Information Guide

Redefining Bleeding Management with Effective Care-in-Place and Aging-in-Place Products

CELOX Stops Bleeding FAST, Works Effectively with Blood Thinners
CELOX has been proven to quickly stop nosebleeds and minor, moderate and severe bleeding even for those who take anti-coagulant blood thinning medications like Coumadin, Warfarin, Heparin, Plavix or Pradaxa.

CELOX – An Effective Risk-Mitigation Strategy and Cost Containment Solution in:
- Long-Term Care
- Skilled Nursing
- Assisted Living
- In-Home Healthcare
- Dialysis Clinics
- Anti-Coagulation/INR Clinics

CELOX May Reduce Costly Hospital Transfers that Result from Bleeding
CELOX Improves Efficiencies in Dialysis Treatment & INR Testing Clinics
CELOX Aids in Improving Medical Care and Patient Experience

January 2013
1. What is CELOX? – FDA-Approved – Granules, Dressing & Gauze Products

Use of FDA-Approved CELOX [CELL-ox] Products redefines Bleeding Management.

Bleeding has been stopped in much the same way it has been since the turn of the last century – until now. CELOX Granules, Dressing and Gauze are invaluable, potentially life-saving products that are redefining bleeding management for men, women, children and seniors – at care facilities, at home, at work and on the go. A detailed description of each product and its use follows below.

CELOX products are not new. They were originally created and have been tested and used for years by the military. Now the same military-strength, hospital-grade products are available to non-military markets. CELOX is classified by the FDA as an OTC medical device, not a pharmaceutical.

- CELOX quickly stops nosebleeds and minor, moderate or severe bleeding – even in extreme circumstances or challenging conditions
- CELOX is the only product that has been proven in stringent military testing to stop bleeding in people who are prescribed Coumadin, Warfarin, Heparin, Plavix or Pradaxa
- CELOX works effectively for those with inherited or acquired bleeding or clotting disorders like Hemophilia, VonWillebrands disease, DVT, etc.
- CELOX has been FDA and Health Canada approval, prestigious Class 3CE approval in Europe and is NATO approved
- CELOX does not initiate or interfere with the body’s normal clotting mechanisms and cannot enter the bloodstream
- CELOX works quickly and easy to use – it is designed to be easily self-administered and used by those with no emergency or medical training
- CELOX cannot be over-used – there is no measuring or “dosing” needed
- CELOX does not sting, burn or generate heat
- CELOX easily washes away with water or saline – no debridement necessary
- CELOX is natural and highly purified – no allergic reactions in the history of its use
- Because it is bio-compatible and bio-absorbable, remaining CELOX is safely absorbed
- CELOX reduces risk related to spread of blood-borne pathogens
- In the history of its use, there have been no reports of CELOX having failed or underperformed
2. **How Does CELOX Work?**

- CELOX granules are very high surface-area flakes that absorb fluid from blood. When it comes in contact with blood, CELOX swells, gels and sticks together to form a robust “pseudo clot.” This adhesive-like action seals the wound and rapidly controls bleeding.

- Again, CELOX does not initiate or interfere with the body’s normal clotting cascade and cannot enter the bloodstream.

![Close Up of CELOX Granules](image)

3. **CELOX Products – What They Are, How They Are Used**

***NOTE:*** When using CELOX Granules, Dressing or Gauze Products, applying pressure or full compression is key. Pressure or compression used depends on the severity of the bleed, but whether the bleeding is minor, moderate or severe – the bleeding stops in seconds.

**Minor Bleeding** – as CELOX is administered, apply direct fingertip or palm pressure and an efficient, robust clot forms in a matter of seconds.

**Severe Bleeding** - full compression for 3 minutes may be necessary, giving the CELOX pseudo clot time to form and strengthen to stem major bleeding.

CELOX Stops All Types of Bleeding, Including Bleeding Caused by:

- Skin Tears, Pressure Ulcers & Other Skin Integrity Issues
- Nosebleeds – Due to Medications, Medical Conditions, Trauma, Lack of Humidity
- Falls
- Injections, Intravenous Treatments, Blood Draws
- Dialysis Treatment or INR Testing
- Cuts or Sores
- Dental Procedures
- Podiatric Procedures
- Shaving

**Note:** Bleeding incidents may be exacerbated or prolonged if the patient or resident involved is on anti-coagulant blood thinning medications.
**CELOX Granules - 2g Granule Packs**

Sterile, single-use 2g packets are small, flat, lightweight and easy to store and carry.

Suitable for all bleeding – skin tears, pressure ulcers, lacerations, grazes, cuts, etc.

- Easy to Use – Just Pour, Pack, Cover and Press
  - Pour onto/into the wound, covering entire bleeding area
  - Pack cavity or laceration with granules
  - Cover area with regular gauze
  - Press - Compress the affected area to disseminate CELOX

- Adherent gel-type pseudo-clot quickly develops and strengthens, typically in seconds

- 2g CELOX Granules packs great for fingertip cuts – tear open pack, insert finger and squeeze pack around finger – bleeding quickly stops – remove and rinse
**CELOX Dressing** - 5/Pack - Individually Wrapped Dressings
Specially Shaped Pads Bonded w/Full-Strength CELOX Granules.

CELOX Dressing Quickly Stops:
- Nosebleeds
- Post-Dialysis Bleeding
- Post-INR Test Bleeding
- Injections, Intravenous Treatments, Blood Draws

- **For Nosebleeds:**
  - Fold pad vertically in half
  - Insert into bleeding nostril
  - Apply fingertip pressure along bridge and/or side of nose
  - Bleeding stops quickly, with no re-bleed when removed

- **For Post-Dialysis, INR Tests, Injections, intravenous Treatments, Blood Draws, etc.**
  - To use, pad may be folded in half or easily torn in half
  - Apply to site and apply fingertip or palm pressure for 30 seconds
  - Check for bleeding cessation – additional seconds may be needed.
**CELOX Gauze - GAUZE ROLL [5’ x 3” Roll] & GAUZE PAD [8” x 8” Pad]**

Full-strength CELOX Granules are bonded to the surface of CELOX Gauze. Most instinctive, most versatile product - cover or pack any bleeding or injury and apply pressure.

- More stable, dense consistency than traditional cotton gauze
- Does not compact under pressure
- Suitable for all bleeding – skin tears, pressure ulcers, injuries, lacerations, grazes, etc.

- **For Dental Bleeding**
  - Use as you would traditional gauze packing
  - Cut, roll and fold to fit area (gums or socket)
    - Gums: Place gauze over affected area and apply external fingertip pressure
    - Socket: Place gauze packing in affected socket – apply mild “bite” pressure
  - Remove gauze when bleeding ceases [moisten if needed], does not dislodge clot

- Strip of CELOX Gauze may be rolled and used for anterior or posterior nosebleeds
- Podiatric Procedures
- Surface and severe wounds
4. **Why Use CELOX?**

**Care Facilities & Home Care Settings**

A variety of bleeding circumstances may occur in Long-Term Care, Skilled Nursing and Assisted Living facilities, and in Home Health Care settings.

CELOX may mean the difference between immediate in-house treatment or transfer to the hospital emergency department. Quickly stopping bleeding allows staff to more effectively manage the situation or assess the extent of an injury – in a matter of seconds – and determine whether further medical attention or intervention is needed. CELOX also works quickly to stem and manage chronic bleeding from skin tears, pressure ulcers, nosebleeds etc.

CELOX is an invaluable risk-mitigation and cost containment solution that may minimize or eliminate the need for expensive, disruptive hospital transfers.

- **Risk Mitigation**
  - CELOX lessens the time needed to stop bleeding and minimizes blood loss
  - May decrease risk potential and spread of blood borne pathogens
  - May reduce/eliminate the need for transfusion due to blood loss

- **Cost Containment**
  - Effective hemostasis also results in lower costs associated with blood cleanup and abatement products, linen supply, hazardous waste disposal and traditional products associated with treating bleeding such as gauze, bandages, etc. that merely soak up blood but do little to stop bleeding.

  - Minimizing bleeding improves patient care and may decrease anxiety related to bleeding

**Dialysis and INR-Testing Clinics**

CELOX improves efficiencies. Because bleeding is stopped so quickly with CELOX – typically in seconds – timelier patient discharge is facilitated, which may allow additional patients to be treated. Use of CELOX results in less patient monitoring for post-dialysis or INR bleeding, increased staff efficiencies and productivity, and improved patient care and patient experience.

The benefits CELOX provides are innumerable in terms of both patient care and your bottom line.
5. **Who is Most At Risk?**

- Those on blood thinners such as Coumadin, Warfarin, Heparin, Plavix or Pradaxa
  - These medications may compromise clotting factors and cause those prescribed blood-thinners to bleed longer and/or more profusely

- Those who suffer inherited or acquired bleeding disorders such as Hemophilia or the lesser known yet more prevalent VonWillebrand’s disease

- Those who are at risk for injury
  - Those with balance issues
  - Those undergoing rehabilitation
  - Sedentary Individuals – Statistically high injury and wound/sore occurrences

6. **History of Use**

Originally developed for the military in 2005, CELOX is being used around the world by military medics and medical personnel; by police and emergency first responders; for workplace safety and preparedness; and as consumer, sports, athletics and travel first aid.

CELOX is also safe and effective for pets, horses and livestock.

*No information provided will be more compelling than your own experience with CELOX. We look forward to providing CELOX for use in your facility and are confident that CELOX will quickly demonstrate its capacity to improve efficiencies and advance patient care.*

**CELOX Stops Bleeding – FAST!**

*Please See Testimonials, Below*
TESTIMONIALS

Dad Uses CELOX Granules on 4-Year-Old Daughter with Head Gash – Tom - Orlando, FL

My four-year-old daughter recently fell out of bed and hit her head on the night stand. She had an inch-long gash – a pretty big cut for someone so little – and it was literally gushing blood. We called 911 but we couldn’t stop the bleeding and we were pretty panicked.

I remembered we had a pack of CELOX granules in the medicine cabinet so I tore the pack open, poured the granules on, covered the area with a cloth and applied pressure. And just like that – it was over.

The blood gelled and coagulated at the surface and the bleeding stopped almost instantly – in about 20 seconds. And once the bleeding stopped, my daughter calmed right down – and so did my wife. I couldn’t imagine just waiting for the ambulance and doing nothing.

Our daughter still needed to go to the Emergency Room where she needed three surgical staples, but we had completely stopped the bleeding ourselves. The doctors were amazed. They just washed the CELOX granules away and it didn’t re-bleed.

I heard about CELOX from a military buddy of mine who had used it in Iraq. It sounded like a good idea to keep some around so ordered it online but had never needed to use it before.

Thank God we had CELOX – every parent should. I don’t even want to think about what might have happened without it. Thank you for a really amazing product.

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Tree Surgeon – Accident with Chainsaw

Below is a link to a short video clip of the British Broadcasting Corporation (BBC) interviewing a tree surgeon who slipped and swung into the path of his own chainsaw slicing his neck nearly a third of the way around. The air medics who responded had just added CELOX to their medical kits the week before. They credited CELOX by name for having saved the young man’s life. A must watch! [Note: Video is conversational only – not graphic]

http://www.youtube.com/watch?v=k5Fa4N6K81M
**Testimonial for CELOX – Ray H, Rochester, NY**  
*78-Year-Old on Blood Thinners Self-Administers CELOX Nosebleed Dressing to Stop Nosebleeds*

In my 78th year, I had a heart attack and fortunately recovered nicely, but I was required to take a blood thinner. After several months, I had the first nosebleed of my life. The bleeding was so profuse that after several hours of struggling to stop the bleeding, I went to the local Emergency Room. There the doctors placed a balloon in my nostril and inflated it several times over the next few hours, finally stemming the flow of blood. The balloon remained in my nostril for 48 hours. When it was removed by a specialist, the bleeding had stopped.

About four months later, I was preparing for a hiking trip and the bleeding started again. I proceeded directly to the Emergency Room, and after several hours, a nose and throat doctor cauterized my nose repeatedly until the bleeding stopped. I was quite concerned because in a week I intended to visit Colorado to ski and was told by the doctor that both the cold and altitude could have the effect of restarting my nosebleeds.

Upon discussing this problem with a friend, he passed along some CELOX Nosebleed Dressing to me before I went to Colorado. He mentioned CELOX also stops bleeding in hypothermic [cold] conditions. Fortunately, my ski trip was completed without incident. Several months passed and just when I felt that my problem with nosebleeds was behind me, my other nostril started to bleed. I immediately retrieved the nosebleed dressing my friend had sent me and inserted one into the bleeding nostril applying a bit of pressure as directed. Within seconds, the bleeding ceased – no trips to the Emergency Room or to the specialists, no balloon in my nose for days, no cauterizations – and no expensive co-pays.

Today, I had another nosebleed and stopped it within seconds by inserting a CELOX strip. I intend to carry CELOX in my pocket until the doctor takes me off the blood thinner and probably will continue to carry it as a first aid measure.

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"My husband has had a history of nosebleeds his whole life, which are not helped by his heart meds (including Plavix to prevent clots). CELOX is a lifesaver for us! As he travels all over, the ranging altitudes and weather triggers the bleeds. He uses the nose packs and, in most cases, one stops the bleed immediately. We keep a regular supply in his travel kit, our camper, and at home. Thanks so much for making this product available to regular people!"

Diana Starr

Winter is nosebleed season in Western NC. I would like to give you feedback on the use of CELOX nasal pads. I have tried this product in clinic to control nosebleeds. If a patient is on a blood thinner, often times they require 3-5 days of uncomfortable nasal packing to control the bleed and allow the lining to heal. CELOX allows us to stop those bleeds and then cauterize if necessary.

I highly recommend the CELOX nasal dressings, especially in patients who are on blood thinners."

Shannon Hunter, MD  
Otolaryngologist
Testimonials  [Continued]

As it turned out, yesterday afternoon we were called to a fallen climber with an open pelvic fracture who very nearly exsanguinated and died at the bottom of the crag. I used CELOX, and it managed to control his massive external hemorrhage until he reached the hospital via air ambulance.

The Consultant receiving the patient at the hospital was very complimentary about CELOX, saying it probably helped save the young lad’s life. I think you’ll be getting a few more orders from mountain rescue now!
Dr Steve Rowe, Medical officer PDMRO and Edale MRT

"...Regarding CELOX, we have some results from one of the biggest hospitals in Lithuania; they tried it on a man whose hand was crushed in a car accident and they are very happy with the results as the bleeding was stopped very quickly..."
Audrius J

"Had a patient with leukemia yesterday with a head laceration. Older person from a nursing home. Bleeding briskly and large scalp hematoma. Medics milked out hematoma and put CELOX into the wound. Worked like a charm. Her platelet count was low but she still clotted..."
Marv

The case was a 48 year old male with varicose veins in his leg and foot. EMS was called after one began bleeding. Simple pressure was not effective in stopping it. EMS applied CELOX and bandaged the foot. Patient was taken to the ED with no further bleeding. CELOX was washed off and he was discharged without further need for treatment.
Marvin Wayne, MD, FACEP, FAAEM

My son was chasing after his friend when he attempted to put his hand on the door. Needless to say, his hand went through the frosted glass window of the old wooden/glass door! It filleted the skin on his forearm off! As a Certified Athletic Trainer, I tried everything to get it to stop bleeding. I ended up taking him to the ER to which they placed this awesome CELOX material on it. After 2 strips were in place, the capillary bleeding finally stopped!

CELOX is now available for every ATC. I have it in my kit -always! Thank you for such an important product!
Jennifer Rath Semle, MS, ATC
For LTC residents, trip to ED triples risk of infection

Nurse.com News
Monday January 23, 2012

A visit to the ED during nonsummer months was associated with a three-fold risk of acute respiratory or gastrointestinal infection in elderly residents of long-term care facilities, according to a study based in Canada.

The study involved 1,269 elderly residents of 22 long-term care facilities in the Toronto, Ontario, area, and Montréal and Rivière-du-Loup, Quebec. During the study period, September 2006 to May 2008, 424 residents had visited EDs for a variety of conditions, excluding acute respiratory and gastrointestinal symptoms. The researchers focused on visits during nonsummer months because of the higher rate of respiratory and gastrointestinal infections during these months.

Before this study, the researchers said, the only literature available on the risk of respiratory and gastrointestinal infections from ED visits was associated with pediatric patients.

Study participants who went to EDs had a higher rate of chronic illnesses and were more likely to be less independent than residents who did not.

“In our study, a visit to the emergency department between September and May was associated with increased risk of a new respiratory or gastrointestinal infection in the week following the visit, but only in the absence of an outbreak in the resident’s facility,” wrote Caroline Quach, MD, of Montreal Children’s Hospital at McGill University Health Centre, with coauthors.

People who visited an ED had a three-fold risk of contracting a respiratory or gastrointestinal infection, with an incidence of infection of 8.3 per 1,000 resident days in this group compared with 3.4 per 1,000 resident days in the unexposed group.

“Once systemic reasons for the transmission of infection in emergency departments are understood, interventions to reduce the risk should be studied,” the authors wrote. “In the meantime, considerations should be given to the implementation of additional precautions for residents for five to seven days after their return from the emergency department.”


Send comments to editor@nurse.com or post comments below.
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