CELOX™ Z-Fold Gauze (5ft)

How to Use/Recommendations for Removal



Tear open pack, take one end of the CELOX™ Z-Fold Gauze while applying pressure to the wound.



Tightly pack the unfolding CELOX™
Z-FOLD Gauze directly to the source of bleeding, feeding in the CELOX™ gauze until the wound is filled above skin level. Excess gauze can be cut or torn.



Apply FIRM pressure for 3 minutes or until bleeding stops.

If not in a medical facility, transfer patient as soon as possible and show empty packet to medical personnel.



Secure with a dressing to maintain pressure and discard any remaining CELOX™ Z-Fold Gauze.

ATTENTION MEDICAL PERSONNEL:

- **1.** Physically remove CELOX™ Z-Fold Gauze from the wound and any loose surface granules.
- **2.** Fully flood entire wound area with sterile saline irrigation solution.
- **3.** Proceed with normal irrigation and/or suction.
- **4.** Ensure all product is removed from the wound prior to initiation of wound treatment.

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.



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 Sign	ature:
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		Wound Location
☐ Gunshot	(\cap
☐ Laceration/Abrasion	1	
Puncture		
□ Blunt Trauma	1 2-	从-{ } \
☐ Skin Tear	AY.	1 / / / / / / / / / / / / / / / / / / /
Diabetic Foot Ulcer	1//	-1/1 //\÷1/1
☐ Pressure Ulcer	(A)	
☐ Other:		
Hold Pressure Time	1	1).1
☐ I minute		\\()
☐ 3 minutes) } (
☐ 5 minutes	₹	
☐ 10 minutes		se circle the location of the
☐ Other:	WOU	und on the diagram above
Was the Patient Anticoagulated?		
☐ YES,		
If Yes, please list type		
of anticoagulant:		
□ NO		
Was hemostasis achieved?		
☐ YES		
□ NO		