

Defend with Profend®

Nasal Decolonization Kit to **reduce HAI* risk for better outcomes.**



Bacterial decolonization lowers hospital expenses by reducing the number of healthcare-associated infections (HAIs) and shortening the length of hospital stays.¹

Surgical patients and critical care patients are at high risk:

- Nasal decolonization with PVP-Iodine is now a **CDC core strategy for reducing *S. aureus*** in high-risk surgeries, critical care, and central IV catheter patients.²



Nasal decolonization is part of a **new standard** of care.



- 60-second application with **Profend®** PVP-Iodine nasal decolonization swabs kills 99.7% of *S. aureus* at 10 minutes and 99.9% at 12 hours³
- Apply in nose for one minute—15 seconds x 4 swabs = one application
- Up to 2.5x faster application than other PVP-Iodine swabs⁴
- Promote clinician compliance with pre-saturated swabs that are simple, easy to use and effective
- Ideal for patients colonized with *S. aureus* and MRSA¹⁵
- Apply before any type of surgery for 12 hours of nasal *S. aureus* reduction³
- Administer as needed for critical care patients
- As a PVP-Iodine antiseptic, **Profend** nasal decolonization swabs support your initiatives against antibiotic resistance⁶



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.** Nelson R, Samore M, Smith K, et al. Cost-effectiveness of adding decolonization to a surveillance strategy of screening and isolation for methicillin-resistant *Staphylococcus aureus* carriers. *Clin Microbiol Infect.* 2010;16(12):1740–1746. **2.** 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. **3.** PDI *in vivo* Study PDI-0113-CTEVO1. **4.** Instructions for use. **5.** PDI Study PDI-0113-KT1. **6.** 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.

* Healthcare-associated infections

† Methicillin-resistant *S. aureus*

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400 Chestnut Ridge Road, Woodcliff Lake, NJ 07677
T: 800.999.6423 W: pdihc.com
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