

Quick Reference Guide

Anasept[®] Antimicrobial Skin & Wound Cleanser Application Trigger Spray & Finger Pump

Anasept Antimicrobial Skin & Wound Cleanser is a FDA cleared, non-cytotoxic, isotonic, tissue compatible, broad-spectrum antimicrobial solution.

- Non-cytotoxic
- Clinically proven to reduce bioburden levels and improve healing rates
- No known microbial resistance to all bacteria (gram+ and -), fungi, yeast, viruses, and spores including MDRO
- Non-irritating and non-sensitizing, ideal for CHG sensitive patients
- Variable delivery methods aid in promoting quick and effective mechanical debridement of necrotic slough, nonviable tissue, and other debris
- Unmatched wound odor control



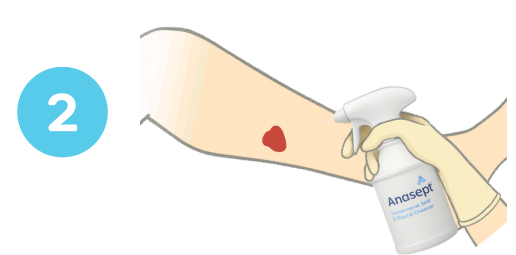
Step 1: Prepare Wound Bed

- Debride wound if needed.

PLEASE NOTE

- Anasept Cleanser can be used in this process if needed to help remove dirt and debris from wound bed and margins.
 - Finger pump = 3-5 psi (gentle mist)
 - Trigger spray = 8-12 psi*
- You can also pat with sterile gauze to remove slough or other contaminants.
- After applying, allow Anasept Cleanser to dry 1-2 minutes.

*Trigger sprayer meets NPIAP guidelines for mechanical debridement, wound irrigation, and cleansing.



Step 2: Apply Anasept Cleanser

- Spray entire wound bed, including periwound, margins and intact skin for prophylactic benefit. Avoid pooling.
- Allow to dry 1-2 minutes.

PLEASE NOTE

- After cleansing, you may also saturate sterile gauze with Anasept Cleanser and apply to wound site.

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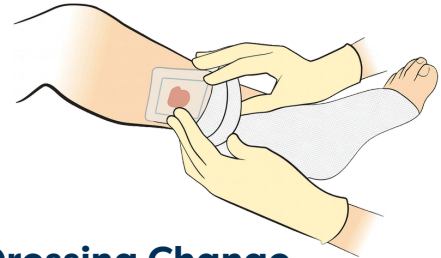
**Step 3: Dress Wound**

- After 2 minutes, cover wound site with an appropriate wound dressing.

PLEASE NOTE

- Any dressing can be used; there are no contraindications.
- Secure in place along border as needed or use dressing wraps to avoid adhesive related skin injury.

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**Step 4: Dressing Change**

- Repeat the procedure once daily or more often as clinically indicated to clean and maintain a moist wound environment between dressing changes.

PLEASE NOTE

- If dressing is sticking to wound site, gently soak the dressing with normal saline or Anasept Wound Cleanser solution before attempting to remove it.
- Medical adhesive removers are also available, such as FreeDerm™ to avoid skin injury.

Important Information:

1. Anasept Cleanser is isotonic, effective for daily use until full wound closure, with no age-related contraindications.
2. Anasept Cleanser has a 2-year shelf life and is active for 14-weeks after first use.
3. Store at normal room temperature of 77° or lower. Do not freeze.
4. External use only. Not for Ophthalmic use.
5. Discontinue use if redness or irritation occurs.
6. Latex free, pure colorless solution that will not stain skin or clothing.
7. Available in a variety of sizes and application systems (dispensing caps, finger pumps, and trigger sprayers).
8. Anasept Cleanser can be used for indwelling vascular catheter exit sites, non-vascular exit sites, peristomal ostomy sites, and general skin care.
9. Anasept is also available as a non-cytotoxic antimicrobial skin & wound gel (1.5- and 3-ounce tubes) and wound irrigation solution, also designed to be used in conjunction with most NPWT systems equipped with instillation or infusion capability.

References:

1. https://www.accessdata.fda.gov/cdrh_docs/pdf7/K073547.pdf.
2. https://static.webarecontrol.com/CommonFile/Anacapa%20Anasept%20Antimicrobial%20Skin%20And%20Wound%20Cleanser_Safety%20Data%20Sheet.pdf.
3. Cytotoxicity Study Using the Agarose Overlay Method. Anasept Skin and Wound Antiseptic. NAMSA, Irvine, CA. Lot#EB2300C. Data on file. Bravida Medical.
4. Serena TE, Serena L, Al-Jalodi O, Patel K, Breisinger K. The efficacy of sodium hypochlorite antiseptic: a double-blind, randomised controlled pilot study. J Wound Care. 2022 Feb 1;31(Sup2):S32-S35. doi:10.12968/jowc.2022.31.Sup2.S32. PMID: 35148643. <https://pubmed.ncbi.nlm.nih.gov/35148643>.
5. Lindfors J. A comparison of an antimicrobial wound cleanser to normal saline in reduction of bioburden and its effect on wound healing. Ostomy Wound Manage. 2004 Aug;50(8):28-41. PMID: 15356367. <https://pubmed.ncbi.nlm.nih.gov/15356367>.

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