

SecurePortIV®

By H.B. Fuller Medical Adhesive Technologies

Introduction to SecurePortIV®
Evidence-Based Strategies for
Preventing Vascular-Access
Infections and
Maximizing Value

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What is SecurePortIV®

 Cyanoacrylate Tissue adhesive that secures the catheter and seals the insertion site to reduce bleeding and oozing and to protect the insertion site from microbial contamination.

How do we support it:

 Education and in-service provided live and/or virtually by a team of expert Vascular Access Specialists and Professionals with decades of experience.

SecurePortIV® Catheter Securement Adhesive:

Class II Device, 510(k) # K170505

- First and only FDA-cleared tissue adhesive with IV catheter use indications
- INS 2021 and 2024 Infusion Therapy Standards of Practice with multiple practice recommendations for securement, hemostasis and infection prevention.

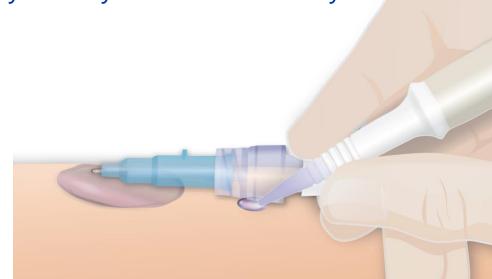
Indications for Use

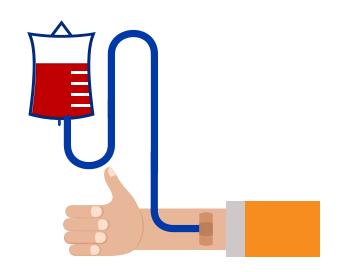
- SecurePortIV® to be applied as a film forming securement and sealant at the point of vascular access catheter skin entry.
- protect the catheter skin entry site by creating a sealant that
 - immobilizes surface bacteria, preventing them from entering the catheter skin entry site
 - provides a moisture barrier
 - used with a transparent film dressing
 - for the **securement** of short-term and long-term vascular access catheters

Contraindications

- Do not apply on wounds with evidence of microbial, bacterial, or fungal infections or gangrene
- Do not apply on mucosal surfaces, dense hair, or skin regularly exposed to body fluid

 Do not use on patients with hypersensitivity to cyanoacrylates or formaldehyde.





VASCULAR ACCESS **CHALLENGES**

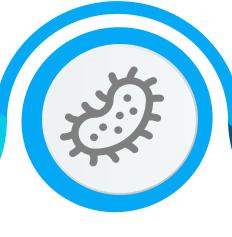








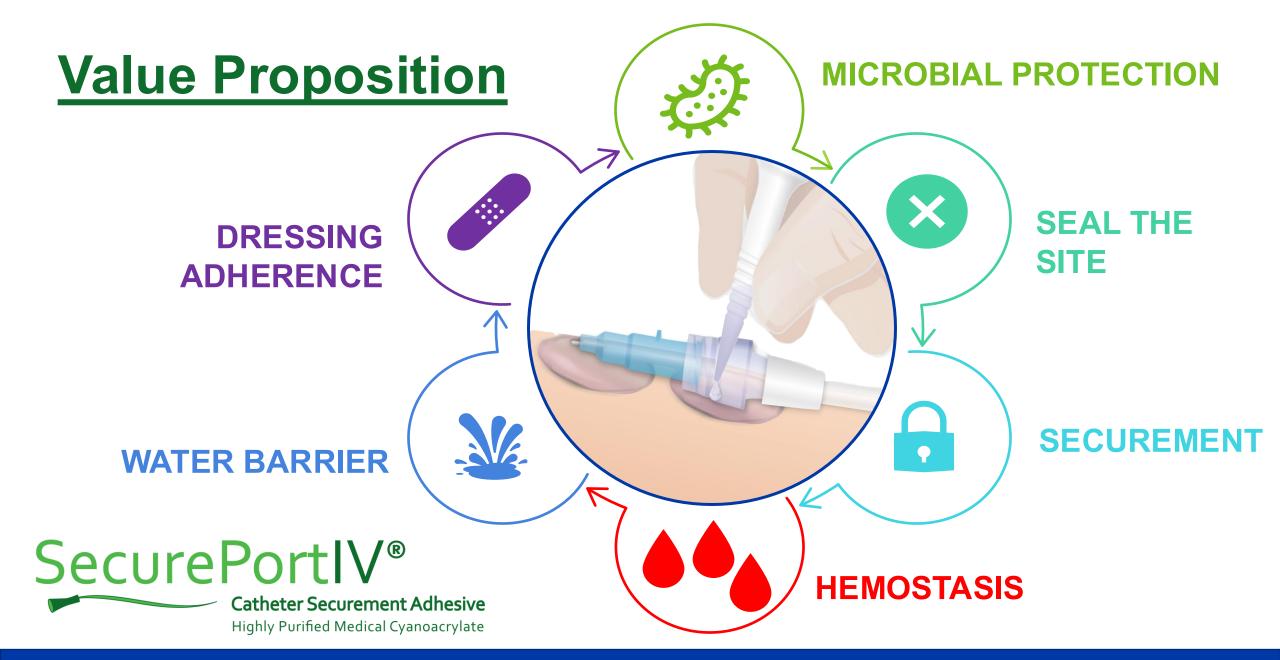
High failure rate



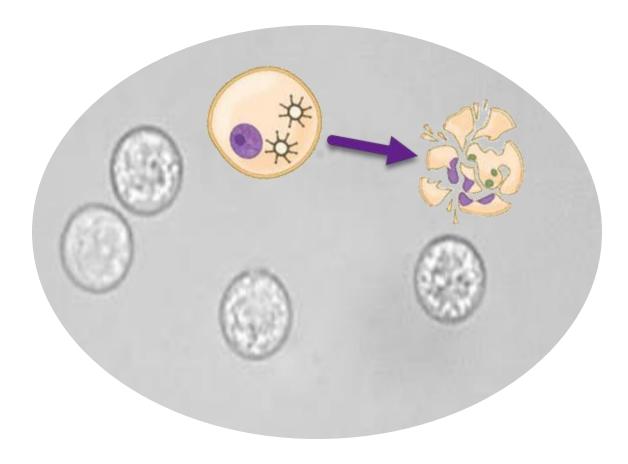
Infection



Dressing failure Early dressing disruption



2-octyl cyanoacrylate (80%) butyl cyanoacrylate (CA)



Water diffusion from microbe cell into CA causes cell lysis and death. Low water activity is a limiting factor for microbial survival

Completely kills >/= 8 log of bacteria after a 3-minute contact time

Broad spectrum: Gram -, Gram +, Yeast, Fungi; 3.47-log C. auris



SECUREMENT Standard 36

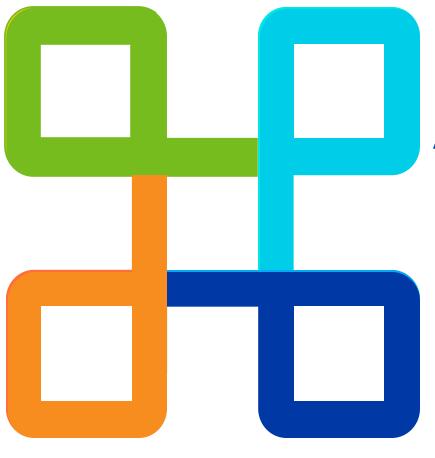
Tissue Adhesive

Medical-grade cyanoacrylate (CA) glue

SecurePortIV®

Catheter Securement Adhesive
Highly Purified Medical Cyanoacrylate

Subcutaneous Anchor Securement System (SASS)



Integrated Securement Device (ISD)

A device that combines a dressing with securement functions

Adhesive Securement

Device (ASD)

An adhesive-backed device that adheres to the skin



INS Standards of Practice

- Securement technology for all IV catheter types Level I
- Provides enhanced catheter stabilization for PIVCs Level II
- Reduces PIVC complication rates Level II
- Use as an alternative to sutures to reduce complications, including infection and dislodgement Level I
- Reduces failure and improves dwell time when used with sutures Level III
- Use in addition to primary dressing reduces PIVC failures Level III
- Promotes decreased dressing changes and increased dwell time for all IV catheter types - Level III
- Improves hemostasis and reduces early dressing changes Level
 II
- Consider use in the neonatal population Level V
- Reduces microorganism growth on the catheter tip Level IV
- Should be reapplied at each dressing change Level I

Standards of Care for Peripheral Intravenous Catheters: Evidence-Based Expert Consensus

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Infusion Nurses Society, Norwood, MA

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MaineHealth Franklin Hospital, Farmington, ME

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Highlights

- . The United States purchases an estimated 350 million PIVCs annually.
- DIVC insertion is the most frequently performed investive procedure in healthcare

PIVC Standards

Endorsing Organizations



































JAMA Pediatrics

RCT: Effect of Novel Peripheral Intravenous Catheter Securement for Children to Prevent Catheter Failure

POPULATION

189 Males, 194 Females



Children in emergency departments (EDs) anticipated to require both a peripheral intravenous catheter (PIVC) and admission to hospital for >24 hours

Median age, 36 mo

SETTINGS/LOCATIONS



2 regional hospitals in Queensland, Australia

INTERVENTION

402 Patients randomized **383** Patients analyzed



134 Standard care

Application of a bordered polyurethane dressing over the PIVC

118 Integrated securement dressings (ISD)

Application of an ISD with variable sizes over a PIVC

131 ISD with tissue adhesive (TA)

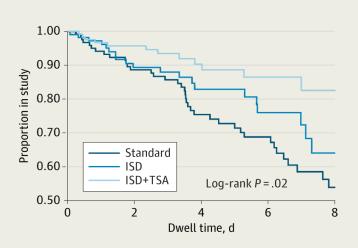
Use of TA at PIVC site and hub prior to integrated securement dressing

PRIMARY OUTCOME

The primary outcome was PIVC failure, defined as unplanned PIVC removal where PIVC reinsertion was required

FINDINGS

PIVC failure was lowest in ISD with TA group compared with ISD and standard care.



43 Of 134 patients had PIVC failure; IRR reference 24 Of 118 patients had PIVC failure; IRR, 0.80; 95% CI, 0.47-1.35 15 Of 131 patients had PIVC failure; IRR, 0.45; 95% CI, 0.23-0.84

Charters B, Foster K, Lawton B, et al. Effect of Novel peripheral intravenous catheter securement for children and catheter failure: a randomized clinical trial. *JAMA Pediatr*. Published online March 25, 2024. doi:10.1001/jamapediatrics.2024.0167

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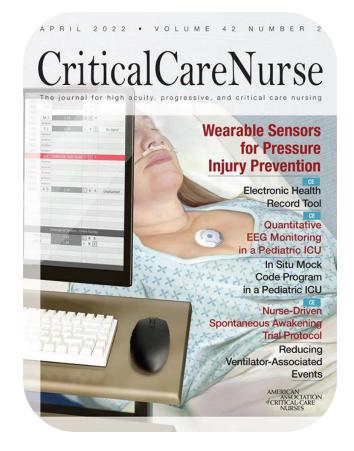
EB4: CLABSI Reduction Through Use of a Tissue Adhesive in a Cardiac Intensive Care Unit

"Through the successful implementation of a TA in the cardiac ICU, an 88% CLABSI reduction was achieved. Furthermore, the dressing-change frequency was reduced by more than 50%, and no patients were reported as having skin-related reactions."

- Rodriguez H, Nuila C, Houston Methodist Hospital



presented at AVA 2022: Repeat of results following TA Use Pause due to COVID

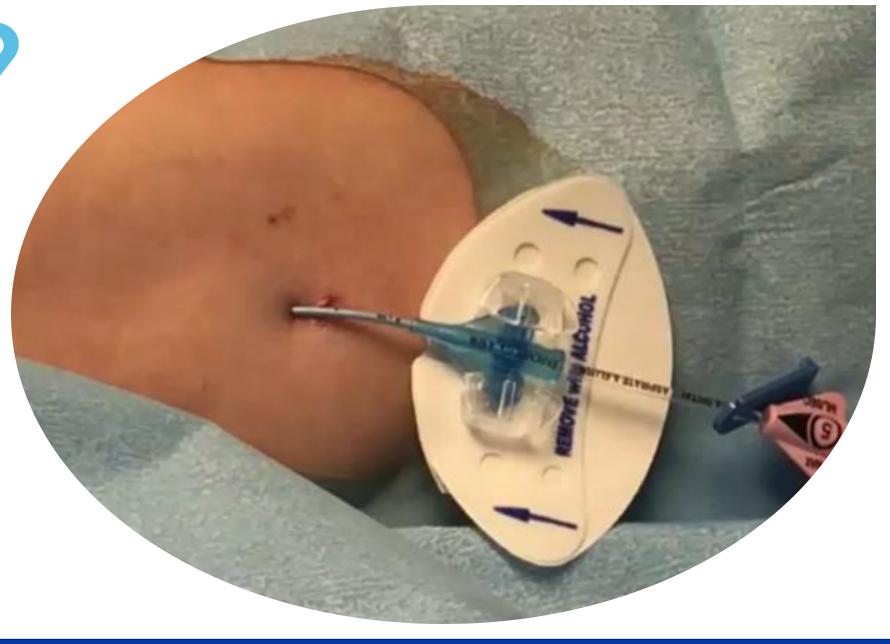


PIVC Sealed and Secured with Tissue Adhesive



<u>Tissue</u> Adhesive Securement: Insertion **Site Sealed**











Proven Clinical Benefits

Reduced insertion site bleeding and oozing: 80% Reduced dressing changes: 45% to 57%

Reduced migration and dislodgement: 93%

Seals and protects the insertion site to reduce the risk of infection

Reduce CLABSI Risk: 50% to 89%

Reduce PIV Failure Risk: 63%

CVC/PICC COST SAVINGS

50% Reduction in PICC/CVC Dressing Changes = > SecurePortIV® directly pays for itself

Additional PICC/CVC Financial Benefits

93% Reduction in migration

75% Reduction in dislodgement

50% to 89% Reduced risk for CLABSI

Potential to eliminate the use of other engineered securement and antimicrobial dressings

PERIPHERAL IV COST SAVINGS

74% reduction in PIV dressing disruption and 87% IV therapy completion rate 65% Reduction in PIV Failure Risk



Dressing change reductions demonstrated in the published literature: 45% to 57%

Baseline









w/SecurePortIV®







Infection Prevention

Reduced risk for Infection



Reduce Catheter Replacements

93% Reduction in catheter migration



Reduce Catheter Dislodgement

75% Reduction in catheter dislodgement



Eliminate Other Products

Engineered securement

Hemostatic Products

Antimicrobial disk or gel



Learn more about SecurePortIV®

NQF Hospital-Onset **Bacteremia (HOB) Playbook**



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