PREOPERATIVE CARE

2% Chlorhexidine Gluconate Cloth and Nose To Toes™ System

Early skin prep—night before and morning of all surgeries
THE #1 SOURCE OF SURGICAL SITE INFECTION: PATIENTS’ FLORA

The CDC implicates eight pathogens that cause 80% of healthcare-acquired infections (HAIs). Endogenous flora can lead to surgical site infection (SSI) — one of the most common HAIs. In fact, the #1 cause of SSIs is *Staphylococcus aureus*, which can be found in bacterial reservoirs all over the body, including the skin, nose, and oral cavity.

**NOSE**
The nose is a common site for *S. aureus* colonization and accounts for 80% of all *S. aureus* infections.

**ORAL CAVITY**
Bacteria, including dental plaque, can colonize in the oropharyngeal area, and these pathogens can be aspirated into the lungs, causing infection.

**SKIN**
The skin is a major reservoir for bacteria, including methicillin-resistant *S. aureus* (MRSA), vancomycin-resistant enterococci (VRE) and *Acinetobacter*.

**SSI RISK FACTORS**

**PATIENT:**
- Age
- Nutritional status
- Diabetes
- Nicotine use
- Obesity
- Coexistent infection at remote site
- Colonization with microorganisms

**HOSPITAL:**
- Inappropriate use of antibiotic prophylaxis
- Infection at remote site not treated before surgery
- Shaving vs. clipping
- Improper skin preparation

1. www.sageproducts.com
A PRIMARY THREAT TO SURGICAL PATIENTS: SURGICAL SITE INFECTION

Surgical site infections (SSIs) are the second most common healthcare-acquired infection\(^2\) and one of the most costly.\(^2\) Approximately 60 million inpatient and ambulatory surgical procedures are performed in the U.S. every year.\(^7,8\) Of those, surgical site infections (SSIs) occur after 2.6% to 5% of them.\(^7,9\) That amounts to 1.5 million SSIs annually.\(^10\) SSIs can also add 7-10 days to a patient’s length of stay\(^2\) and significantly increase costs\(^8\) and mortality risk.\(^11\)

SSIs + READMISSION: A COSTLY PROBLEM

HUMAN COST:\(^{11}\)

- Twice as likely to die
- 60% more likely to spend time in an ICU
- Over 5 times more likely to be readmitted

FINANCIAL COSTS:

- SSIs are the #1 most costly healthcare-acquired infection (HAI), costing hospitals more than $7 billion a year.\(^2\)
- Each SSI can increase costs by an average of $25,546.\(^9\) That rises to more than $90,000 for MRSA infection.\(^9\)
- The Centers for Medicare and Medicaid Services (CMS) no longer reimburses hospitals for certain SSIs, including mediastinitis.\(^12\)

A study of elderly patients found SSI due to \textit{S. aureus} was responsible for more than a 5-fold increase in mortality\(^{13}\) and another study shows MRSA in a surgical wound resulted in over a 12-fold increase in mortality.\(^{14}\)

REFERENCES:
1. CDC 2012 Year in Review. Infection Control Today.
EARLY ANTI-SEPTIC PRE-OP PREP STRATEGIES HELP REDUCE SSI RISK

NIGHT BEFORE SURGERY

Early prepping can begin at the patient’s home. 2% Chlorhexidine Gluconate (CHG) Cloths are easy to use, which may improve compliance to Pre-Admission Testing (PAT) recommendations.

A March 2015 study, published in JAMA Surgery demonstrated a greater than 50% decrease in SSI rates in patients undergoing orthopedic implant surgery after implementation of a preoperative decontamination protocol featuring chlorhexidine gluconate (CHG) washcloths, intranasal povidone-iodine solution and CHG oral rinse.¹

MORNING OF SURGERY

Once patients arrive at the hospital, it is important to continue early prepping by addressing the three main reservoirs of bacteria—nose, oral cavity, and skin—before the patient enters the OR. Sage’s Nose to Toes™ kit helps you address these reservoirs before surgery to reduce the risk of SSI.

One study was able to achieve a rate of zero SSIs by implementing a comprehensive checklist including a nasal antiseptic applied intranasally in the preoperative area and using Sage 2% CHG Cloths the night before and morning of surgery.²
PROFESSIONALLY ACCEPTED

The use of Sage 2% CHG Cloths as part of a surgical site infection prevention program is being cited by professional organizations across the healthcare industry.

CDC RECOMMENDATIONS FOR PREVENTION OF SURGICAL SITE INFECTION4

7. Require patients to shower or bathe with an antiseptic agent on at least the night before the operative day. Category IB†

† Category IB - Strongly recommended for implementation and supported by some experimental, clinical, or epidemiological studies and strong theoretical rationale.

SHEA COMPENDIUM OF STRATEGIES TO PREVENT HEALTHCARE-ASSOCIATED INFECTION IN ACUTE CARE HOSPITALS5

“To gain the maximum antiseptic effect of chlorhexidine, adequate levels of CHG must be achieved and maintained on the skin. Typically, adequate levels are achieved by allowing CHG to dry completely.”

ANNALS OF SURGERY6

“Additional use of a cloth impregnated with chlorhexidine is more effective than simple showering.”

APIC GUIDE TO THE ELIMINATION OF ORTHOPEDIC SSI7

A rinse-free CHG Cloth has been introduced as an alternative to CHG showers, and some data suggest ease of use and improved patient compliance as well as reduced rates of SSI.

COST EFFECTIVE FOR SSI PREVENTION

A clinical poster presented at IHI showed one facility realized a cost avoidance of $349,000 over a 10-month period using Sage 2% CHG Cloths.3 SEE GRAPH BELOW

Pre- and Post-Intervention Cost of SSIs*

<table>
<thead>
<tr>
<th>Total cost of SSIs/10 months</th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10K</td>
<td>25 SSIs</td>
<td>11 SSIs</td>
</tr>
<tr>
<td>$20K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40K</td>
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<tr>
<td>$50K</td>
<td></td>
<td></td>
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<tr>
<td>$60K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$70K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cost comparison 10 months pre- and 10 months post-intervention

* Based on average cost/SSI = $25,546

** ROI = Return-On-Investment

Savings = $348,923

THE FIRST FDA-APPROVED PREOPERATIVE SKIN PREP IN A CLOTH

Sage 2% CHG Cloths address multi-drug resistant organisms (MDROs) on the patients’ skin – a known risk factor for SSIs.¹ Sage’s innovative rinse-free, alcohol-free formula is designed for early preop prep. The solution remains on the skin and provides antimicrobial activity for up to 6 hours after application. The cloth consistently delivers a uniform dose of CHG, unlike other soaps and solutions.

² The 2% CHG-impregnated cloth appears to be a practical and effective product for inpatient and outpatient settings.⁶

2% CHG FORMULA PROVEN EFFECTIVE

- Effective against broad spectrum of MDROs, including MRSA, VRE and *Acinetobacter*²,³
- Recognized by CDC as having “excellent” activity against gram-positive bacteria as well as “excellent” residual activity."¹

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>2 Log₁₀ Reduction

Sage 2% CHG Cloths to the Abdominal Site²

>3 Log₁₀ Reduction

Sage 2% CHG Cloths to the Inguinal Site²
**EFFECTIVE AGAINST PREVALENT SSI-CAUSING PATHOGENS**

<table>
<thead>
<tr>
<th>GRAM-POSITIVE PATHOGEN</th>
<th>SAGE 2% CHG CLOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staphylococcus aureus</td>
<td>✓</td>
</tr>
<tr>
<td>(including MRSA)</td>
<td></td>
</tr>
<tr>
<td>Enterococcus faecalis &amp; faecium (including VRE)</td>
<td>✓</td>
</tr>
<tr>
<td>Coagulase-negative staphylococci</td>
<td>✓</td>
</tr>
<tr>
<td>Streptococcus pneumoniae &amp; pyogenes</td>
<td>✓</td>
</tr>
<tr>
<td>Various other gram-positive aerobes</td>
<td>✓</td>
</tr>
</tbody>
</table>

**GRAM-NEGATIVE PATHOGEN**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinetobacter baumannii</td>
<td>✓</td>
</tr>
<tr>
<td>Bacteroides fragilis</td>
<td>✓</td>
</tr>
<tr>
<td>Enterobacter aerogenes</td>
<td>✓</td>
</tr>
<tr>
<td>Escherichia coli</td>
<td>✓</td>
</tr>
<tr>
<td>Klebsiella pneumoniae</td>
<td>✓</td>
</tr>
<tr>
<td>Proteus mirabilis</td>
<td>✓</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>✓</td>
</tr>
<tr>
<td>Serratia marcescens</td>
<td>✓</td>
</tr>
</tbody>
</table>

**FUNGI**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Candida albicans</td>
</tr>
</tbody>
</table>

* In vitro testing.

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**REFERENCES:**
2. Time Kill and MIC Testing conducted by an independent laboratory; data on file.
3. Testing conducted by an independent laboratory; data on file.

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**NO-RINSE 2% CHG CLOTH LEAVES MORE CHG ON SKIN THAN 4% SOAP**

A study published in the American Journal of Infection Control found that 2% CHG impregnated cloths left more CHG on the skin than 4% CHG antiseptic soap.

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**NO MORE RINSING CHG SOLUTION DOWN THE DRAIN!**

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**GUIDELINE SUPPORT FOR RINSE-FREE CHG**

**APIC:** A rinse-free CHG Cloth has been introduced as an alternative to CHG showers, and some data suggest ease of use and improved patient compliance as well as reduced rates of SSI.

**SHEA:** “To gain the maximum antiseptic effect of chlorhexidine, adequate levels of CHG must be achieved and maintained on the skin. Typically, adequate levels are achieved by allowing CHG to dry completely.”
ADDRESS BACTERIA OF 3 RESERVOIRS: NARES, ORAL CAVITY AND SKIN

The Nose to Toes™ early prepping system helps address infection risk factors on three main reservoirs of bacteria: the nares, the oral cavity, and the skin.

1 NASAL PREPPING

3M™ Skin And Nasal Antiseptic
(Povidone-Iodine Solution 5% w/w [0.5% available iodine] USP) Patient Preoperative Skin Preparation

3M™ Skin and Nasal Antiseptic reduces bacterial counts in the nares in one hour, and maintains this reduction for at least 12 hours.¹

3M and Peridex are trademarks of 3M

2 ORAL CLEANSING

Sage® Oral Care Products with 3M™ Peridex™ (Chlorhexidine Gluconate 0.12%) Oral Rinse

Single dose bottle of 3M™ Peridex™ (Chlorhexidine Gluconate 0.12%) Oral Rinse and Ultra-Soft Toothbrush helps remove dental plaque and provides antimicrobial activity during oral rinsing.

See label on back of catalog

3 SKIN PREPPING

2% Chlorhexidine Gluconate* Cloths for patient preoperative skin preparation

Sage 2% CHG Cloths contain a rinse-free solution for effective skin antisepsis and persistence for up to 6 hours after application.

*Equivalent to 500mg chlorhexidine gluconate per cloth

REFERENCE: 1. 3M Study-05-01100
SAGE® INNOVATION

Sage Products Receives Frost & Sullivan Product Differentiation Excellence Award
Patient Prepping Nose to Toes™ Global, 2012

Based on unique features and functionality properly matched to target market needs, along with brand perception of the uniqueness of Nose To Toes™, Sage Products has been chosen as the worthiest recipient of the 2012 Frost & Sullivan Global Product Differentiation Excellence Award.

Sage Products Receives Frost & Sullivan Product Differentiation Excellence Award
Patient Prepping Nose to Toes™ Global, 2012

Frost & Sullivan’s Global Research Platform
Frost & Sullivan is in its 50th year in business with a global research organization of 1,800 analysts and consultants who monitor more than 300 industries and 250,000 companies. The company’s research philosophy originates with the CEO’s 360-Degree Perspective™, which serves as the foundation of its TEAM Research™ methodology. This unique approach enables us to determine how best-in-class companies worldwide manage growth, innovation and leadership. Based on the findings of this Best Practices research, Frost & Sullivan is proud to present the 2012 Global Product Differentiation Excellence Award in Patient Prepping to Sage Products, Inc.

Significance of the Product Differentiation Excellence Award
Key Industry Challenges Addressed by Superior Product Advancements
Surgical site infections (SSIs) are a common site for healthcare-associated infections (HAIs). These complications in surgical procedures cause significant morbidity and can result in mortality as high as 17.0% per cent. For most SSIs, the source of pathogens is either the endogenous flora of the patient’s skin, nucous membranes, or hollow viscera. Apart from aseptic techniques that area to be followed by healthcare personnel, pre-operative care and preparation of the patient is quite important. These include patient pre-operative cleansing using Chlorhexidine Gluconate (CHG), pre-operative hair removal, intra-operative use of antiseptics to prepare the patient’s skin, and the use of appropriate drapes. These four elements of patient prepping together make up the patient prepping products market.

Patient Prepping Products (PPPs) are essential to ensure patient safety. Frost & Sullivan points out that the advantages offered by these products include cost- and time-saving and improved efficiency in the allocation of healthcare funds. Frost & Sullivan independent research reveals that the PPP market is driven by three major factors. These include the expected increase in procedure numbers, increasing emphasis on patient safety, and the developing awareness of patients about disinfection practices.

Hair removal, which is the first step of surgical patient prepping, is a segment where the use of surgical clippers has been mandated, rendering the practice of pre-surgical shaving obsolete. The use of antiseptics to treat the patient’s skin is an area that has witnessed the introduction of several differentiated products. The use of antiseptic shampoos, washes, wipes/cloths, and single-use applicators are all in practice. The preference of one method over another is specific to the surgical procedure, and may ultimately be chosen by the patient.
Our skin-friendly Cloths are easy to use and deliver a uniform dose of CHG to the skin. Fast-acting, broad-spectrum and alcohol-free, our 2% CHG stays on the skin to help prevent infection.

**FDA approved 2% CHG formula**
- Rinse-free formula provides antimicrobial activity for up to 6 hours after application.
- Proven to reduce drug-resistant MRSA and *Acinetobacter* by 99.9%.\(^1\)
- Cleans and moisturizes with surfactants and humectants.
- Fast-acting and effective against a broad spectrum of microorganisms.
- Active in the presence of blood and other organic matter.

**FDA approved applicator cloth**
- Delivers a uniform dose (500mg of CHG in each cloth) of CHG to the skin.
- Easier for patient with impaired mobility.
- Replaces bottled solutions rinsed off in shower.
- Nonabrasive, textured cloth removes debris, allowing CHG to thoroughly cover prep area.
- No drips, runs or pooling.

**Prep Check™ label**
- Peel-and-stick label helps improve communication by notifying staff that a patient’s skin has been prepped.
- Enhances documentation procedures.

**PRODUCT ORDERING:**

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Package 1</th>
<th>Package 2</th>
<th>Package 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2% CHLORHEXIDINE GLUCONATE* CLOTH</td>
<td>Order Code</td>
<td>2 cloths per package</td>
<td>2 cloths per package</td>
<td>3 individually wrapped packages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cloth size: 7.5” x 7.5”</td>
<td>cloth size: 7.5” x 7.5</td>
<td>(2 cloths per package); cloth size: 7.5” x 7.5”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>96 packages/case</td>
<td>48 packages/case</td>
<td>32 packages/case</td>
</tr>
</tbody>
</table>

*Equivalent to 500mg chlorhexidine gluconate per cloth.

NOSE TO TOES™ PRE-OP PREPPING
Address multi-drug resistant organisms on your patient’s skin, oral cavity and nares prior to surgery.

Your patient’s bacterial flora is the #1 risk factor for SSI. Help address infection risk factors on three main reservoirs of bacteria: the nares, the oral cavity and the skin.

Nasal Antisepsis
- Alcohol-free.
- Convenient, single-dose bottle.
- Two-minute application fits easily into your perioperative process.
- Provides 12 hours of persistence against a broad spectrum of bacteria.¹
- Antiseptic formulation won’t lead to resistance or impact antibiotic stewardship.²
- One hour efficacy. Helps reduce bacteria in the nares just one hour after application.¹

Oral Cleansing
- Convenient, single-dose bottle.
- Effective against gingivitis—a risk factor for other infections.
- Ultra-Soft Toothbrush contains nylon bristles to gently remove plaque, debris and oral secretions.

Skin Antisepsis
- The solution remains on the skin and provides antimicrobial activity for up to 6 hours after application.
- Effective against MRSA, VRE and Acinetobacter.¹
- Fast-acting and effective against a broad spectrum of microorganisms.

The clinical significance of Peridex oral rinse’s antimicrobial activity is not clear. Three months after Peridex oral rinse was discontinued, the number of bacteria in plaque had returned to baseline levels and resistance of plaque bacteria to chlorhexidine gluconate was equal to that at baseline. Clinical effectiveness and safety of Peridex oral rinse has not been established in children under age 16.

Peridex oral rinse is indicated for use between dental visits as part of a professional program for the treatment of gingivitis. Patients with a known sensitivity to chlorhexidine gluconate should not use Peridex oral rinse. The effect of Peridex oral rinse on periodontitis has not been determined. Common side effects associated with the use of Peridex oral rinse include an increase in the staining of oral surfaces, an increase in calculus formation, and an alteration in taste perception. For additional information, please see the full prescribing information.

SKIN ANTISEPSIS, ORAL CLEANSING, NASAL ANTISEPSIS

Skin Antiseptic, Oral Cleansing, Nasal Antiseptic

PRODUCT ORDERING:

SKIN ANTISEPSIS, ORAL CLEANSING, NASAL ANTISEPSIS

20 systems/case
Reorder #9011

SKIN ANTISEPSIS AND NASAL ANTISEPSIS

20 systems/case
Reorder #9012

SKIN ANTISEPSIS AND ORAL CLEANSING

20 systems/case
Reorder #9001

*Equivalent to 500mg chlorhexidine gluconate per cloth

REFERENCES: 1. 3M Study-05-011100 2. 3M Study-05-011322
3M and Peridex are trademarks of 3M

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SKIN ANTISEPSIS, ORAL CLEANSING, NASAL ANTISEPSIS

Skin Antiseptic, Oral Cleansing, Nasal Antiseptic

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20 systems/case
Reorder #9011

SKIN ANTISEPSIS AND NASAL ANTISEPSIS

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Reorder #9012

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SKIN ANTISEPSIS, ORAL CLEANSING, NASAL ANTISEPSIS

Skin Antiseptic, Oral Cleansing, Nasal Antiseptic

PRODUCT ORDERING:

SKIN ANTISEPSIS, ORAL CLEANSING, NASAL ANTISEPSIS

20 systems/case
Reorder #9011

SKIN ANTISEPSIS AND NASAL ANTISEPSIS

20 systems/case
Reorder #9012

SKIN ANTISEPSIS AND ORAL CLEANSING

20 systems/case
Reorder #9001

*Equivalent to 500mg chlorhexidine gluconate per cloth

REFERENCES: 1. 3M Study-05-011100 2. 3M Study-05-011322
3M and Peridex are trademarks of 3M
**PERIDEX™ Oral Rinse (0.12%)**

**DESCRIPTION:** Peridex™ is an oral rinse containing 0.12% chlorhexidine gluconate (1,11-hexamethylene bis[5-(p-chlorophenyl) biguanide] di-D-gluconate) in a base containing water, 11.6% alcohol, glycerin, PEG-40 sorbitan diisostearate, flavor, sodium saccharin, and FD&C Blue No.1. Peridex™ Oral Rinse is a neutral-rinse pepsin 5% chlorhexidine gluconate and is not chemically strong.

**INDICATIONS:**

- **For patients having coexisting gingivitis and periodontitis, the presence or absence of gingival inflammation following treatment with Peridex™ Oral Rinse should not be used as a major indicator of underlying periodontitis.
- **GENERAL:** *Clinical Pharmacology:* Peridex™ Oral Rinse provides antiseptic activity during oral rinsing. The clinical significance of Peridex™ Oral Rinse is not clear. Numerous studies reporting a decrease in certain oral flora have been performed, but there is no agreement amongst the different studies. The results have not been confirmed by patient controlled studies.
- **PRECAUTIONS:** Peridex™ Oral Rinse should not be used by persons who are unknown to be hypersensitive to chlorhexidine gluconate. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Peridex™ Oral Rinse is administered to a nursing mother.

**CLINICAL PHARMACOLOGY:**

- **Pharmacokinetics:** Pharmacokinetic studies with Peridex™ Oral Rinse indicate approximately 30% of the active ingredient, chlorhexidine gluconate, is retained in the oral cavity following rinsing. This retained drug is slowly released through six months use.

**CONTRAINDICATIONS:** Peridex™ Oral Rinse may cause some tooth discoloration, or increase in tartar (calculus) formation, particularly in areas where plaque is not adequately removed by brushing and flossing.

**ADVERSE REACTIONS:**

- **1. For patients having coexisting gingivitis and periodontitis, the presence or absence of gingival inflammation following treatment with Peridex™ Oral Rinse should not be used as a major indicator of underlying periodontitis.**

**DOSE AND ADMINISTRATION:** Peridex™ Oral Rinse should be administered directly following a dental prophylaxis. Patients using Peridex™ Oral Rinse should be reminded and given a thorough prophylaxis at intervals no longer than six months.

**ADDITIONAL INFORMATION:** Peridex™ Oral Rinse contains no alcohol, so it is not a mouthwash that can cause dryness of the mouth. Peridex™ Oral Rinse is supplied in a blue topical in single dose amber plastic bottles with child-resistant dispensing closures. Store above freezing (32°F or 0°C).

**DIRECTIONS FOR USE:** Swish in mouth undiluted for 30 seconds, then spit out. Use after breakfast and before bedtime, or as prescribed.

**NURSING MOTHERS:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Peridex™ Oral Rinse is administered to a nursing mother.

**PREGNANCY:** There are no adequate and well-controlled studies in pregnant women. Peridex™ Oral Rinse may cause some tooth discoloration, or increase in calculus formation, particularly in areas where plaque is not adequately removed by brushing and flossing.

**PREGNANCY CATEGORY B. Reproduction Studies have been performed in rats and mice in doses that were over 100 times greater than that observed when chlorhexidine gluconate was administered to dams at doses that were over 100 times greater than that which would result from a person’s ingestion of 15ml of Peridex™ Oral Rinse per day.

**SAFE USE:** If you use Peridex™ Oral Rinse, do not rinse with water or other mouthwashes immediately after rinsing with Peridex™ Oral Rinse.

**DISPENCE GUIDELINES:** Peridex™ Oral Rinse may cause some tooth discoloration, or increase in calculus formation, particularly in areas where plaque is not adequately removed by brushing and flossing. Patients using Peridex™ Oral Rinse should be reminded and given a thorough prophylaxis at intervals no longer than six months.

**OVERDOSAGE:** The administration of Peridex™ Oral Rinse in amounts exceeding those recommended has not produced any unusual effects.

**KEEP OUT OF REACH OF CHILDREN**

**Rx only**

**INGREDIENTS:** 0.12% chlorhexidine gluconate in a base containing water, 11.6% alcohol, glycerin, PEG-40 sorbitan distearate, flavor, sodium saccharin, and FD&C Blue No.1.

**Rx only**

**KEEP OUT OF REACH OF CHILDREN**

**0.5 oz (15ml)**

**SIMPLE INTERVENTIONS. EXTRAORDINARY OUTCOMES.**

Sage Products believes that evidence-based interventions lead to improved clinical outcomes. Our market-leading, innovative products solve real problems in the healthcare industry and are backed by proven clinical evidence. They make it easier for nurses to deliver essential patient care, helping to prevent healthcare-acquired infections and skin breakdown.