PROCESS + SPECTRUM CATHETERS

Proven lowest infection rates.

COOK® MEDICAL

The central line you place may be accessed more than **32** times per day in the ICU[1], creating numerous opportunities for pathogens to enter the patient's bloodstream and cause infection.

You aren't the source of the problem, but you can be the solution.

Protect patients from CRBSI after they leave your care with Cook's proven Spectrum technology.

THE RIGHT COMBINATION

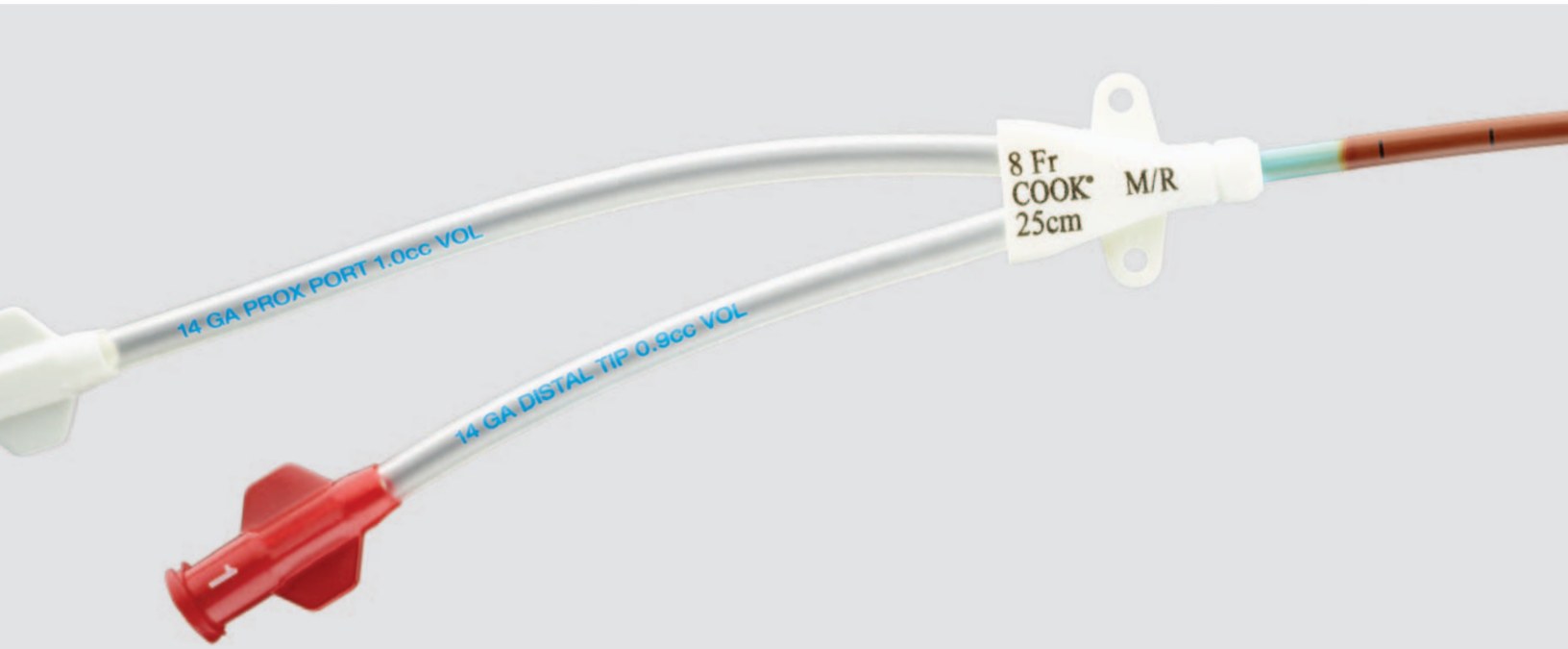
Minocycline+rifampin is proven to be the most synergistic combination of antibiotics in reducing infections through two distinct pathways, and has the ability to penetrate the biofilm that forms on all indwelling catheters.

UNMATCHED EVIDENCE

In vitro studies show that our M+R catheters maintain an effective zone of inhibition for up to 21 days—longer than any other catheter.[2] Over two decades of evidence, including more than 21 peer-reviewed studies and meta-analyses, prove M+R's ability to prevent bloodstream infections.

1. Hatler C, Hebden J, Kaler W, et al. Walk the walk to reduce catheter-related bloodstream infections. *Am Nurse Today.* 2010;5(1):26-30.

2. Hanna H, Bahna P, Reitzel R, et al. Comparative in vitro efficacies and antimicrobial durabilities of novel antimicrobial central venous catheters. *Antimicrob Agents Chemother.* 2006;50(10):3283-3288.



DECREASED 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.[3] Data indicate that facilities using M+R catheters have a decreased need for systemic antibiotic use.[4]

WORTH SWITCHING

In a challenging clinical environment, a hospital that switches to M+R catheters can 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 still achieve substantial reductions in mortality and expenses.

PROCESS + SPECTRUM Proven Lowest Infection Rates

3. Ramos ER, Jiang Y, Hachem R, et al. Is the prolonged use of minocycline/rifampin coated catheters (M/R CVC) associated with increased resistance: a seven year experience in a tertiary cancer center. Poster presented at: SHEA 18th Annual Scientific Meeting; April 5-8, 2008; Orlando, FL.

4. Brooks K, Dauenhauer S, Nelson M. Comparison of an untreated vs. silver/chlorhexidine vs. rifampin/minocycline central venous catheter in reducing catheter-related bloodstream infections. Abstract presented at: APIC 28th Annual Educational Conference and International Meeting; June 10-14, 2001; Seattle, WA.

Spectrum®

MINOCYCLINE/RIFAMPIN CATHETER

With lumen flow rates of 6720 and 7380 mL/hour, the **14,100** mL/hour combined flow rate is the industry's highest for an 8 Fr double-lumen central venous catheter.

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/sec	Average Pressure at Maximum Flow psi
7.0 Triple Power Injectable		1	Distal	16	0.5	4,020	10	142.7
		2	Mid	18	0.3	1,500		
		3	Proximal	18	0.3	1,680		
8.0 Double Power Injectable		1	Distal	14	0.9	6,720	10	54.6
		2	Proximal	14	1.0	7,380		
9.0 Triple Power Injectable		1	Distal	14	0.9	9,540	10	39.0
		2	Mid	18	0.4	1,500		
		3	Proximal	18	0.4	1,620		
10.0 Five Lumen Power Injectable		1	Distal	14	1.0	8,820	10	32.1
		2	Mid	17	0.4	2,880		
		3	Mid	17	0.4	2,940		
		4	Proximal	19	0.2	840		
		5	Proximal	19	0.2	840		

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

www.cookmedical.com

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