



SSI PROTECTION

Simplified

In just
60 seconds

Profend™

Nasal Decolonization Kit



The PVP-iodine swabstick preferred by >90% of clinicians¹

Easy application by clinical staff assures compliance

Quick treatment saves time

Neat, dry-handle design minimizes mess

Resistance-free efficacy supports antibiotic stewardship

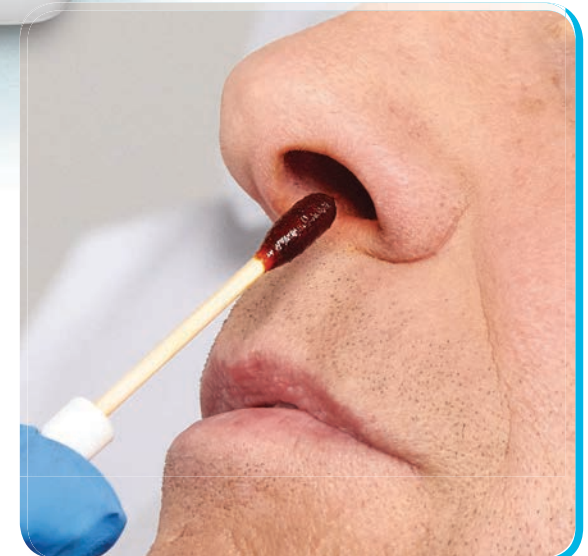
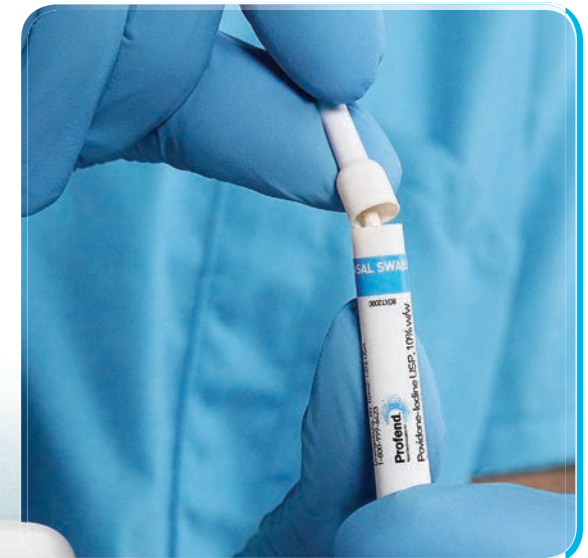
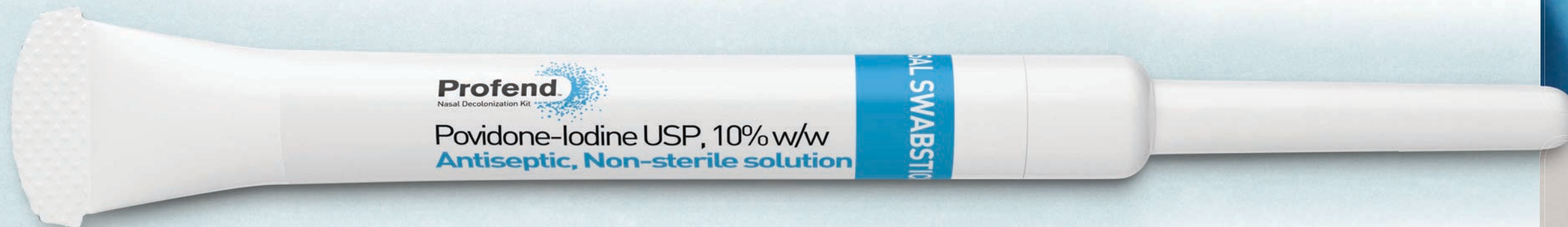
+ PDI®
BE THE DIFFERENCE

PATIENT CARE ENVIRONMENT OF CARE **INTERVENTIONAL CARE**

Easy-to-use, pre-saturated, 10% PVP-iodine swabstick

Snap & Swab

Nasal decolonization



Easy application

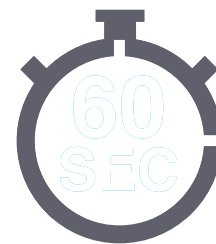
Small nasal swab offers enhanced patient comfort

Preferred by clinicians over competitive PVP-iodine products¹

Applied by clinical staff for assured compliance

Quick, effective treatment

60-second treatment—up to two-and-a-half times faster than other PVP-iodine products



Faster time to full efficacy than antibiotics, with no evidence of *Staphylococcus aureus*/Methicillin-resistant *Staphylococcus aureus* (MRSA) resistance

Kills 99.7% of *S. aureus* at 1 hour and 99.9% at 12 hours²

Neat, dry-handle design

Neat, dry-handle design minimizes mess vs other nasal decolonization products

Proactively defend your patients and facility today...



Easy, quick, neat, effective protection

Key advantages against antibiotics and alcohol

	Nasal Decolonization Agent		
	Profend™†	Mupirocin	Nozin®
Assured compliance as clinician applies	Yes	No	No
Supports antibiotic stewardship	Yes	No	Yes

Mean *S. aureus* kill rate after 1 application: **99.9% at 12 hours**² vs 82% with Nozin after 3 applications³

Patient-preferred solution vs mupirocin⁴



In a study, 1,679 patients were interviewed after receiving nasal decolonization via PVP-iodine or mupirocin...

of patients receiving PVP-iodine reported a pleasant or neutral experience (P<.0001)

- Among patients self-administering mupirocin, 38.8% reported an unpleasant or very unpleasant experience
- Those receiving PVP-iodine reported significantly fewer adverse events than patients self-administering nasal mupirocin (P<.01)



Preferred over other nasal PVP-iodine products by >90% of clinicians^{1*}

	Agree or Strongly Agree		
	Profend™†	3M™‡	Medline®§
Is easily administered due to simple and intuitive design	93%	47%	33%
Increases likelihood of compliance due to ease of application	87%	40%	27%
Enables mess-free application due to container design	93%	47%	20%

Fast and efficient: Compared with competitors...

80% agreed Profend Nasal Decolonization Kit application time is significantly less

87% agreed Profend Nasal Decolonization Kit offers a more efficient application process



100% of clinicians felt their patients would prefer¹...



*From 11 acute care facilities with ≥50 beds
 †PDI Nasal Decolonization Kit
 ‡3M Skin and Nasal Antiseptic
 §Medline (formerly Clorox®) Nasal Antiseptic Swab

Decolonize before all surgeries

S. aureus/MRSA poses a significant challenge in the operating room, especially for high-risk surgeries such as cardiac or orthopedic procedures⁵

SSI: Widespread and costly

290,000 events/year⁶

22% of all HAIs⁶

Accounts for >90,000 readmissions/year⁷

20.7% & 6.7%
mortality rates in
MRSA SSI and *S. aureus* SSI⁸

77% of SSI-related
deaths were directly
attributable to the SSI⁹

Up to 19% higher
cost due to MRSA SSI vs
S. aureus SSI⁸

Up to \$10 billion estimated annual cost, with
up to \$60,000 added burden/incident^{10,11}

A leading cause is right under your nose¹²

Up to 30% of healthy adults

are nasally colonized¹³

An increasingly complex threat: In 1990, <2% of *S. aureus* strains were methicillin-resistant; by 2002, that percentage rose to 42%¹⁴

80% of *S. aureus* SSIs

come from the patient's own nasal flora¹⁵

Up to 9× increase in SSI risk

due to nasal colonization¹⁶

MRSA colonization is associated with a higher risk of both MRSA SSI and SSI overall¹⁷⁻¹⁹

The burden of *S. aureus*/MRSA outside the operating room

- High-risk settings include the ICU, hemodialysis unit, and long-term care
- Responsible for 12% of CLABSIs and 24% of VAP²⁰⁻²¹
- Elevated costs of care: MRSA screening and contact precautions

Proactively defend against SSIs: 60% of SSIs are preventable¹⁰...



Snap & Swab

Nasal decolonization

Easy-to-use, pre-saturated PVP-iodine swabstick

- Effective 10% PVP-iodine solution supports antibiotic stewardship
- Kills 99.7% of *S. aureus* at 1 hour and 99.9% at 12 hours²
- Ideal for *S. aureus*- and MRSA-colonized patients in the surgical unit, ICU, and other areas of the hospital^{2,22}



Proactively defend your patients and facility today — speak with your PDI sales representative or visit pdihc.com/Profend

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

The latest infection prevention innovation from PDI: a multi-generational, family-owned company dedicated to helping you Be The Difference® in fighting infection and creating more happy homecomings for your patients.

References: 1. PDI user acceptance study. 2. PDI *in vivo* Study 0113-CTEVO. 3. Steed LL, Costello J, Lohia S, Jones T, Spannhake EW, Nguyen S. Reduction of nasal *Staphylococcus aureus* carriage in health care professionals by treatment with a nonantibiotic, alcohol-based nasal antiseptic. *Am J Infect Control*. 2014;42:841–846. 4. 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. 5. Sievert D. Antimicrobial-resistant pathogens associated with healthcare associated infections: summary of data reported to the NHSN at the CDC, 2009-2010. *Infect Control Hosp Epidemiol*. 2013;34(1):1–14. 6. 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. 7. Ban KA, Minei JP, Laronga C, et al. American College of Surgeons and Surgical Infection Society: Surgical Site Infection Guidelines, 2016 Update. *J Am Coll Surg*. 2017;224(1):59–74. 8. Engemann JJ, Carmeli Y, Cosgrove SE, et al. Adverse clinical and economic outcomes attributable to methicillin resistance among patients with *Staphylococcus aureus* surgical site infection. *Clin Infect Dis*. 2003;36(5):592–598. 9. Awad SS. Adherence to surgical care improvement project measures and post-operative surgical site infections. *Surg Infect (Larchmt)*. 2012;13(4):234–237. 10. Anderson DJ, Podgorny K, Berrios-Torres SJ, et al. Strategies to prevent surgical site infections in acute care hospitals: 2014 update. *Infect Control Hosp Epidemiol*. 2014;35:605–627. 11. Anderson DJ, Kaye KS, Chen LF, Schmadier 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. 12. 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. 13. 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. 14. Carnicer-Pont D, Bailey KA, Mason BW, Walker AM, Evans MR, Salmon RL. Risk factors for hospital-acquired methicillin-resistant *Staphylococcus aureus* bacteraemia: a case-control study. *Epidemiol Infect*. 2006;134:1167–1173. 15. Wertheim HFL, et al. Risk and outcome of nosocomial *Staphylococcus aureus* bacteraemia in nasal carriers versus non-carriers. *Lancet*. 2004;364:703–705. 16. Price CS, Williams A, Phillips G, Dayton M, Smith W, Morgan S. *Staphylococcus aureus* nasal colonization in preoperative orthopaedic outpatients. *Clin Orthop Relat Res*. 2008;466(11):2842-2847. 17. Gupta K, Strymish J, Abi-Haidar Y, et al. Perioperative nasal methicillin-resistant *Staphylococcus aureus* status, surgical prophylaxis, and risk-adjusted postoperative outcomes in veterans. *Infect Control Hosp Epidemiol*. 2011;32:791–796. 18. Allareddy V, Das A, Lee MK, et al. Prevalence, predictors, and outcomes of methicillin-resistant *Staphylococcus aureus* infections in patients undergoing major surgical procedures in the United States: a population-based study. *Am J Surg*. 2015;210:59–67. 19. Kalra L, Camacho F, Whitener CJ, et al. Risk of methicillin-resistant *Staphylococcus aureus* surgical site infection in patients with nasal MRSA colonization. *Am J Infect Cont*. 2013;41:1253–1257. 20. 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. 21. 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. 22. PDI Study PDI0113-KT1.

Nozin® is a registered trademark of Global Life Technologies Corp. 3M™ is a trademark of The 3M Company and Clorox Healthcare™ is a trademark of Clorox Professional Products Company. Medline® is a registered trademark of Medline Industries, Inc. TEVA® is a registered trademark of TEVA Pharmaceutical Industries Ltd.

©2018 PDI PDI01189700
Two Nice-Pak Park, Orangeburg, New York 10962
T: 800-444-6725 W: pdihc.com

PATIENT CARE ENVIRONMENT OF CARE **INTERVENTIONAL CARE**

