

3M Science.
Applied to Life.™

**Prep with Confidence.
Promote Positive
Patient Outcomes.**

3M™ SoluPrep™ Antiseptic Solutions

MSA

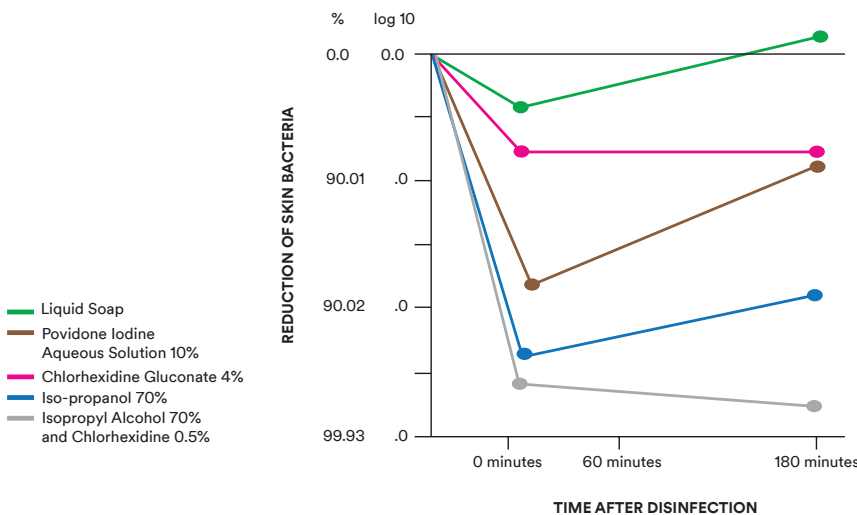
MEDICAL
SPECIALTIES
AUSTRALIA

Helping you Meet the National Standards and Guidelines

Healthcare associated infections such as bloodstream or surgical site infections can result from organisms that are found on a patient’s skin. Effective reduction of the bacterial load on skin through the use of topical antiseptics is therefore a critical infection prevention measure that should be performed prior to invasive procedures that puncture the skin.^{1,2,3}

Chlorhexidine has a broad spectrum of activity, particularly against gram-negative bacteria.⁴ One of the most important attributes of CHG is its persistence. It has strong affinity for the skin, remaining chemically active for at least 6 hours. Indeed, it probably has the best persistent effect of any agent currently on the market.⁵

Efficacy of Antiseptics⁶



National Standards and Guidelines for Intravascular Access Devices

Published evidence based guidelines and practice standards recommend the use of chlorhexidine gluconate (CHG) skin antiseptics.

NSQHS: STANDARD 3⁷
(Refer to NHMRC 2010)

“Alcohol-based preparations that have 70% isopropyl alcohol v/v and at least 0.5% chlorhexidine are recommended for procedures penetrating skin (including subcutaneous infusions).”

Intravenous Nursing NZ 2012⁸

“use of >0.5% chlorhexidine gluconate and 70% alcohol as a skin antiseptic”

NICE Guidelines 2012⁹

“Decontaminate the skin at the insertion site with chlorhexidine gluconate in 70% alcohol before inserting a peripheral vascular access devices or a peripherally inserted central catheter.”

3M™ SoluPrep™ Antiseptic Solutions

2% w/v Chlorhexidine Gluconate and 70% v/v Isopropyl Alcohol:

- Fast initial kill with residual activity for up to 24 hours⁴
- Effective against most gram-positive and gram-negative bacteria, some fungi and viruses^{7,8}
- Hypoallergenic, poorly absorbed through skin⁷

3M™ SoluPrep™ Antiseptic Solutions

For Hospital and Healthcare Professional Use

Antiseptic for preparation of the patient's skin prior to invasive procedure on dry skin sites only. Helps reduce bacteria that potentially can cause skin infection. Efficacy on moist sites such as groin has not been demonstrated. Please refer to product package for complete instructions for use.

SoluPrep™ Antiseptic Wipes

Insertion of peripheral catheters

Central line maintenance

Percutaneous device insertions and maintenance (eg. chest/feeding tube)

Blood culture collection



- Fragrance free
 - Clear tint does not mask veins or erythema
 - Available in small and large wipes
 - Maximum treatment area for small wipe is 6cm x 7cm
 - Maximum treatment area for large wipe is 10cm x 10cm
-

SoluPrep™ Antiseptic Swab Small

Insertion of peripheral catheters

Central line maintenance

Central venous access devices (CVAD) site care

Percutaneous device insertions and maintenance (eg. chest/feeding tube)

Blood culture collection



- Fragrance free
 - Clear tint does not mask veins or erythema
 - Flat foam tip for ease of access during site maintenance
 - Maximum treatment area for small swab is 10cm x 11cm
-

SoluPrep™ Antiseptic Swab Large

Insertion of central venous access devices (CVAD)

Chest tube insertion, bone marrow aspiration



- Fragrance free
- Available in both clear and pink tint
- Clear tint does not mask veins or erythema
- Pink tint allows the clinician to see where they have prepped
- Broad rounded foam tip for ease of application
- Maximum treatment area for small swab is 20cm x 20cm

Application Technique

Apply the antiseptic in a back-and-forth motion in several directions with gentle friction.

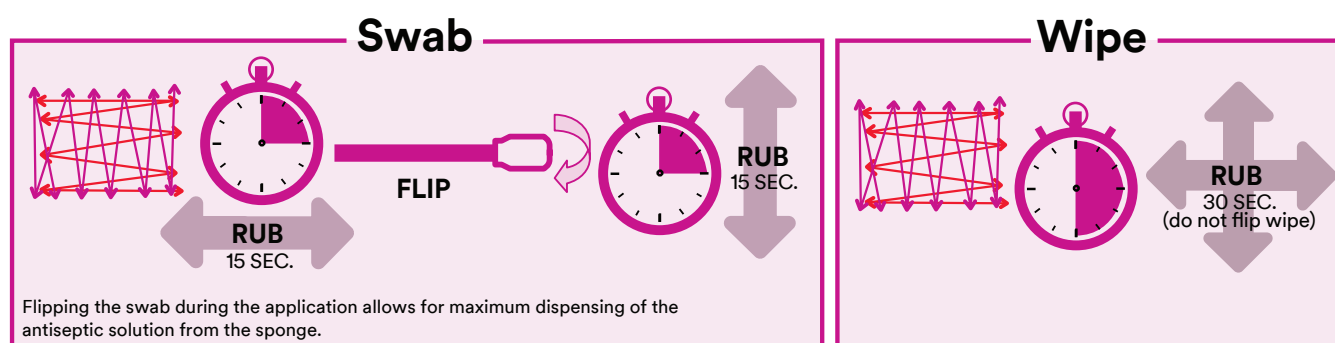
This action promotes binding of the chlorhexidine to the layers of skin and improves efficacy.¹⁰

Allow the product to completely air dry before draping the patient (3 minutes for dry skin). This provides time for optimal efficacy and decreases the risk of skin






irritation or burn. Product is flammable until completely dry.^{10,11}

Product is not sterile so use appropriate measures.

Dry Site Application Technique shown below:

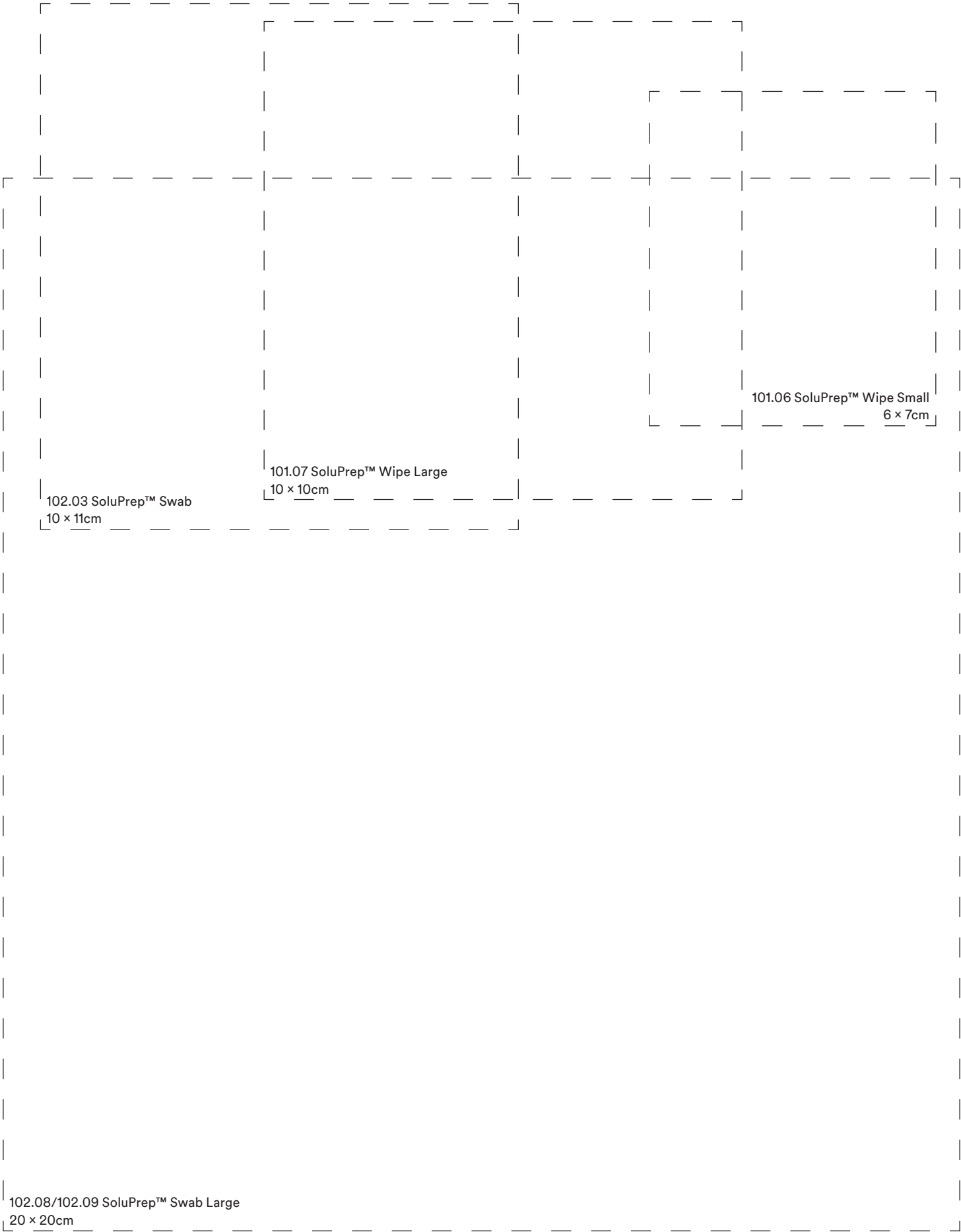


Ordering Information

	Product Code	Product Description	Each/Box	Box/Case
	101.06	SoluPrep™ Antiseptic Wipe Small 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 0.65mL of clear solution. ARTG No 226778	200	20
	101.07	SoluPrep™ Antiseptic Wipe Large 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 1.5mL of clear solution. ARTG No 226786	100	10
	102.03	SoluPrep™ Antiseptic Swab Small 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 1.6mL of clear solution. ARTG No 226779	50	10
	102.08	SoluPrep™ Antiseptic Swab Large 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 5.2mL of clear solution. ARTG No 226788	30	10
	102.09	SoluPrep™ Antiseptic Swab Large 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 5.2mL of tinted solution. ARTG No 226781	30	10

For Hospital and Healthcare Professional Use Only

Maximum Treatment Area





For more clinical or sales information, please contact
Medical Specialties Australia (MSA) on 02 9417 7955



**MEDICAL
 SPECIALTIES
 AUSTRALIA**

54 Gibbes St, Chatswood 2067 NSW, Australia
 PO Box 764, Willoughby 2068 NSW, Australia

✉ custserv@msa.com.au ☎ 02 9417 7955
 🌐 www.msa.com.au 📠 02 9417 5779

References

1. Detsuicha, R.G., Web, M.J., Iezz, I.M., Ottensmeyer, M.F., Webb, A.L., Connick, M.M., et al. 'Chlorhexidine-alcohol versus povidone-iodine for surgical site antisepsis. *New England Journal of Medicine* 2010; 362(2):18-26.
2. Lee, I., Ageneral, E., Lee, S., Fishman, N., Umscheid, C., 'Systematic Review and Meta-Analysis Comparing Use of Chlorhexidine with Use of Iodine for Preoperative Skin Antisepsis to Prevent Surgical Site Infection.' *Infection Control and Hospital Epidemiology*, 2010; 35(10):1019-1026.
3. Noorani, L., Bales, N., Walsh, S.R., Davies, R.J., 'Systematic review and meta-analysis of preoperative antiseptics with chlorhexidine versus povidone-iodine in clean-contaminated surgery. *British Journal of Surgery* 2010; 87:1616-1620.
4. Jamson, G. W., 'Chlorhexidine' in Seymour R. Block (Ed): *Disinfection, Sterilization, and Preservation*, 4th Ed., Lea & Febiger, Williams & Wilkins, Media PA, 1991:279.
5. Larson, E. AHC guidelines for infection control practice: guideline for use of topical antimicrobial agents. *Am J Infect Control*, 1989; 16(3):253-65.
6. Hospital Epidemiology and Infection Control, Ed, edited by C. Glen Mayhall. Lippincott Williams & Wilkins, Philadelphia, 1998.
7. Australian Commission on Safety and Quality in Healthcare. (2010). Australian guidelines for the prevention and control of infection in healthcare. Retrieved from http://www.acshq.gov.au/_files/other/publications/infchamandry0103_complete.pdf
8. Provisional Infection Therapy Standards of Practice (2010). *International Nursing New Zealand Incorporated Society*. Accessed 11/11/2010 from <http://www.innzinc.gov.au/guidelines-publications/0103>, December 2010.
9. National Institute for Clinical Excellence. (2010). Infection control: Prevention of healthcare-associated infection in primary and community care (Clinical guideline 2). Retrieved from <http://www.nice.org.uk/guidance/cg139>
10. Tenner, J., 'Methods of skin antiseptics for preventing SSI's.' *Nursing Times*; 106:37, 20-22.
11. 2011 data on file.