



Dear Valued Customer:

Healthcare providers as well as the Center for Disease Control (CDC) are well aware of the high cost of central venous catheter (CVC) related bloodstream infection (BSI). CDC guidelines have helped reduce BSI as much as 50%. The CDC suggests proper site location, site inspection for infection and importance of general hygiene while inspecting the CVC. However, the potential for patient mortality and cost to the healthcare provider still remains very high.

“According to CDC there are 15 million central-venous-days per year in ICU. CVC related bloodstream infection is between 4% and 20%. It is estimated that in the U.S. 500 to 4,000 patients die annually due to bloodstream infection. In addition, bloodstream prolong hospitalization by 7 days adding to cost of infection by \$3,700 to \$29,000.”¹

“Central venous catheters (CVC) are being used increasingly in the inpatient and outpatient setting to provide long-term venous access. CVCs procedure disturb the integrity of the skin, making infection with bacteria and/or fungi possible. In severe case of infection organ dysfunction may occur, possibly leading to death.”²

PL Medical has developed **GuideBlade™** technology to help further reduce the incidence of BSI. **GuideBlade™** streamlines central line placement and minimizes the disruption of skin integrity. The density of skin flora at the insertion site and interruption of central venous catheter placement technique are major risk factors for CVC related BSI.

Attention to the proper selection of safety scalpel material, selection of cannula size and blade geometry ensures the proper alignment of the blade with respect to the guide wire. **GuideBlade™** technology minimizes the size of the skin insertion site and reduce the instances of skin-tags. The technology ensures the integrity of the wire and the sharp safety is maintained. This technology maintains all the current procedures currently followed by the healthcare providers.

The enclosed brochure demonstrates the functional aspect of the technology.

A handwritten signature in black ink, appearing to read 'R. Kanwar', is positioned above the contact information.

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¹Soufir L, Timsit JF, Mahe C, Carlet J, Regnier B, Chevret S. Attributable morbidity and mortality of catheter-related septicemia in critically ill patients: a matched, risk-adjusted, cohort study.

²*Infect Control Hosp Epidemiol.* 1999;20(6):396-401 Mermel LA. Prevention of intravascular catheter-related infections. *Ann Intern Med.* 2000;132(5):391-402.

Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practice. Evidence Reports/Technology Assessments, No. 211. Rockville (MD): Agency for Healthcare Research and Quality (US): 2013 Mar.

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