



3M Science.
Applied to Life.™

3M™ SoluPrep™ Antiseptic Solutions

2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol











Prep with Confidence.

Helping you Meet Standards and Guidelines

Healthcare associated infections such as bloodstream or surgical site infections can result from organisms that are found on a patient's skin. Effective reduction of the bacterial load on skin through the use of topical antiseptics is therefore a critical infection prevention measure that should be performed prior to invasive procedures that puncture the skin.^{1,2,3}

Efficacy of antiseptics

When antiseptics are compared for persistence and quick kill, a CHG and alcohol prep performs well compared with povidone iodine and alcohol, or any active alone.⁴

ACTIVE	QUICK KILL	PERSISTENCE
CHG + alcohol	Excellent 	Excellent 
Povidone-iodine + alcohol	Excellent 	Moderate 
CHG	Moderate 	Excellent 
Povidone-iodine	Moderate 	Moderate 
Alcohol	Excellent 	None 

Larson, E. APIC guidelines for infection control practice: guideline for use of topical antimicrobial agents. Am J Infect Control. 1988; 16(6):253-65.



Standards and Guidelines for Intravascular Access Devices

Published evidence based guidelines and practice standards recommend the use of chlorhexidine gluconate (CHG) skin antiseptics.

NSQHS: STANDARD 3⁶ <i>(Refer to NHMRC 2010)</i>	“Alcohol-based preparations that have 70% isopropyl alcohol v/v and at least 0.5% chlorhexidine are recommended for procedures penetrating skin (including subcutaneous infusions).”
NICE Guidelines 2014⁷	“The skin should be decontaminated at the insertion site with 2% chlorhexidine gluconate in 70% alcohol and allowed to dry before inserting a vascular access device.”
SHEA/IDSA 2014⁸	“Use an alcoholic chlorhexidine antiseptic for skin preparation. a. Before catheter insertion, apply an alcoholic chlorhexidine solution containing more than 0.5% CHG to the insertion site.”
INS 2016⁹	“Perform skin asepsis using the preferred skin aseptic agent of >0.5% chlorhexidine in alcohol solution”

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For Hospital and Healthcare Professional Use

Antiseptic for preparation of the patient's skin prior to invasive procedure on dry skin sites only. Helps reduce bacteria that potentially can cause skin infection. Efficacy on moist sites such as groin has not been demonstrated. Please refer to product package for complete instructions for use.

SoluPrep™ Antiseptic Wipes

Suggestions for use*:

- Insertion of peripheral catheters
- Central line maintenance
- Percutaneous device insertions and maintenance (eg. chest/feeding tube)
- Blood culture collection



- Fragrance free
- Clear tint does not mask veins or erythema
- Available in small and large wipes
- Maximum treatment area for small wipe is 6cm x 7cm
- Maximum treatment area for large wipe is 10cm x 10cm

SoluPrep™ Antiseptic Swab Small

Suggestions for use*:

- Insertion of peripheral catheters
- Central line maintenance
- Central venous access devices (CVAD) site care
- Percutaneous device insertions and maintenance (eg. chest/feeding tube)
- Blood culture collection



- Fragrance free
- Clear tint does not mask veins or erythema
- Flat foam tip for ease of access during site maintenance
- Maximum treatment area for small swab is 10cm x 11cm

SoluPrep™ Antiseptic Swab Large

Suggestions for use*:

- Insertion of central venous access devices (CVAD)
- Chest tube insertion
- Bone marrow aspiration



- Fragrance free
- Available in both clear and pink tint
- Clear tint does not mask veins or erythema
- Dark pink tint allows the clinician to see where they have prepped
- Broad rounded foam tip for ease of application
- Maximum treatment area for large swab is 20cm x 20cm

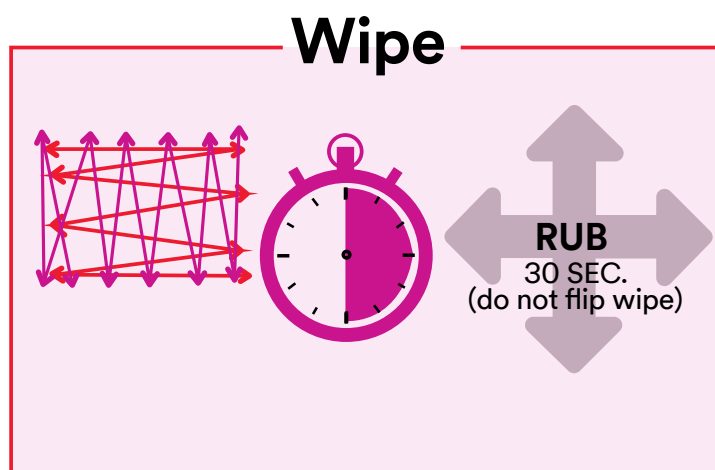
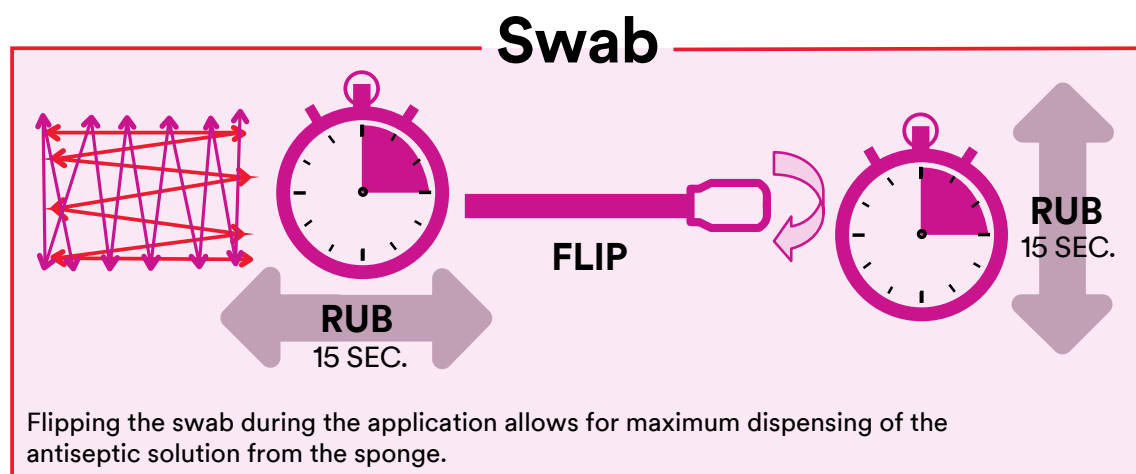
3M™ SoluPrep™ Antiseptic Solutions

2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol

- Fast initial kill with residual activity for up to 72 hours¹⁰
- Effective against most gram-positive and gram-negative bacteria, some fungi and viruses¹¹
- 3M™ SoluPrep™ is registered on ARTG (AUST R).

Application Technique

Dry Site Application Technique shown below:



Apply the antiseptic using a back-and-forth motion in two different directions, as shown, providing gentle friction.

This action promotes binding of the chlorhexidine to the layers of skin and improves efficacy.¹¹

Make sure you apply enough product to adequately cover the intended area. Allow the product to completely air dry before draping the patient.

This provides time for optimal efficacy and decreases the risk of skin irritation or burn. Product is flammable until completely dry.^{10,11}

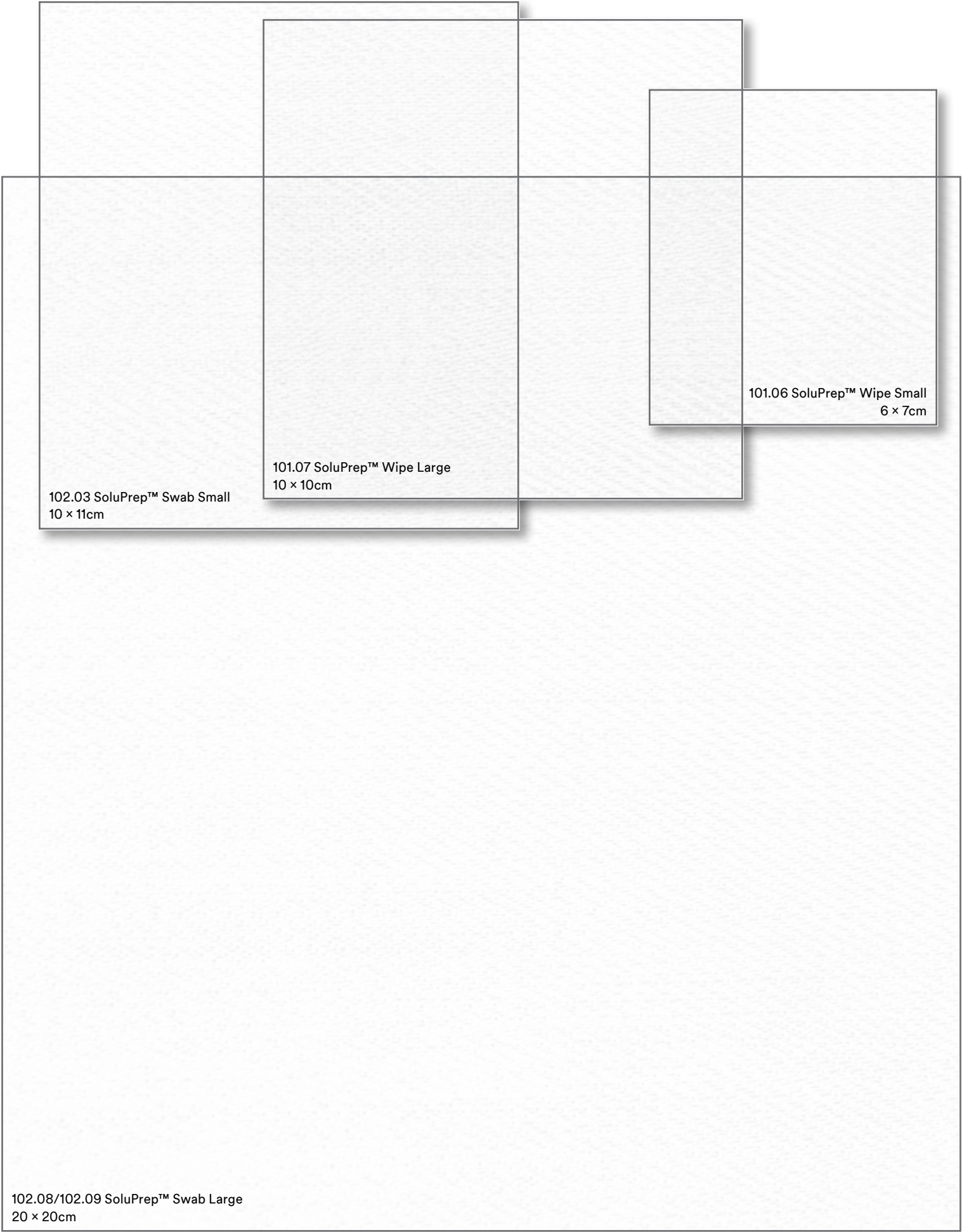
Note: This product is not sterile therefore should not be introduced into a sterile field without appropriate precautions.

Ordering Information

	Product Code	Product Description	Each/Box	Box/Case
	101.06	SoluPrep™ Antiseptic Wipe Small 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 0.65mL of clear solution. ARTG No 226778	200	20
	101.07	SoluPrep™ Antiseptic Wipe Large 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 1.5mL of clear solution. ARTG No 226786	100	10
	102.03	SoluPrep™ Antiseptic Swab Small 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 1.6mL of clear solution. ARTG No 226779	50	10
	102.08	SoluPrep™ Antiseptic Swab Large 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 5.2mL of clear solution. ARTG No 226788	30	10
	102.09	SoluPrep™ Antiseptic Swab Large 2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol contains 5.2mL of tinted solution. ARTG No 226781	30	10

For Hospital and Healthcare Professional Use Only. Please refer to packaging for complete instructions.

Maximum Treatment Area



3M™ SoluPrep™ Range of Products

2% w/v chlorhexidine gluconate and 70% v/v isopropyl alcohol



*For Hospital and Healthcare Professional Use Only.
Please refer to packaging for complete instructions.*

Precautions:

- Do not use on patients with known allergies to chlorhexidine or isopropyl alcohol.
- Tuck towels as needed under the area to be prepped to absorb excess solution.
- Not recommended for use on infants less than two months of age.
- Avoid contact with meninges, eyes, inner ears and mucous membranes as this may cause serious or permanent injury.
- Discontinue use if irritation and redness develops.
- Caution should be exercised with using the product on children's skin.
- Keep out of reach of children. If swallowed, seek medical help.

Warnings:

- For external use only.
- The product is non-sterile and should not be introduced into the sterile field without appropriate precautions.
- Do not use on open skin wounds.
- Flammable, keep away from fire or flame.
- To reduce the risk of fire, apply prep carefully:
 - Solution contains alcohol and gives off flammable vapours.
 - Allow product to evaporate completely prior to use in electrocautery procedures.
 - Do not drape or use ignition source until solution is completely dry.
 - Avoid getting solution into hairy areas.
 - Wet hair is flammable.
 - Hair may take up to one (1) hour to dry.
 - Do not allow solution to drip or pool.
 - Remove any antiseptic soaked material prior to draping.

Did you know Soluprep™ is also now available in the surgical range?

For clinical and sales information, contact your 3M Sales Representative on
1300 363 878 (Australia) or 0800 80 81 82 (New Zealand).

References:

1. Darousiche, R. O., Wall, M. J., Itani, K. M., Otterson, M. F., Webb, A. L., Carrick, M. M., et al. 'Chlorhexidine-alcohol versus povidone-iodine for surgical site antisepsis. New England Journal of Medicine 2010; 362(1):18-26. 2. Lee, I., Agarwal, R., Lee, B., Fishman, N., Umscheid, C., 'Systematic Review and Cost Analysis Comparing Use of Chlorhexidine with Use of Iodine for Preoperative Skin Antisepsis to Prevent Surgical Site Infection.' Infection Control and Hospital Epidemiology, 2012; 31(12):1219-1229. 3. Noorani, I., Rabey, N., Walsh, S.R., Davies, R.J., 'Systematic review and meta-analysis of preoperative antisepsis with chlorhexidine versus povidone-iodine in clean-contaminated surgery. British Journal of Surgery 2010; 97:1614-1620. 4. AORN. Guideline for preoperative patient skin antisepsis. Guidelines for Perioperative Practices. 2017. 5. Larson, E. APIC guidelines for infection control practice: guideline for use of topical antimicrobial agents. Am J Infect Control. 1988; 16(6):253-65. 6. Australian Commission on Safety and Quality in Healthcare. (2010). Australian guidelines for the prevention and control of infection in healthcare. Retrieved from http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_complete.pdf 7. National Institute for Clinical Excellence. (2003). Infection control: Prevention of healthcare associated infection in primary and community care (Clinical guidelines 2). Retrieved from <https://www.nice.org.uk/guidance/cg139> 8. Jonas Marschall, Leonard A. Mermel, Mohamad Fakih, Lynn Hadaway, Alexander Kallen, Naomi P. O'Grady, Ann Marie Pettis, Mark E. Rupp, Thomas Sandora, Lisa L. Maragakis and Deborah S. Yokoe (2014). Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals: 2014 Update. Infection Control & Hospital Epidemiology, 35, pp 753-771 doi:10.1086/591059 9. Gorski L, Hadaway L, Hagle ME, McGoldrick M, Orr M, Doellman D. Infusion therapy standards of practice. J Infus Nurs. 2016; 39(suppl 1):S1-S159 10. 3M data on file. 11. Tanner J., 'Methods of skin antisepsis for preventing SSIs.' Nursing Times; 108:37, 20-22.



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