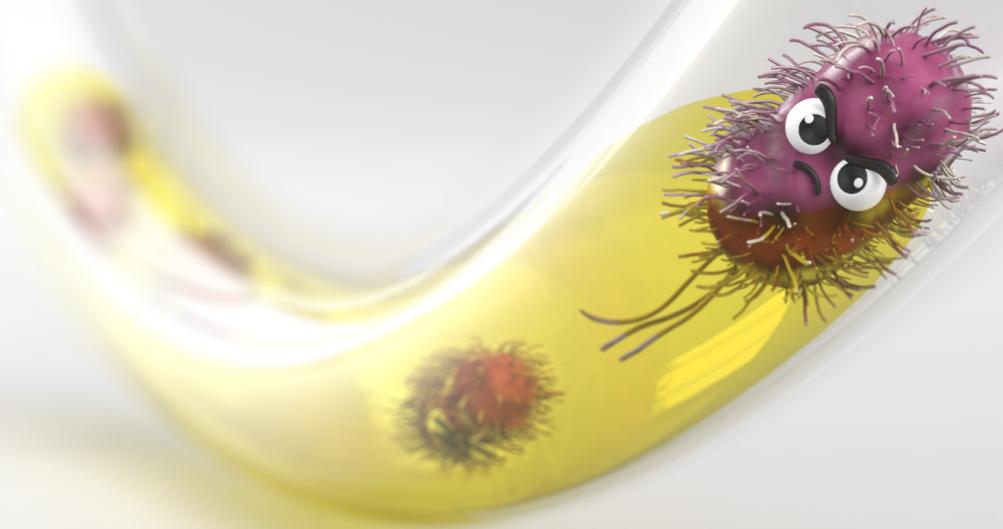


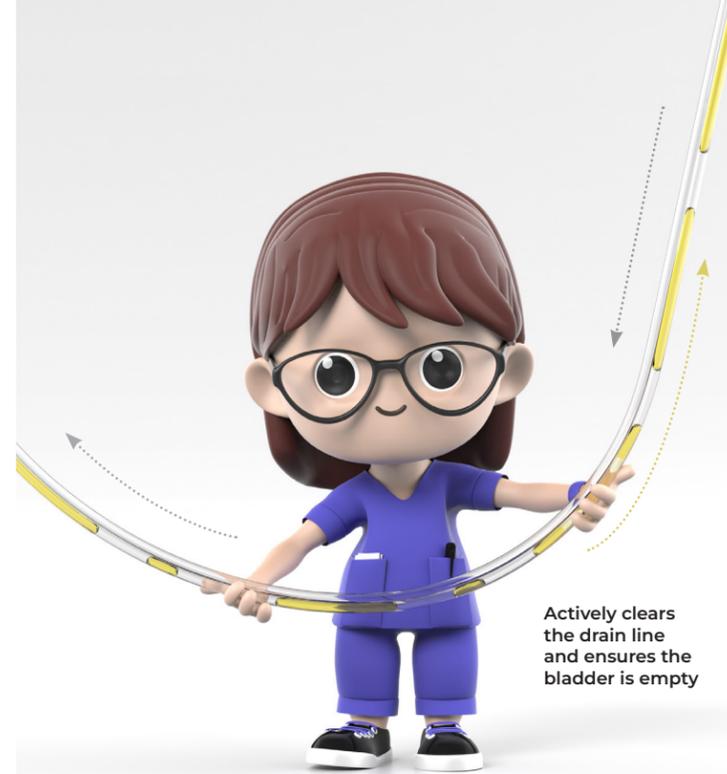
Reduce infections  
by eliminating  
stagnant drains



# TEAM PURPLE

#ProtectTheKidney

Accuryn® features the only technology with a continuous intra-abdominal pressure (IAP) catheter equipped with Active Drain Line Clearance, designed not only to reduce the risk of CAUTI but also address the shortage of nursing resources.



## ✓ KNOW THE FLOW

Help reduce the risk of CAUTI with our innovative Active Drain Line Clearance

When your patient requires a Foley catheter, choose one that not only delivers precise data to guide care but is also specifically designed to minimize CAUTI risks with Active Drain Line Clearance:

- Prevents airlocks: no more “milking” the Foley
- Clears dependent loops to ensure the bladder is empty
- Ensures what goes out stays out with 2 one-way valves to maintain hygiene and safety



## ✓ KNOW THE OUTPUT

Maximize your time for patients with streamlined urine output monitoring

Accurately track urine output every hour, on the hour, with consistency.

The benefits:

- Accurate data to guide clinical decisions
- Improves work flow to reduce cognitive fatigue
- Omit a manual task that can lead to noncompliance and missed opportunities for early interventions



## ✓ KNOW THE PRESSURE

Catch problems early with continuous intra-abdominal pressure (IAP) data

Continuous IAP that you can act on immediately:

- Reliable, accurate and non-technique dependent measurements
- Rapid IAP values at the press of a button in just over a minute
- Efficient communication among the care teams to ensure you have the crucial data needed to make informed decisions quickly

## Simplified Kidney Surveillance

If the Accuryn detects that a patient's kidneys are in distress, based on KDIGO guidelines, a notification will be provided at the bedside. This early **notification** can be crucial in getting the patient the care they need right away.

## Electronic Medical Record

Accuryn easily shares its data with the hospital's **EMR system**, which can decrease errors and ensure accurate data is available to multiple stakeholders that are committed to patient outcomes and quality metrics.





# Watch it work!



- Omits “milking the Foley” and dependent loops
- One-way valves prevent discharged urine from re-entering the body
- Accurate hourly UO listed on the screen
- AKI notifications
- EMR connectivity



- Sensor at the tip of the Foley automatically senses IAP
- No setup required!
- No Calibration required!
- Accurate UO and Continuous IAP measurements: trending on Accuryn display
- Designed to reduce the risks associated with CAUTI

## KNOW THE FLOW



**2023 CAUTI Guideline Update**



**Peer reviewed publication**

- Peer reviewed publication
- 7-year study
- 2,200+ patients there was
- 10x reduction in - CAUTI
- Burn center went from having ~12 CAUTI/year to going 452 days with ZERO CAUTI

Refer to IFU-06-2845 for more details and risks associated with this product.

## KNOW THE PRESSURE



**WSACS Guidelines**

**AACN Procedure Manual for Progressive and Critical Care**

(Chapter 99)

### Common risk factors for increased IAP:<sup>1</sup>

- Large volume crystalloid infusions
- Major Burns
- Major abdominal surgery
- Trauma
- Acute pancreatitis
- High volume blood transfusion
- Decompensated cirrhosis
- Intra abdominal infections

<sup>1</sup> Evidence Based Practice of Crit. Care 3rd Ed 2020

## KNOW THE OUTPUT

**Urine Output Assessment in Acute Kidney Injury: The Cheapest and Most Impactful Biomarker<sup>1</sup>**

### Challenges obtaining accurate UO:

- The average ICU Nurse does 125 tasks per hour.<sup>2</sup>
- Traditional Foleys are susceptible to airlocks that can lead to urine retention in the tube and bladder.<sup>3</sup>
- Consistency of care is compromised as standards for monitoring and reporting UO vary between ICUs.<sup>4</sup>

### Advantages of automated and accurate UO:

- Intensive urine output monitoring is associated with increased detection of AKI and improved outcomes.<sup>4</sup>
- Serum creatinine is considered a lagging indicator of AKI that only increases when >50% of renal function is lost.<sup>5</sup>
- Consistency of care

<sup>1</sup> Goldstein Front. Pediatr. 7:565. doi:10.3389/fped.2019.00565

<sup>2</sup> Douglas et al. Nurs Res. 2013

<sup>3</sup> J Burn Care Res. 2017 Jan-Feb; 38(1): e409–e417

<sup>4</sup> Jin et al. CHEST 2017

<sup>5</sup> Mårtensson J, et al, Brit J Anaesth. (2012) 109:843-50. doi: 10.1093/bja/aes357

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