

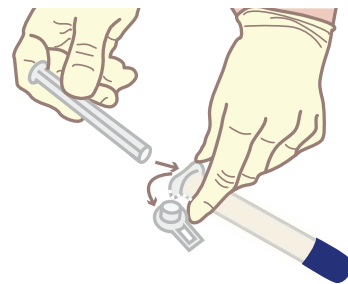
CELOX™-A (6g) Granules in Applicator

How to Use/Recommendations for Removal

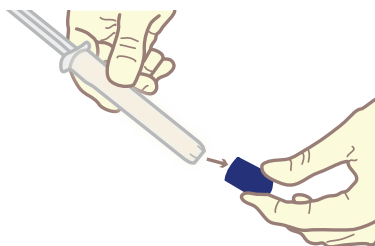


1 Identify the point of bleeding and apply direct pressure. Swab excess blood where practical.

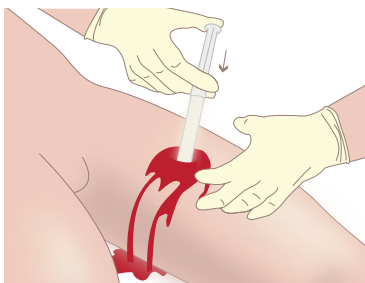
2 Tear open Celox-A packet and select applicator.



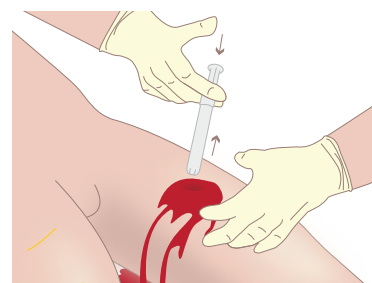
3 To prepare the applicator, remove clear plastic tab from the top of the applicator and insert the plunger into applicator barrel.



4 When ready to apply, remove blue end cap from the applicator.



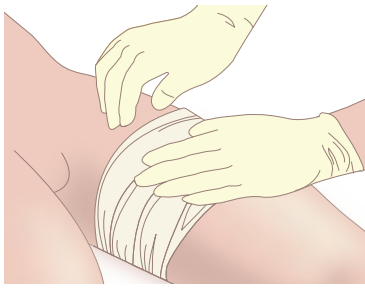
5 Use the applicator to apply the granules to the bleeding site.



6 Slowly push plunger in while withdrawing the applicator and release granules to fill above skin level. Additional applicators or granule packs may be used if necessary.



7 Cover and apply FIRM pressure directly to the wound for 5 minutes. If bleeding persists apply additional pressure until bleeding stops.



8 Secure with a dressing to maintain pressure on the wound. Discard any unused product.

9 If not in a medical facility, seek medical care as soon as possible and show empty pack to medical personnel.

ATTENTION MEDICAL PERSONNEL:

1. Physically remove granules 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: Not indicated for junctional wounds not amenable to pressure. The bleeding site must be visualized prior to application of Celox granules; blind application to a bleeding site should be avoided. 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 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)

Type of Wound

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

Hold Pressure Time

- ☐ 1 minute
☐ 3 minutes
☐ 5 minutes
☐ 10 minutes
☐ Other: _____

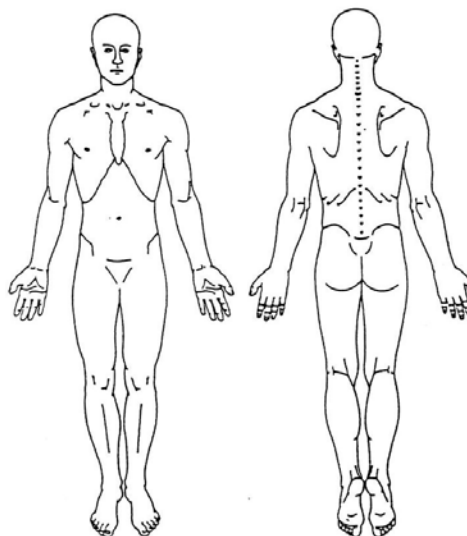
Was the Patient Anticoagulated?

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

Was hemostasis achieved?

- ☐ YES
☐ NO

Wound Location



Please circle the location of the wound on the diagram above

Observations/Results
