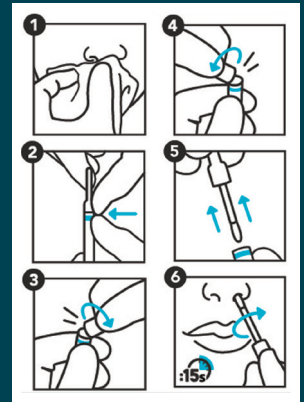
www.DefendwithProfend.com

Implementation (1.4)

Implement the preoperative *S. aureus* decolonization program as defined by the interdisciplinary team. Establish timing for initiation and completion of the decolonization protocol. Identify resources needed, procurement of products, and education for both patients and healthcare workers on the benefits of the decolonization program.

• Timing (1.4.1)

- o With **Profend** swabsticks, no additional resources are needed for *S. aureus* lab screening tests.
- o Treatment with **Profend** swabsticks does not require a prescription; may be utilized via standing physician order or nurse driven protocols.
- o Application is simple, efficient, and easily fits within the pre-operative workflow.
 - Application is typically 1 hour pre-procedure; 10-minute pre-procedure for emergent cases.
 - Neat, dry-handle design minimizes mess.
 - Pre-saturated swabsticks need no preparation – just snap and swab.
 - Slim, compact design for patient comfort.
 - Assured treatment compliance as product is applied by clinician.
 - 96.6% of patients surveyed are comfortable with nasal application of PVP-I.³
- o The 60 second total treatment time is up to 2.5x faster than other PVP-I nasal decolonization products application.⁴
 - 4 swabsticks/patient (2 each nostril); 15 sec. for each swabstick application.
- o *In vivo* data shows a 99.9% reduction of *S. aureus* at 12 hours post application² providing coverage during the high-risk operative period.



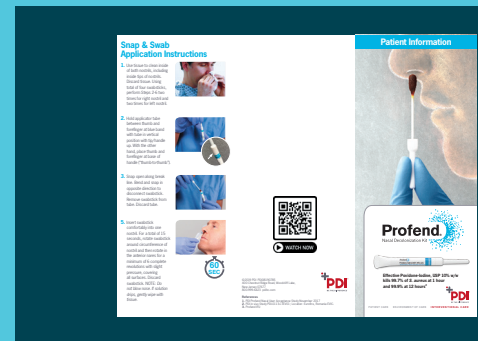
• Procurement (1.4.2)

- o **Profend** Nasal Decolonization Kit is readily available through your medical supply distributor.
- o The neatly packaged kit consists of:
 - 4 swabsticks in 1 patient kit
 - 12 patient kits in 1 box (shelf unit)
 - 4 shelf units in a case
- o Product packaging suitable for patient pre-op holding areas.



• Education (1.4.3 and 1.4.4)

- o Patient brochures on **Profend** Nasal Decolonization Kit are available detailing the benefits of nasal decolonization, written instructions for use (IFU), and a QR code for a video.
- o Education is provided to the healthcare worker via:
 - Onsite or virtual vendor training
 - Online training module
 - Video and written IFU



	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

Learn more at www.DefendwithProfend.com

References:

1. PDI *in vitro* Study PDI-0113-KT1. 2. PDI *in vivo* Study PDI-0113-CTEV01. 3. 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. 4. Instructions for use.