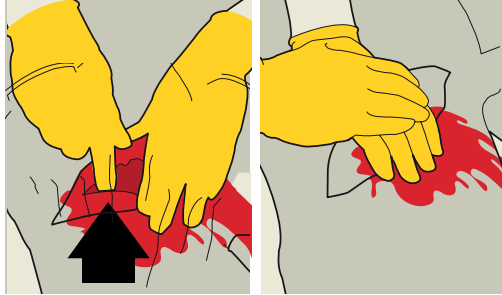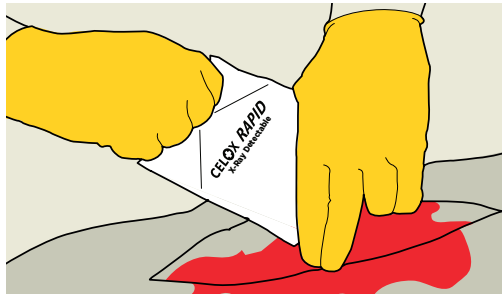# OMNI-STAT®

CELOX™ Rapid
How to Use/Recommendations for Removal

1a Identify the point of bleeding and apply direct pressure.

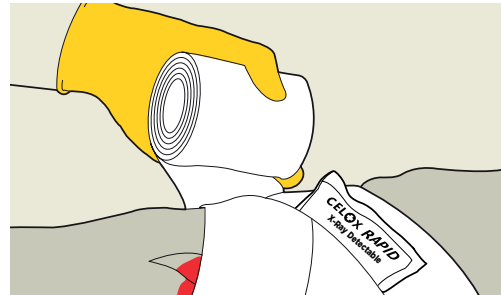**1b** Swab excess blood where practical.

2 Peel open pouch. Remove the Celox *Rapid* and take one end of Z-folded gauze.
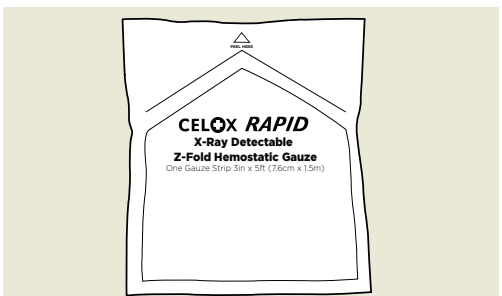

3 Tightly pack the unfolding Celox *Rapid* directly to the source of the bleeding, feeding in the Celox *Rapid* until the wound is packed above skin level. Excess Celox Rapid can be cut or torn if neccessary.

4 Apply FIRM pressure directly to the wound for 60 seconds. If bleeding persists, apply additional pressure until bleeding stops.

5 Secure with a dressing to maintain pressure on the wound.

6 Discard any remaining Celox *Rapid*.

REMOVAL INSTRUCTIONS:

At first dressing change after use, hemostatic gauze should be cleansed and removed from the wound using standard wound cleansing protocols. If required, should be soaked with saline prior to removal (physically) and then any residual irrigated away with water or saline.

DURATION OF USE:

The device and residuals should be removed from the wound within 72 hours from application.

For full details, warnings and removal instructions refer to manufacturer's instructions for use.

1. Kauvar, D.S., Lefering, R., and Wade, C.E. (2006) Impact of hemorrhage on trauma outcome: an overview of epidemiology, clinical presentations, and therapeutic considerations. *J Trauma* 60, S3-11.

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 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™ RAPID

Type of Wound

❏ Gunshot
❏ Laceration/Abrasion
❏ Puncture
❏ Blunt Trauma
❏ Skin Tear
❏ Diabetic Foot Ulcer
❏ Pressure Ulcer
❏ Other:_____

Wound Location

Please circle the location of the
wound on the diagram above

Hold Pressure Time

❏ 1 minute
❏ 3 minutes
❏ 5 minutes
❏ 10 minutes
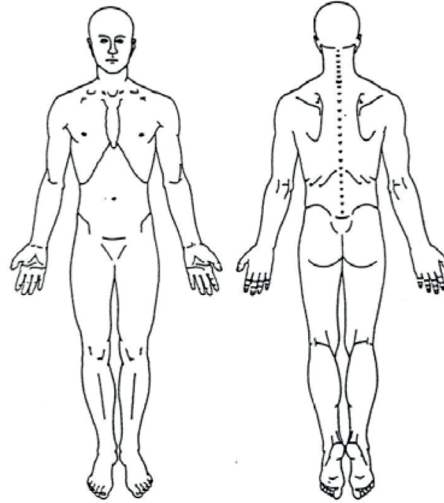❏ Other:_____

Observations/Results

_____

_____

_____

_____

Was the Patient Anticoagulated?

❏ YES,
If Yes, please list type
of anticoagulant:_____
❏ NO

Was hemostasis achieved?

❏ YES
❏ NO

MTO-24I00