

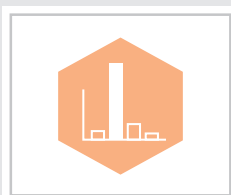
Each year in the United States tens of thousands of patients will contract a catheter-related bloodstream infection (CRBSI). The consequences associated with this type of infection are significant:

- 12%-25% mortality rate<sup>1</sup>
- U.S. \$11,971<sup>2</sup>-\$56,000<sup>1</sup> average cost per line infection
- U.S. \$296 million-\$2.3 billion in annual expenses<sup>1</sup>



#### THE RIGHT COMBINATION

Minocycline+rifampin is the most rigorously studied and synergistic combination of antibiotics available on a catheter for reducing CRBSIs through two distinct mechanisms of action. Unlike most antibiotics, this combination has the ability to penetrate the biofilm that forms on all indwelling catheters.<sup>3</sup>



#### UNMATCHED EVIDENCE

Two decades of evidence, including more than 21 peer-reviewed studies and 4 meta-analyses, confirm minocycline+rifampin catheters are the most effective tool available to provide broad-spectrum protection against gram-positive, gram-negative and fungal infections<sup>5,6</sup> in both short- and long-term use. It's evidence of protection no other process or technology can match.



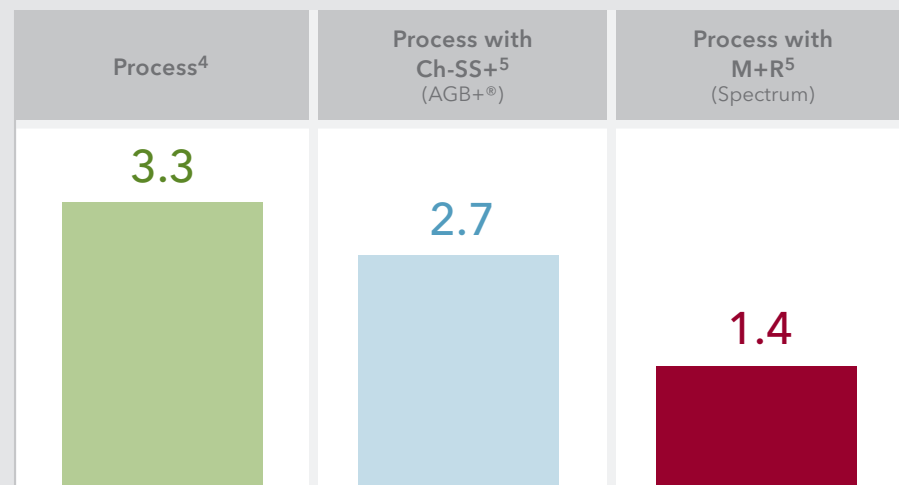
#### NO EVIDENCE OF RESISTANCE

More than 10 years of clinical use has shown no evidence that M+R catheters lead to bacterial resistance, and a seven-year study of over 500,000 catheter days confirms these results.<sup>7</sup> A separate study indicates that a facility using M+R catheters may have shown a decrease in vancomycin usage.<sup>8</sup>

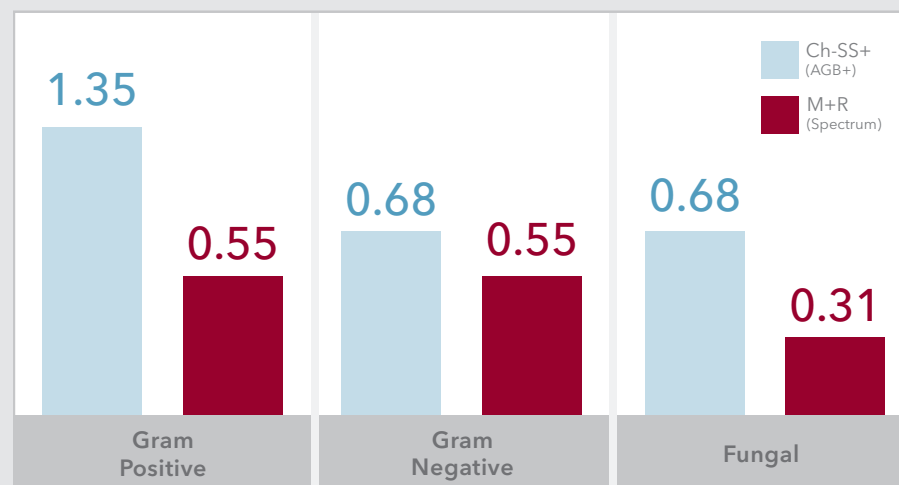


#### WORTH SWITCHING

In a challenging clinical environment, a hospital that switches to M+R catheters may expect to see a decrease in CRBSI rates, attributable mortality and CRBSI-related costs. Even high-performing hospitals can switch to Spectrum to drive incremental improvement in CRBSI rates and may still achieve substantial reductions in mortality and expenses.



INFECTIONS PER 1,000 CATHETER DAYS



ANALYSIS OF TYPES OF INFECTION<sup>5</sup>  
INFECTIONS PER 1,000 CATHETER DAYS

The CDC partially funded a study<sup>4,5</sup> to determine relative efficacy of 2nd generation CH-SS+ catheters and Spectrum M+R catheters. After 46 months and more than 23,000 catheter days, investigators found overall catheter-related bloodstream infection rates to be lower when the M+R-impregnated catheters were placed. In addition, there was a lower incidence of gram positive, gram negative and fungal infections with Spectrum.

## Important Information

#### Contraindications

Do not use on patients with known allergy or history of allergy to tetracyclines (including minocycline) or rifampin. Minocycline and rifampin are agents that do not induce any genotoxic risks except a possible teratogenic effect in pregnant women. We therefore do not recommend the use of Cook Spectrum and Spectrum Glide catheters in pregnant women.

#### Hospital-Approved Injection Caps

Work with your hospital infection control team to learn about your hospital's injection caps and follow manufacturers' recommendations for proper use, care and maintenance of your caps. Failure to comply with these recommendations can lead to catheter malfunction and/or increased risk of infection.

#### Slide Clamps

To ensure the appropriate lumen is completely clamped off, use extra care to confirm the clamps are fully engaged in the closed position.

#### Preflushing

Flush all catheter lumens and injection caps prior to catheter placement.

#### Hydrophilic Coating

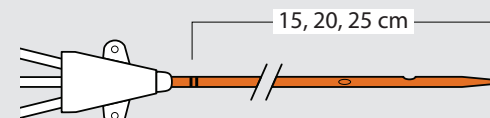
Spectrum catheters feature a hydrophilic coating that activates upon insertion. Catheters may be wetted with saline prior to placement.

#### Flushing CVC After Placement

When flushing the lumens and checking for blood return, flush remaining saline through the caps/lumens of CVC to ensure all blood has been cleared.

#### Catheter Measurement\*

Catheter length should be measured from the tip to the point between two thin, black lines located 1.5 cm below the hub.



\*Excludes special lengths, pigtail, 4 Fr, 5 Fr and 10 Fr catheters.

Please see package insert for complete Instructions for Use.

## Lumen Information\*

## Power Injection\*\*

Catheter Fr	Cross-section	Lumen No./ Hub Color	Port	Equivalent gage	Minimum Lumen Volume mL	Approximate Flow Rate mL/hr	Maximum Flow Rate mL (cc)/sec	Average Pressure at Maximum Flow psi
4.0 Double (SDLM - Soft Polyurethane)		<b>1</b> <b>2</b>	Distal Proximal	20 22	0.3 0.3	1,380 720	n/a n/a	n/a n/a
4.0 Double (UDLM)		<b>1</b> <b>2</b>	Distal Proximal	20 23	0.2 0.2	780 180	n/a n/a	n/a n/a
5.0 Double		<b>1</b> <b>2</b>	Distal Proximal	20 20	0.2 0.2	900 1,200	n/a n/a	n/a n/a
5.0 Triple		<b>1</b> <b>2</b> <b>3</b>	Distal Mid Proximal	18 23 23	0.3 0.2 0.2	1,200 120 120	n/a n/a n/a	n/a n/a n/a
7.0 Triple		<b>1</b> <b>2</b> <b>3</b>	Distal Mid Proximal	16 18 18	0.5 0.3 0.3	2,940 1,200 1,200	n/a n/a n/a	n/a n/a n/a
7.0 Triple Power-Injectable		<b>1</b> <b>2</b> <b>3</b>	Distal Mid Proximal	16 18 18	0.6 0.5 0.6	3,840 1,560 1,860	10 10 10	143 55 36
8.0 Double Power-Injectable		<b>1</b> <b>2</b>	Distal Proximal	14 14	0.9 1.0	6,780 7,260	10 10	55 36
9.0 Triple Power-Injectable		<b>1</b> <b>2</b> <b>3</b>	Distal Mid Proximal	14 18 18	0.9 0.4 0.5	10,140 1,380 1,440	10 10 10	36 32 32
10.0 Five Lumen Power-Injectable		<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b>	Distal Mid Mid Proximal Proximal	14 17 17 19 19	1.0 0.4 0.4 0.2 0.2	8,820 2,880 2,940 840 840	10 10 10 10 10	32 32 32 32 32

\*In accordance with ISO 10555-3, lumens of each device were flow tested using 20°C purified water, with a head height of 1,000 mm.

\*\*FDA cleared for power injection in 7, 8, 9, 10 Fr power-injectable CVCs only. Power inject contrast media through distal lumen only.

## Suggested Lumen Use

	Port	Suggested Use
Double Lumen	Distal	whole blood or blood product delivery and sampling, any situation requiring greater flow rate, CVP monitoring, medication delivery, power injection**
	Proximal	medication delivery, acute hyperalimentation
Triple Lumen/ Five Lumen	Distal	whole blood or blood product delivery and sampling, any situation requiring greater flow rate, CVP monitoring, medication delivery, power injection**
	Mid(s)	medication delivery, acute hyperalimentation
	Proximal(s)	medication delivery

Blood work should be done through the #1 distal lumen, as it is larger and has a greater flow rate. Temporarily stop infusions and clamp middle and proximal ports to avoid contamination of blood when withdrawing samples from the distal lumen.



CT printed on distal lumen. Power inject contrast media through distal lumen only.

Maximum flow rates printed on lumen clamp.

## Uniquely designed to support your process bundle.

#### Tray components<sup>†</sup> include:

- Power-injectable<sup>†</sup> Cook Spectrum<sup>®</sup> central venous catheter with hydrophilic coating and Luer-lock end caps<sup>§</sup>
- Safe-T-J<sup>®</sup> double flexible-tipped wire guide with cm markings
- EchoTip<sup>®</sup> echogenic introducer needle
- Catheter insertion checklist
- BakSnap<sup>®</sup> safety syringe (2)
- Prefilled sodium chloride syringes
- 25 gage needle
- 22 gage needle
- FEP catheter introducer needle
- Transducer tubing
- Dilator

- Lidocaine and lidocaine label
- Filter straw
- Tinted Chloraprep<sup>®</sup> One-Step
- Full-body fenestrated drape with clear window
- Gauze sponges
- Disposable safety scalpel
- Straight needle with suture or curved needle with suture and needle holder
- Disposable syringes
- Needleless injection caps
- Locking sharps container
- Movable suture wing<sup>||</sup>

#### Also available with:

- Cap, mask with face shield, and gown

<sup>†</sup> Spectrum tray configured to meet AHRQ, CDC, IHI, Joint Commission, OSHA and SHEA guidelines for patient safety.

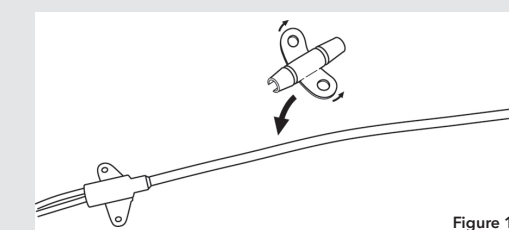
<sup>†</sup>Power injection available on 7, 8, 9 & 10 Fr power-injectable catheters.

<sup>§</sup>End caps only available on 7, 8, 9 & 10 Fr CVCs.

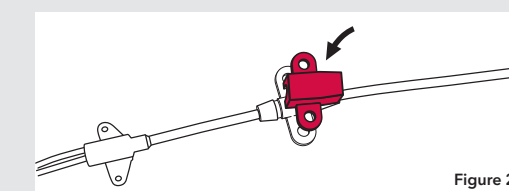
<sup>||</sup>Selected catheter lengths only.



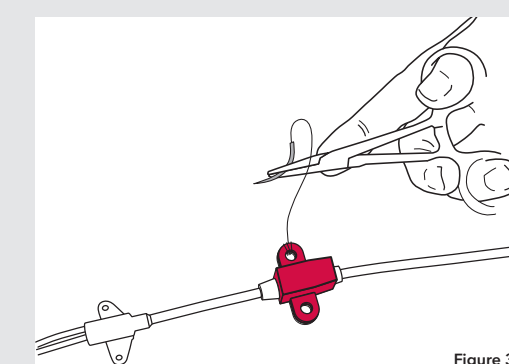
## Movable Suture Wing



Spread wings of rubber clamp and position on catheter in appropriate position to ensure proper tip location.

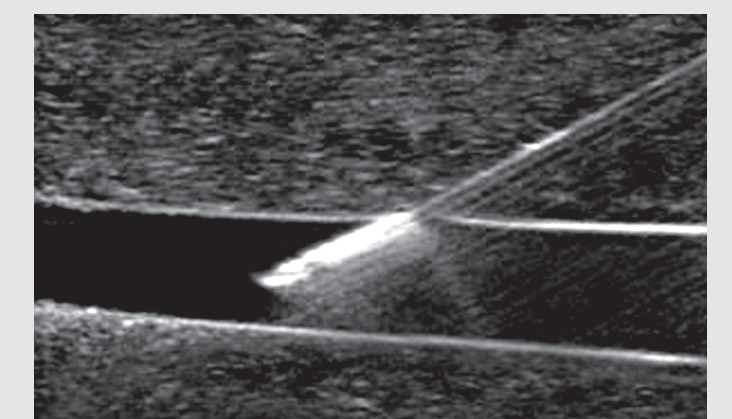


Snap rigid fastener onto catheter clamp.



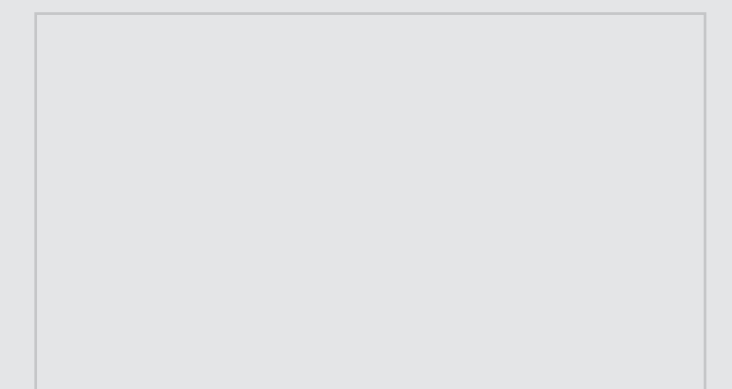
Secure catheter to patient by suturing catheter clamp and fastener together to the skin using side wings to minimize risk of catheter migration.

## The EchoTip<sup>®</sup> Advantage



#### Safer Method of CVC Insertion

The Agency for Healthcare Research and Quality (AHRQ) recommends ultrasound for CVC placement as one of 11 practices to improve patient safety based on the greatest strength of evidence.<sup>9</sup> Extensive dimpling on the EchoTip needle's distal tip dramatically enhances visibility and maximizes the benefits of ultrasound.



References

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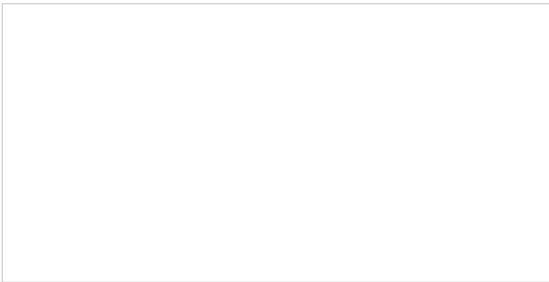
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