

Defend with Profend®

Nasal Decolonization Kit to reduce SSI* risk before surgery.



60-second application with **Profend®** nasal decolonization 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 costs 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 Decolonization 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.

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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

	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.** PDI *in vivo* Study PDI-0113-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

