Clinically proven

to address risk factors for your surgical patients
Protect your patients during and after surgery

SSI and post-op pneumonia: primary threats to your surgical patients

Your patients shouldn’t have to worry about post-op infections. Unfortunately, 2 – 5% of all surgeries lead to a surgical site infection (SSI) at a cost of between $3.5 and $10 billion.1 Additionally, SSIs and pneumonia are the two most common types of hospital-acquired infections.2 The lack of a controllable, standardized process backed by clinically proven outcomes can make SSIs and post-op pneumonia dangerous threats to your patients.

What makes surgical site infection and post-op pneumonia so hard to address?

**Inconsistent application**

The lack of process control during prepping the night before and morning of surgery can result in inconsistent application of solution.

**Staphylococcus aureus**

*S. aureus*, which is the most common cause of SSIs, is prevalent in the nasal cavities of over 30% of the U.S. population.4 Additionally, it can be found in bacterial reservoirs all over the body, including the nose, mouth and skin.5

**Biofilms**

20 billion microbes in our mouths replicate every 4 – 6 hours.6 Pathogenic bacteria can colonize in the oral cavity, forming dental plaque, and these pathogens can then be aspirated into the lungs, causing respiratory infection.7

SSIs are in most cases preventable when patient and hospital staff members adhere to proper prevention practices.3
Standardize your pre- and post-op infection prevention

We can help you overcome the challenges by addressing risk factors for SSIs and post-op pneumonia. **Our clinically proven systems standardize your pre-op approach for maximum efficiency and enhanced compliance.** Our early prepping systems reduce risk factors for surgical infections consistently and effectively by addressing three reservoirs of bacteria: the nose, the mouth, and the skin.

**Standardize and improve efficiency**
Easy-to-use, all-in-one kit helps provide a consistent pre-op prep

Reduce risk factors
**Addresses bacteria on the:**

- **Nose**
- **Mouth**
- **Skin**
Chlorhexidine is widely used to address bacteria on the skin. It’s a broad-spectrum rapid antiseptic that’s been proven effective against gram-positive bacteria, gram-negative bacteria, and fungi.

**Help protect your patients**
- Standardize your approach
- Improve compliance
- Provide the best care possible

**The CDC implicates eight pathogens that were linked to 80% of the most common healthcare-acquired infections (HAIs).**

**Proven effective** and backed by peer-reviewed, published outcomes

**The most concentrated amount** of CHG per square inch of cloth*

**Unique formulation** contains ingredients that hydrate and protect skin; pH balanced

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*Cloth comparison, U.S. market only.
Formulation

Skin nourishing ingredients

- pH balanced; formulation contains humectants and emollients
- Does not contain alcohol or BZK, well known skin irritants

Efficacy

- Consistent: Provides a uniform dose of CHG to the skin
- Persistent: Rinse-free formula provides antimicrobial activity up to 6 hours after application
- Fast: Fast-acting and effective against a broad spectrum of microorganisms

Outcomes

- Our CHG cloths are proven effective
  - in 22 peer-reviewed, published outcomes specifically targeting the reduction of SSIs
As part of a comprehensive protocol, 3M™ Skin and Nasal Antiseptic can help reduce the risk of surgical site infections.

- A pH-balanced formulation with a scientifically developed film-forming polymer to increase persistence
- Improves patient safety and protocol compliance without antibiotics

**Outperforms the competition**

3M™ Skin and Nasal Antiseptic showed significantly more persistent antiseptic activity against methicillin-resistant *S. aureus* (MRSA) when compared to 10% Betadine™, Povidone Iodine Nasal Antiseptic Swabs – Medline™, or Profend™ in an *ex vivo* study. The evidence-based solution created with 3M science.
Biofilms: a risk factor for pneumonia

Biofilms are a thin, usually resistant layer of microorganisms (such as bacteria) that form on and coat various surfaces. One biofilm commonly known as dental plaque is associated with various periodontal diseases, including gingivitis.

Convenient oral care options

**Toothbrush**
- ADA-approved
- Ultra-soft toothbrush contains nylon bristles to gently remove plaque, debris, and oral secretions

**Applicator swab**
- Perpendicular ridges clean between teeth
- Lifts debris and mucus from teeth and gums

2 convenient oral rinse options

- **Single dose bottle of Chlorhexidine Gluconate 0.12% Oral Rinse**
  Effective against gingivitis, a risk factor for other infections
  See label on page 10

- **Burst Pouch of Corinz Antiseptic Cleansing and Moisturizing Oral Rinse**
  Provides antiseptic cleansing and moisturizing to reduce bacteria

Three key risk factors for pneumonia

1. Colonization of dental plaque with respiratory pathogens
2. Bacterial colonization of the oropharyngeal area
3. Aspiration of subglottic secretions
Making an impact on patients’ lives

Partnering with us can make a real difference

Here’s the proof

**SHEA**

57% ↓

Deep SSI rate using nasal povidone-iodine solution

A study published in the Journal of Infection Control and Hospital Epidemiology compared the SSI rates of patients receiving two different nasal treatments (mupirocin v. 3M 5% PI nasal solution) along with CHG cloth applications the night before and morning of surgery.³

**JAMA**

SSI: 69% ↓

0 Observed cases of MRSA-caused SSI

A study published in the Journal of the American Medical Association examined the effect of a decontamination protocol on SSIs in patients undergoing elective orthopedic surgery with hardware implantation.³

**AORN**

75% ↓

in post-op pneumonia

$3.4M saved

A hospital-acquired pneumonia prevention initiative (HAPPI) poster presented at AORN 2016.⁴
Changing practice involves lots of effort and, above all else, data. You may know a change is needed, but you lack the evidence to gain acceptance. Evaluation is critical, but you may not have resources to gather, analyze, and report on your own. We can help. Our exclusive team of CustomerOne professionals are your expert resource for customized measurement and data analysis.

Available resources include:

- On-going product and process in-servicing and education
- Pre- and post-intervention assessments
- FocusRN—a free accredited learning portal with interactive CE modules
- CustomerOne tracking and reporting
- Focused clinical education through our Clinical Science Liaison Team
- Education through the Sage Speaker Program from clinical thought leaders

Helping you drive change at your facility

Our CustomerOne Value Analysis Program measures, analyzes, and reports

Changing practice involves lots of effort and, above all else, data. You may know a change is needed, but you lack the evidence to gain acceptance. Evaluation is critical, but you may not have resources to gather, analyze, and report on your own. We can help. Our exclusive team of CustomerOne professionals are your expert resource for customized measurement and data analysis.

Let us help validate your success!
Pre-op prepping systems

**Skin Antisepsis and Nasal Antisepsis**

(3) Packages containing:
(2) 2% Chlorhexidine Gluconate* cloths
(1) Package containing:
(1) Single dose bottle of 3M™ Skin and Nasal Antiseptic (Povidone-Iodine Solution 5% w/w (0.5% available iodine) USP) Patient Preoperative Skin Preparation
(4) Sterile Swabs
20 systems/case
Reorder #9012

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**with Chlorhexidine Gluconate 0.12% Oral Rinse**

**Nose to Toes Skin Antisepsis, Oral Cleansing, Nasal Antisepsis**

(3) Packages containing:
(2) 2% Chlorhexidine Gluconate* cloths
(1) Package containing:
(1) Single dose bottle of Chlorhexidine Gluconate 0.12% Oral Rinse
(1) Ultra-Soft Toothbrush
(1) Untreated Swab
(1) Package containing:
(1) Single dose bottle of 3M Skin and Nasal Antiseptic (Povidone-Iodine Solution 5% w/w (0.5% available iodine) USP) Patient Preoperative Skin Preparation
(4) Sterile Swabs
20 systems/case
Reorder #9011

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**with Corinz Antiseptic Cleansing and Moisturizing Oral Rinse**

**Nose to Toes Skin Antisepsis, Oral Cleansing, Nasal Antisepsis**

(3) Packages containing:
(2) 2% Chlorhexidine Gluconate* cloths
(1) Package containing:
(1) 7 mL Burst Pouch of Corinz Antiseptic Cleansing and Moisturizing Oral Rinse
(1) Ultra-Soft Toothbrush
(1) Applicator Swab
(1) Package containing:
(1) Single dose bottle of 3M Skin and Nasal Antiseptic (Povidone-Iodine Solution 5% w/w (0.5% available iodine) USP) Patient Preoperative Skin Preparation
(4) Sterile Swabs
20 systems/case
Reorder #9010

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**Skin Antisepsis and Oral Cleansing**

(3) Packages containing:
(2) 2% Chlorhexidine Gluconate* cloths
(1) Package containing:
(1) Single dose bottle of Chlorhexidine Gluconate 0.12% Oral Rinse
(1) Ultra-Soft Toothbrush
(1) Untreated Swab
20 systems/case
Reorder #9011

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(4) Sterile Swabs
20 systems/case
Reorder #9012

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(4) Sterile Swabs
20 systems/case
Reorder #9011

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(4) Sterile Swabs
20 systems/case
Reorder #9010

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(4) Sterile Swabs
20 systems/case
Reorder #9009

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(1) Package containing:
(1) 7 mL Burst Pouch of Corinz Antiseptic Cleansing and Moisturizing Oral Rinse
(1) Ultra-Soft Toothbrush
(1) Applicator Swab
20 systems/case
Reorder #9009

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*Equivalent to 500mg Chlorhexidine Gluconate per cloth
PRODUCT INFORMATION

DESCRIPTION: Chlorhexidine Gluconate is an oral rinse containing 0.12% chlorhexidine gluconate (1,1-hexamethylene biguanide) (biguanide) (0.12% gluconic acid) in a base containing water, 11.6% alcohol, glycerin, PEG-40 sorbitan stearate, flavor, sodium saccharin, and FD&C Blue No. 1. Chlorhexidine Gluconate is a near neutral solution (pH range 7.5). Chlorhexidine Gluconate is a salt of chlorhexidine and gluconic acid. Its chemical structure is:

CHLORHEXIDINE GLUCONATE ORAL RINSE

CHLORHEXIDINE GLUCONATE

NDC 53462-003-15

INGREDIENTS: 0.12% chlorhexidine gluconate in a base containing water, 11.6% alcohol, glycerin, PEG-40 sorbitan disostearate, flavor, sodium saccharin, and FD&C Blue No. 1.

Rx only
KEEP OUT OF REACH OF CHILDREN.

INDICATIONS:

Chlorhexidine Gluconate Oral Rinse is indicated for use between dental visits as part of a professional program for the treatment of gingivitis as characterized by redness and swelling of the gingiva, including gingival bleeding upon probing. Chlorhexidine Gluconate Oral Rinse has not been tested among patients with acute necrotizing ulcerative gingivitis (ANUG). For patients having coexisting gingivitis and periodontitis, see PRECAUTIONS.

PHARMACOKINETICS:

Microbiological sampling of plaque has shown a general reduction of counts of certain anaerobic bacteria, both acidogenic and acid tolerant, ranging from 5 to 6.7 log10 organisms per mm3 after 90 minutes. Intraoral bacterial counts were not significantly reduced by a single dose of Chlorhexidine Gluconate Oral Rinse given a thorough prophylaxis at intervals no longer than six months. Recommended use is twice daily oral rinsing for 30 seconds, morning and evening after toothbrushing. Ideal dosage is 15 mL of undiluted Chlorhexidine Gluconate Oral Rinse. Patients should be instructed to rinse with water, or other mouthrinses, toothbrush, or toothpowder, or eat food or drink immediately after using Chlorhexidine Gluconate Oral Rinse. Chlorhexidine Gluconate Oral Rinse is not intended for ingestion and should be expectorated after rinsing.

HOW SUPPLIED:

Chlorhexidine Gluconate Oral Rinse is supplied as a blue liquid in single dose 0.5 fluid ounce (15mL) amber plastic bottles with child-resistant dispensing devices. STORE at 20°C to 25°C (68°F to 77°F), excursions permitted to 15°C to 30°C (59°F to 86°F) [See USP controlled Room Temperature]. Rx only. KEEP OUT OF REACH OF CHILDREN.

WHAT TO EXPECT WHEN USING CHLORHEXIDINE GLUCONATE ORAL RINSE

Your dentifrice has prescribed Chlorhexidine Gluconate Oral Rinse to treat your gingivitis, to help reduce the redness, and swelling of your gums, and also to help you control any gum bleeding. Use Chlorhexidine Gluconate Oral Rinse regularly, as directed by your dentist, in addition to daily brushing. Spit out after use. Chlorhexidine Gluconate Oral Rinse should not be swallowed.

If you develop allergic symptoms such as skin rash, red, generalized swelling, breathing difficulties, light-headedness, rapid heart rate, upset stomach or diarrhea, seek medical attention immediately. Chlorhexidine Gluconate Oral Rinse should not be used by patients who have a sensitivity to one or its components.

Chlorhexidine Gluconate Oral Rinse may cause some tooth discoloration, or increase in tartar (calculus) formation, particularly in areas where stain and tartar usually form. It is important to see your dentist for removal of any stain or tartar at least every six months or more frequently if your dentist advises.

• Both stain and tartar can be removed by your dentist or hygienist. Chlorhexidine Gluconate Oral Rinse may cause permanent discoloration of some front-tooth fillings.

• To minimize discoloration, you should brush and floss daily, emphasizing areas which begin to discolor.

• Chlorhexidine Gluconate Oral Rinse may taste bitter to some patients and can affect how foods and beverages taste.

Dosage and administration

Chlorhexidine Gluconate Oral Rinse therapy should be initiated daily following a dental prophylaxis. Patients using Chlorhexidine Gluconate Oral Rinse should be reevaluated and given a thorough prophylaxis at intervals no longer than six months. Recommended use is twice daily oral rinsing for 30 seconds, morning and evening after toothbrushing. Ideal dosage is 15 mL of undiluted Chlorhexidine Gluconate Oral Rinse. Patients should be instructed to rinse with water, or other mouthrinses, toothbrush, or toothpowder, or eat food or drink immediately after using Chlorhexidine Gluconate Oral Rinse. Chlorhexidine Gluconate Oral Rinse is not intended for ingestion and should be expectorated after rinsing.

PRECAUTIONS:

The effect of Chlorhexidine Gluconate Oral Rinse on periodontitis has not been determined.

2. Chlorhexidine Gluconate Oral Rinse can cause staining of oral surfaces, such as tooth surfaces, restorations, and the dentures of the teeth. Not all patients will experience a visually significant increase in tooth staining. In clinical testing, 50% of Chlorhexidine Gluconate Oral Rinse users exhibited a measurable increase in facial anterior stain, compared to 35% of control users after a month. 15% of Chlorhexidine Gluconate Oral Rinse cases developed what was judged to be heavy stain, compared to 1% of control users after six months. Stain will be more pronounced in patients who have heavier accumulations of unremoved plaque. Stain resulting from use of Chlorhexidine Gluconate Oral Rinse does not adversely affect the health of the gingival tissue or other oral tissue. Stain can be removed from most tooth surfaces by conventional professional prophylactic techniques. Additional time may be required to complete the prophylaxis. Glycerin should be used when prescribing to patients with anterior faucial mucosa with rough surfaces or margins. If normal stain cannot be removed from these surfaces by a dental prophylaxis, patients should be excluded from Chlorhexidine Gluconate Oral Rinse treatment if permanent discoloration is unacceptable. Stain in these areas may be difficult to remove by dental prophylaxis and on rare occasions may necessitate replacement of these restorations.

3. Some patients may experience an alteration in taste perception while undergoing treatment with Chlorhexidine Gluconate Oral Rinse. Instances of permanent taste alteration following Chlorhexidine Gluconate Oral Rinse use have been reported via post-marketing product surveillance.

PREGNANCY: TERATOGENIC EFFECTS: Pregnancy Category B: Reproduction Studies have been performed in rats and rabbits at chlorhexidine gluconate doses up to 2300 mg/kg and 48 mg/kg respectively, and have not revealed evidence of harm to the fetus. However, adequate and well-controlled studies in pregnant women have not been done. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

NURSING MOTHERS: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Chlorhexidine Gluconate Oral Rinse is administered to nursing women. In parturients and lactating women, there is no evidence of impaired protein function of breast milk effects to sucking pups was observed when chlorhexidine gluconate was administered to dams at doses that were over 100 times greater than that which would result from a person's ingesting 30 mL of Chlorhexidine Gluconate Oral Rinse per day.

PEDIATRIC USE: Clinical effectiveness and safety of Chlorhexidine Gluconate Oral Rinse have not been established in children under the age of 18.

CARCINOGENESIS, MUTAGENESIS, AND IMPAIRMENT OF FERTILITY: In a drinking water study in rats, carcinogenic effects were not observed at dosages up to 38 mg/kg/day. Mutagenic effects were not observed in two mouse micronucleus in vivo and in vitro mammalian studies with chlorhexidine gluconate. The highest dose of chlorhexidine used in a mouse dominant-lethal assay and a hamster cytogenetics test were 1000 mg/kg/day and 250 mg/kg/day, respectively. No evidence of impaired fertility was observed in rats at doses up to 100 mg/kg/day.

ADVERSE REACTIONS: The most common side effects associated with chlorhexidine gluconate oral rinses are:

• A decrease in staining of tooth and other oral surfaces; and
• An increase in calculus formation, particularly in areas where stain and tartar usually form. It is important to see your dentist for removal of any stain or tartar at least every six months or more frequently if your dentist advises.

• Both stain and tartar can be removed by your dentist or hygienist. Chlorhexidine Gluconate Oral Rinse may cause permanent discoloration of some front-tooth fillings.

• To minimize discoloration, you should brush and floss daily, emphasizing areas which begin to discolor.

• Chlorhexidine Gluconate Oral Rinse may taste bitter to some patients and can affect how foods and beverages taste. This will become less noticeable in most cases with continued use of Chlorhexidine Gluconate Oral Rinse.

• To taste interference, rinse with Chlorhexidine Gluconate Oral Rinse after meals. Do not rinse with other mouthrinses immediately after using Chlorhexidine Gluconate Oral Rinse.

If you have any questions or comments about Chlorhexidine Gluconate Oral Rinse, contact your dentist or pharmacist.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

INGREDIENTS: 0.12% chlorhexidine gluconate in a base containing water, 11.6% alcohol, glycerin, PEG-40 sorbitan disostearate, flavor, sodium saccharin, and FD&C Blue No. 1.

• Chlorhexidine Gluconate Oral Rinse may taste bitter to some patients and can affect how foods and beverages taste. This will become less noticeable in most cases with continued use of Chlorhexidine Gluconate Oral Rinse.

STORE at 20°C to 25°C (68°F to 77°F), excursions permitted to 15°C to 30°C (59°F to 86°F) [See USP controlled Room Temperature].

Manufactured for:
Sage Products LLC
Carlsbad, CA 92008
1-866-523-2220

Revised: November, 2015
SAGE15ORBTLLBLC

<125mL>
Simple interventions. Extraordinary outcomes.

We are your partner for proven prevention. Our market-leading products solve real healthcare problems and are backed by clinical evidence. Our products allow you to deliver essential patient care with confidence by addressing risk factors that can lead to infections, skin injury, and caregiver injuries.

We are driven to solve real problems and make healthcare better for you and your patients.

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