

schülke -+

Sanitation of patients populated with MRSA.

schülke's concept of sanitation with octenidine makes it possible.



the plus of pure
performance

MRSA – a pathogen is spreading.

This results in increased mortality and increasing cost burden.

Increasing spreading of MRSA (methicillin-resistant *Staphylococcus aureus*), a multiresistant nosocomial pathogen, represents a massive clinical problem in terms of hospital hygiene – with upward trend! MRSA can cause a variety of invasive infections as well as pneumonia, endocarditis and sepsis. The course of disease of MRSA is often more severe than with infections caused by MSSA (methicillin-sensitive *Staphylococcus aureus*).



Facts at a glance

- The share of MRSA in *Staphylococcus aureus* isolates has increased from 2 % to 30 % in Germany over the past years.¹
- The most important cause of transmission of MRSA are the hands of the medical staff.
- It is true that MRSA does not lead more often to infections than the antibiotic-sensitive *Staphylococcus aureus*, however, they are much more difficult to treat.
- 2/3 of all MRSA infections result in exceeding the upper limit of length of stay amounting to an average of 18 days.²
- This causes additional costs of € 5,000 – € 10,000 per patient on average.²

Infections frequently caused by MRSA³

- postoperative wound infections
- nosocomial pneumonia
- joint infections
- soft-tissue infections
- osteomyelitis
- prosthetic infections
- intra-abdominal infections
- wound infections

Measures to reduce MRSA spreading

- Early recognition of patients at risk and verification of MRSA strains.
- Strict observation of general and special measures of hygiene.
- Eradication of MRSA population.
- Controlled use of antibiotics to prevent further development of resistance of bacteria.

References:

¹ Intensivmedizin und Notfallmedizin (Intensive care and emergency medicine) - Volume 46 - Number 4 - Mai 2009 (ITS-KISS)

² Wernitz MH. et al. (2005): Cost analysis of a hospital-wide selective screening programme for methicillin-resistant *Staphylococcus aureus* (MRSA) carriers in context of diagnosis related groups (DRG) payment. Clin Microbiol Infect, 11: 466 - 471.

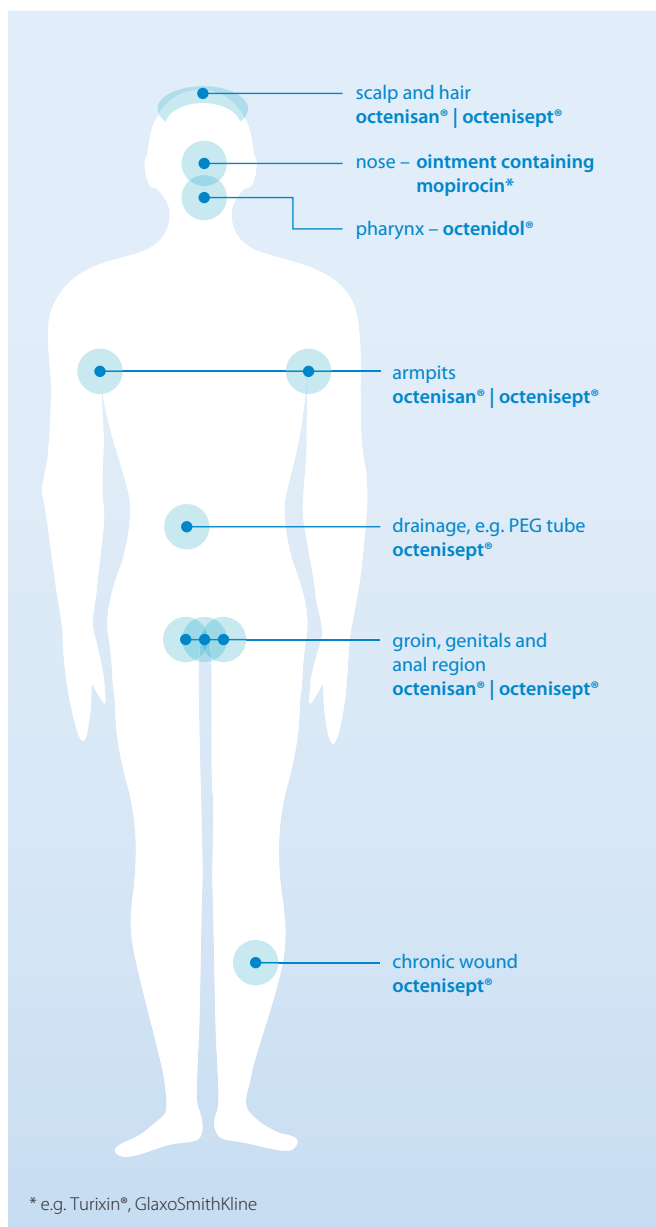
³ Hübner N. et al. (2009): Sanierung von MRSA-positiven Patienten. Arzneimitteltherapie (Sanitation of MRSA-positive patients. Pharmaceutical therapy), 5: 171 - 177.

Three against MRSA!




Being successful with the concept of sanitation with octenidine!

Sanitation of patients populated with MRSA is based on the antiseptic treatment of all reservoirs populated with MRSA pathogens. This includes the skin, hair, nasal region, oral cavity and pharynx as well as chronic wounds. In addition, the patient's surrounding must be thoroughly disinfected. All measures are taken in parallel within timely limited sanitation cycles each of which is completed with a new check for MRSA pathogens.

Where has MRSA been confirmed?



Successful sanitation in the overall concept.

 <p>octenidol® mouthwash</p> <p>Application area: pharynx</p> <p>3 x a day contact time: 15 sec.</p>	 <p>octenisan® wash lotion</p> <p>Application area: intact skin (rinse-off solution)</p> <p>1 x a day contact time: 1 min</p>
 <p>octenisept® wound and mucous membrane antiseptic</p> <p>Application area: intact skin (leave-on solution) and wounds</p> <p>1 x a day contact time: 2 min</p>	

Obstacles to an attempt to sanitise ³

- Existence of reservoirs defying antimicrobial therapy (e.g. chronic wounds in the abdomen or thorax which cannot be sanitised, large tumour cavities)
- colonised, non-removable devices (e.g. tracheal cannula after fresh dilatational tracheotomy)
- immediate recolonisation of external sources to be expected which cannot be sanitised
- intolerance against antiseptics to be used
- implementation of measures cannot be controlled, patient is not compliant

schülke's concept of sanitation.



octenisan®

Hypoallergenic antimicrobial hair and body wash containing octenidine

Our Plus

- excellent skin and mucous membrane compatibility
- broad antimicrobial efficacy
- added emollients for skin protection
- suitable for all skin types
- soap free – mild surfactants
- pH skin neutral, colour and perfume free
- suitable for all age groups including neonates

Pack Size

150 ml bottle

500 ml bottle



octenisept®

Painless wound and mucous membrane antiseptic

Our Plus

- broad antiseptic spectrum of activity
- rapid onset of action from 1 minute onwards
- well tolerated by skin and mucous membrane
- suitable for infants and premature babies
- painless application | colourless

Pack Size

50 ml bottle

250 ml bottle

500 ml bottle

1 l bottle



octenidol® mouthwash

Antibacterial mouthwash

Our Plus

- the first mouth wash with Octenidine
- for decontamination in case of MRSA
- effective protection against parodontitis and gingivitis
- antibacterial
- free of chlorhexidine and alcohol

Pack Size

60 ml bottle

250 ml bottle



A close-up photograph showing a hand in a white nitrile glove applying a white, textured wipe to the skin of a person's back. The wipe is being held against the skin, and the person's back is the central focus of the application. The background is a plain, light color.

➤ octenisan® wash lotion
– highly effective and very well
tolerable.



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Mandatory copy for registered pharmaceuticals as per §4 HWG

octenisept® • **Composition:** 100 g solution contain: Octenidine dihydrochloride 0.1 g, 2-Phenoxyethanol (Ph.Eur.) 2.0 g. Other ingredients: (3-amidopropyl cocoate) dimethylammonium acetate, sodium D-gluconate, glycerol 85 %, sodium chloride, sodium hydroxide, purified water. • **Therapeutic indications:** For repeated, short-term antiseptic treatment of mucous membranes and adjacent skin prior to diagnostic and surgical procedures in the ano-genital region of vagina, vulva, glans penis, also prior to bladder catheterisation and in the oral cavity. For short-term supportive treatment of interdigital mycosis and adjuvant antiseptic wound treatment. • **Contraindications:** octenisept® may not be used in cases of hypersensitivity to either of the active substances or to any of the other components of the preparation. octenisept® should not be used for rinses in the abdominal cavity (e.g. intra-operatively) or the bladder, nor on the tympanic membran. • **Special warnings and special precautions for use:** Do not swallow octenisept® and do not allow large amounts of octenisept® to pass into the circulation, e.g. as a result of accidental injection. When irrigating wounds, ensure that the preparation is not introduced under pressure or injected into the tissue. When irrigating wound cavities, ensure that there is always a drainage point (e.g. drain, tab). • **Undesirable effects:** In rare cases transient signs of local intolerance such as a slight burning sensation, redness or itching may occur at the application site. Rinsing of the oral cavity may cause a transitory bitter sensation.
If you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist. Keep octenisept® out of reach and sight of children.

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