ATTN TREATMENT FACILITY:
A hemostatic dressing for non-compressible hemorrhage was used in the treatment of this casualty. Each device comprises approximately 92 small hemostatic sponges individually marked with an X-shaped radiopaque marker.

**WARNING:** Triangular segments of the applicator tip (FIG. 1) may break away during treatment and remain in the wound. These segments are visible under X-ray. If any separations occurred, the number of retained applicator tips may be noted on this casualty card.

**FIG. 1: TRIANGULAR SEGMENT OF APPLICATOR TIP**

**PRODUCT REMOVAL INSTRUCTIONS:**
**WARNING:** Sponges must be removed intraoperatively by surgeon with the capability and equipment for achieving proximal and distal vascular control.

1) Survey the wound site and assess potential vascular bleeding sites and develop plan to achieve surgical control of injured vessel(s).
2) Remove sponges from the wound site manually and/or with surgical forceps to the site(s) of bleeding.
3) Thoroughly explore wound and remove all sponges and any triangular segments of the applicator tip.
4) Prior to wound closure, obtain plane X-ray, optimally in more than one projection. The presence of retained sponges may be easily missed on radiographic images. Thoroughly examine X-ray for radiopaque X-pattern of sponges and any triangular segments of the applicator tip that may be inadvertently retained in the wound cavity.
5) If sponges or applicator tip segments are identified via X-ray, carefully re-examine wound cavity and remove them. Perform and review second X-ray to confirm complete sponge and applicator tip segment removal.

**WARNING:**
1) Relying upon minisponge count alone post removal is not an accurate means of determining complete sponge removal from the wound.
2) Careful surgical exploration of the wound site is required to ensure complete sponge removal from the wound.
3) Confirmation of complete removal from the wound by X-ray is required to search for possible retained minisponges.
4) Review of X-rays to identify potential retained XSTAT minisponges should be performed by physicians trained to review surgical X-rays.
5) While the minisponges are designed with an X-pattern radiopaque marker, it may be confused with other radiopaque material in the wound, such as bone chips and wound clips.

SEE PACKAGE INSERT FOR ADDITIONAL INFORMATION
**Notes:**

No. of XSTAT applied: 1 2 3

**DRUGS (Type / Dose / Route):**

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<th>Fluids: NS/LR</th>
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<th>1500</th>
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<tr>
<td>Heimlich</td>
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<tr>
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**Other:**

- Pressuredex IV 10 XSTAT
- C: 10 Hemostatic Packed
- B: Chest Seal, Needle Chest Tube
- A: Intact Adjunct Circ Intubated

**TIME:**

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<th>BLAST</th>
<th>MVA</th>
<th>Other</th>
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**Allergies:**

**Name:**

**DTC:**

**Unknown:**