

Partner up with B. Braun to have the right solutions to fight Multi Drug Resistant Organisms as MRSA

TOGETHER AGAINST MULTI DRUG RESISTANT ORGANISMS

TOGETHER AGAINST MULTI DRUG RESISTANT ORGANISMS (MDRO)



Surface Disinfection with Meliseptol®

CDC¹ named surface disinfection as a major accompaining method for the abatement of MDRO transmission. Without a sufficient disinfection of all frequently-touched surfaces (bedrails, charts,

bedside tables, doorknobs and light switchers), MDRO can spread and increases the risk of unforced infections. Available as solution and ready-to-use wipes.









Decolonization with Prontoderm®

- Bactericidal efficacy for MRSA, ESBL / ESCR and VRE proven by EN13727
- Proven antimicrobial barrier effect for up to 24 hours³
- Does not have to be washed off
- Outstanding skin tolerance, dermatologically tested
- Available as solution, wipes, nasal gel,





Catheter Maintenance with Uro-Tainer®

For urethral and suprapubic catheters

- Reduces bacterial colonization on the catheter⁶
- Aid to remove of deposits, tissuewaste, clots, and mucous⁷





Hand Hygiene with Softa-Man®/Softalind®

Most MDROs are spread via simple hand contact.

Knowing that only 61% of health-care professionals do not clean their hands correctly makes hand hygiene even more important.²





Wound Cleansing with Prontosan®

- Prevents infection
- Helps prevent biofilm formation⁸
- Reduces healing time⁸
- Gentle dressing change
- Available as solution, low and high-viscosity gel



Whereas colonization of MDRO (e.g. MRSA Methicillin Resistant *Staphylococcus Aureus*) in healthy individuals does not bring any risk of illness, in people with a weakened immune system it may lead to infections. The main risk is the transmission of MDRO from skin into wounds for example during surgery or a wound infection following a surgery. B. Braun has a holistic product approach to prevent patients from complications.

FACTORS THAT FAVOUR MDRO COLONIZATION

- Prolonged hospital stays
- Treatment in intensive-care units
- Long periods of antibiotic treatment
- Surgical interventions
- Close contact with «MDRO-colonized» individuals
- Intravasal catheters (CVC, artery, dialysis shunt)
- Infections (hepatitis, HIV, influenza)
- Skin injuries
- Immunosuppression
- Insufficient and uncontrolled surface disinfection

EFFECTS FOR THE HEALTH-CARE SYSTEM

- Uncontrolled spread of MDRO
- Higher patient mortality
- 2 3 fold longer hospital stays
- Higher cost e.g.: A 200-bed hospital in the US incurs statistically \$1'779'283 in annual MRSA infection-related expenses⁴

WHY POLYHEXANIDE?

Prontoderm®, Prontosan®, Uro-Tainer® contain Polyhexanide.

Polyhexanide is characterized by high tissue tolerance and biocompatibility. Epicutane tests confirm the absence of skin irritations and for example the German Association for Hospital Hygiene recomments products containing Polyhexanide for whole body sanitation.

- Excellent skin tolerance
- Skin and mucous membranes
- Do not dry out
- No irritations
- Low cytotoxicity
- No tissue irritation or sensitization
- Non-resistance to MRSA strains known

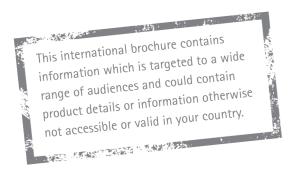
Because of its tissue tolerance Polyhexanide is currently rated according to the consensus recommendation (April 2004) as the «treatment of 1st choice»⁵

B. Braun Infection Prevention

B. Braun infection prevention products and services are effectively contributing to the prevention and management of infections in healthcare settings all over the world. Protective wear, hand and skin hygiene, cleaning and disinfection of surfaces and instruments are helping to protect health care workers and patients against all kinds of infectious deseases and to minimize spreading of pathogens.

Learn more about our infection prevention portfolio at www.bbraun.com/infection-prevention





B. Braun Medical AG | Infection Control | Seesatz 17 | 6204 Sempach | Switzerland Phone +41 58 258 50 00 | Fax +41 58 258 60 00 | info.bbmch@bbraun.com | www.bbraun.com

Source

- ¹ http://www.cdc.gov/hicpac/mdro/mdro_4.html (accessed 25 Oct 2016)
- ² WHO; Presentation: WHO_Facts_DRT661; "Health-Care Associated Infection and Hand Hygiene Improvement Slides for the Hand Hygiene Co-ordinator", under http://www.who.int (accessed 2 May 2016)
- ³ Internal in Vitro Test F.Brill 2008 Data on File
- ⁴ WHO, 2014, http://www.who.int/gpsc/5may/MDRO_literature-review.pdf?ua=1 (accessed 25.09.2016)
- ⁵ Consensus recommendation on wound antisepsis, Zeitschrift für Wundheilung Issue 3, 2004
- ⁶ Brill FHH. Phase II, step II in vitro study Decolonization potential of Uro-Tainer Polihexanide 0.02% polihexanide in direct comparison to Uro-Tainer NaCl under practice conditions. Test report no. P10/053.2.
- ⁷ Brill FHH & Arndt A. Decolonisation potential of Uro-Tainer Polihexanide vs. Uro-Tainer NaCl measured by fluorescent microscopy. Data on file October 2014.
- ⁸ Perez R, Davies SC, Kaehn K., Effect of different wound rinsing solutions on MRSA biofilm in a porcine model, WundM 2010;4(2):44 48.
- ⁹ Jahn B, Wassenaar T, Stroh A, Integrated MRSA-Management (IMM) with prolonged decolonization treatment after hospital discharge is effective: a single centre, non-randomised open-label trial, Antimicrobial Resistance and Infection Control (2016) 5:25