# **OMNI-STAT**®

## **CELOX<sup>TM</sup> RAPID**

How to Use/Recommendations for Removal



Identify massive hemorrhage



Identify the point of bleeding and apply direct pressure

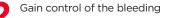


Pour onto source of bleeding open pack, take one end of gauze while still applying pressure



Secure with a dressing to maintain pressure and discard any remaining Celox Rapid







Swab excess blood 5



Pour onto source of bleeding -**6**C tightly pack the unfolding Celox Rapid directly to the source of bleeding, feeding in the Celox Rapid until the wound is filled above skin level. Excess gauze can be cut or torn



Transfer the casualty to the next stage of care



Expose the wound - cut or tear the clothing covering the wound



Pour onto source of bleeding - it has tear four notches, one at each corner



Apply firm pressure for 60 seconds or until bleeding stops

## **THINK ABOUT MASSIVE HEMORRHAGE**

- M = Massive Hemorrhage
- A = Airway
- **R** = Respiration
- **C** = Circulation
- H = Head & Hypothermia

Warnings: Device is not intended for surgical use. Do not use in abdominal wounds and wounds not amenable to pressure. Loss of sterility potentially poses a risk of infection. Do not apply over eyes. If eye irritation occurs flush with water for 5 minutes. Contains chitosan from shellfish. Allergy studies show no adverse reaction to date. Data on file at Medtrade Products Ltd.

## **OMNI-STAT**®

## **PRODUCT EVALUATION FORM**

### Evaluation forms can be emailed to info@omni-stat.com or given to your local sales representative

Facility/Hospital Name:	Date:		
Provider Name:	Provider Sig	Provider Signature:	
Product Preparation Used			
OMNI-STAT Granules (3g)	□ CELOX™ Z Fold Gauze (5ft)	□ CELOX™ Granules (15g)	
OMNI-STAT Gauze (4in x 4in)	□ CELOX™-A (6g)	□ CELOX <sup>™</sup> RAPID	
Type of Wound		Wound Location	
🖵 Gunshot		$\frown$	
Laceration/Abrasion	4		
Puncture			
Blunt Trauma			
Skin Tear			
Diabetic Foot Ulcer	174		
Pressure Ulcer			
Other:			
Hold Pressure Time			
I minute			
3 minutes			
5 minutes			
10 minutes	Please circle the location of the		
Other:	wound on the diagram above		
	<b>Observations/Results</b>	5	
Was the Patient Anticoagulated?			
YES,			
If Yes, please list type			

- If Yes, please list type of anticoagulant:
- 🛛 NO

### Was hemostasis achieved?

- YES
- 🛛 NO

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