3M™ Skin and Nasal Antiseptic

(Povidone-Iodine Solution 5% w/w [0.5% available iodine] USP)

Patient Preoperative Skin Preparation

Do you have a universal nasal decolonization protocol for your ICU?



CDC core strategies recommend implementing source control for high risk patients during high risk times.

The Centers for Disease Control (CDC) released updated recommendations to pursue a strategy to reduce carriage of *Staphylococcus aureus* among adult patients admitted to intensive care units.

CDC recommends preventive care to help reduce the risk of central line-associated bloodstream infection (CLABSI):

CDC Proposed Regimen*



CHG

Topical chlorhexidine gluconate (at least 2%)

Intranasal

Intranasal antibiotic/antiseptic

Central line-associated bloodstream infection (CLABSI) prevention practices:

Patient Type	CDC Core Strategy Topical CHG + Intranasal Prep
CVC or Midline Catheter Present	✓
ICU Patient	✓

CDC offers similar recommendations for preventing SSIs

Surgical site infection (SSI) prevention practices:*

Prep with an intranasal regimen and chlorhexidine wash or wipes for all high-risk surgeries (e.g., cardiothoracic, orthopedic, and neurosurgery), unless known to be *S. aureus* negative.

CDC recommends two intranasal options:





or (2

2 Intranasal Mupirocin





Immediate Efficacy

Mupirocin regimen involves use 2 times a day for 5 days to achieve decolonization.** An iodophor provides a single dose intervention when a 5-day antibiotic protocol isn't possible.



Why choose an lodophor (such as a povidone-iodine solution) over Mupirocin?

Resistance

Studies have shown that *S. aureus* can be resistant to Mupirocin — there is no known resistance to an iodophor antiseptic treatment.^{2,3,4}



Cost

Screening costs range from \$83-\$121 per patient per ICU admission. Using an iodophor antiseptic eliminates the screening cost and the risk of mupirocin resistance.^{5,6}

- CDC strategies do not support the use of alcohol-based nasal sanitizers. -

^{*} Refer to CDC Guidelines for full recommendations

^{**} Based on BACTROBAN (mupirocin calcium) nasal ointment. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/050703s017lbl.pdf

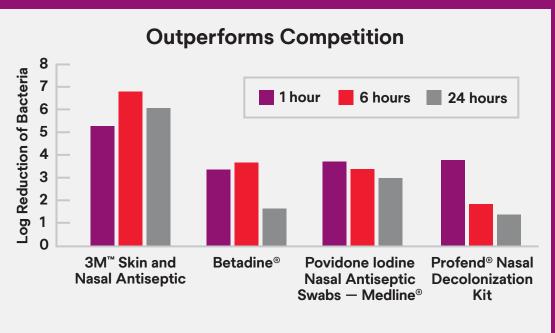
Not all iodophor nasal antiseptics are created equally.

Why choose 3M™ Skin and Nasal Antiseptic?



Greater MRSA loa reduction7

3M™ Skin and Nasal Antiseptic showed significantly more persistent antiseptic activity against MRSA at every interval compared to 10% Betadine®, Povidone **lodine Nasal Antiseptic** Swabs - Medline®, or Profend® Nasal **Decolonization Kit** (ex vivo test model).*



Film forming technology

lodine is rapidly reduced to inactive iodide at the normal pH of the nose (5.5-6.5). The buffer in 3M™ Skin and Nasal Antiseptic is specially formulated to maintain a pH less than 4.5 to maintain the active iodine.8



Age acceptability

Antiseptic can be used on patients on patients as young as 2 months of age.9



3M™ Skin and Nasal

Extensively researched

3M[™] Skin and Nasal Antiseptic has over 10 clinical studies (6 peer reviewed and 10+ investigator initiated) - more than any other nasal decolonization competitor.



* (Ex vivo porcine model): Anderson M, David M et al. 2015. Efficacy of Skin and Nasal Povidone-Iodine Preparation against mupirocin resistant MRSA and Staphylococcus aureus with the anterior nares, Antimicrob Agents Chemother. pii: AAC.04624-14.

Antibiotic Stewardship

Following interventions and strategies recommended by the CDC as part of your infection control practices can help reduce the risk of infection. Hospitals should work to implement the CDC Core Elements of Hospital Antibiotic Stewardship Programs that emphasize leadership commitment, reporting and education.



Solventum, formerly 3M Health Care, can help you fight bloodstream infections by updating your nasal decolonization protocol.

Make 3M™ Skin and Nasal Antiseptic part of your bloodstream infection bundle.

To learn more about 3M™ Skin and Nasal Antiseptic, visit 3M.com/skinandnasal

- Centers for Disease Control. Strategies to Prevent Hospital-onset Staphylococcus aureus Bloodstream Infections in Acute Care Facilities. https://www.cdc.gov/hai/prevent/staph-prevention-strategies.html Accessed October 7, 2019.
- 2. Hetem DJ, Bonten MJ. Clinical relevance of mupirocin resistance in Staphylococcus aureus. J Hosp Infect. 2013;85(4):249-256.
- 3. Lee A, Macedo-Vinas M, Francois P, et al. Trends in mupirocin resistance in methicillin-resistant Staphylococcus aureus and mupirocin consumption at a tertiary care hospital. J Hosp Infect. 2011;77(4):360–362.
- Bathoorn E, Hetem DJ, Alphenaar J, et al. Emergence of high-level mupirocin resistance in coagulase-negative staphylococci associated with increased short-term mupirocin use. J Clin Microbiol. 2012;50(9):294.
- Bathoorn E, Hetem DJ, Alphenaar J, et al. Emergence of high-level mupirocin resistance in coagulase-negative staphylococci associated with increased short-term mupirocin use. J Clin Microbiol.2012;50(9):294.
- Rieser GR, Moskal JT. Cost efficacy of methicillin-resistant Staphylococcus aureus decolonization with intranasal povidone-iodine. The Journal of Arthroplasty. 2018;33:1652–1655.
- 7. Solventum internal data on file.
- 8. Solventum internal data on file: EM-05-011017.
- 9. Solventum internal data on file: EM-05-159073.

Solventum

Solventum Medical Surgical 3M Center, Building 275 2510 Conway Avenue East St. Paul, MN 55144 USA

Phone 1-800-228-3957 Web Solventum.com © Solventum 2024. Solventum, the S logo and other trademarks are trademarks of Solventum or its affiliates. 3M is a trademark of 3M. Other trademarks are the property of their respective owners. 70-2013-1679-4