

XSTAT[®] 30

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.

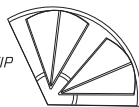


FIG. 1: TRIANGULAR SEGMENT OF APPLICATOR TIP

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

1-Pack Part Number: FIN-0001-03
NSN 6510-01-644-7335

REVMED X[™]

RevMedx, Inc.
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Wilsonville, OR 97070
PH: 503.218.2172 www.RevMedx.com
Label ID: RAW-0019-21
Label Date Issuance: 2017-05-15

Name/ID: _____

DTG: _____ Allergies: _____

Friendly _____ Unknown _____ NBC _____

TQ
TIME

FRONT



BACK



GSW BLAST MVA Other: _____

TIME				
AVPU				
PULSE				
RESP				
BP				

A: Intact Adjunct Cric Intubated

B: ChestSeal Needled ChestTube

C: TQ Hemostatic Packed

PressureDx IV IO XSTAT

FLUIDS: NS/LR 500 1000 1500

Hexend 500 1000

Others:

DRUGS: (Type / Dose / Route):

Pain

Abdx

No. of XSTAT applied: 1 2 3

Notes: _____

Medic's Name: _____