

Residual protection for up to six hours

Clinell Chlorhexidine Bathing Range contains 2% chlorhexidine digluconate which reduces harmful bacteria that can be found on skin whilst binding to the skin for many hours after application to provide residual protection.

Ideal for daily bathing in an ITU setting

Also ideal as a bed bath for pre-admission patients.

Provides rapid bactericidal action

Helping to protect against a wide variety of microorganisms that cause infections.

Full body wash

The pack contains 8 wipes enabling each area to be effectively cleaned without wiping multiple areas with the same cloth.

Use hot or cold

Heat in a Clinell Warmer for a warm wash cloth or use un-warmed.

Antibacterial barrier

Unlike conventional soaps and body washes, chlorhexidine binds to act like an invisible antibacterial barrier which continues to reduce bacteria on the skin for many hours. This gives an extra level of protection during hospital stay and procedures.

CHLORHEXIDINE BATHING RANGE

In 88 US hospitals 62.2% of bath basins were contaminated with commonly encountered hospital-acquired pathogens¹.



Safe solution

Clinell Chlorhexidine Bathing Range removes the risk of microorganism transmission associated with wash bowl contamination. This reduces the associated risk of lifting and carrying heavy bowls of solution and the risk of spills and potential falls^{1,2,3}.

Quick and easy to use

Wipes replace the need for cumbersome traditional patient cleansing methods which include preparing bowls, washcloths, chlorhexidine solution and water. They require no towel drying which decreases waste, increases staff compliance and saves money.

Reduces transference

Improved patient cleanliness reduces the number of microorganisms available to transfer to healthcare workers, visitors and the environment.



Wash basins can create spills which can lead to slips and accidents.



When a cloth is dipped back into the basin, organic matter and bacteria is introduced.



When the basin is emptied microorganisms can be retained within the basin.



Microorganisms thrive in wet and warm conditions, multiplying exponentially over time.



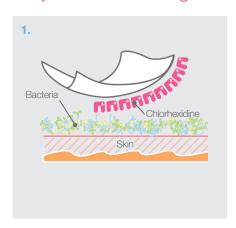
When the basin is refilled for the next patient, the microorganisms are viable within the water.



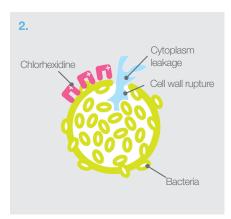
The next patient is then 'cleaned' with contaminated water.

Wiping with chlorhexidine digluconate is proven to reduce the spread of pathogens in healthcare settings. Current evidence supports the effectiveness of chlorhexidine wipes in an intensive care, hospital and pre-admission setting.

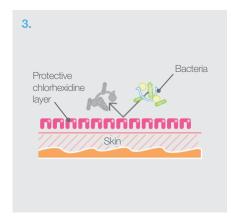
Why chlorhexidine digluconate is effective



The positively charged chlorhexidine molecule is attracted to the negatively charged cell wall of the bacteria.



The chlorhexidine binds to the cell wall causing it to rupture, leading to cytoplasm leakage, lysis and cell death.



Positively charged chlorhexidine molecules bind to the proteins in human tissues which consequently releases them slowly to provide a layer of prolonged protection.



The Clinell Warmers are suitable for CBB8, CBBGL8, PRSHMC1, CHGWC8, CHGWGL8 and CHGCS1.

Contains 2% chlorhexidine digluconate which kills harmful bacteria usually found on skin.

PRODUCT	UNIT OF ISSUE	CODE	NHSSC
Chlorhexidine Wash Cloths	Box of 12 packs (each containing 8 wipes)	CHGWC8	VJT406
Chlorhexidine Wash Gloves	Pack of 8	CHGWGL8	MRA239
Chlorhexidine Shampoo Cap	Single unit	CHGSC1	VJT266

CHLORHEXIDINE BATHING RANGE

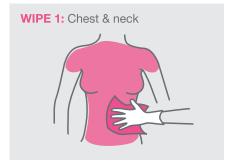
Large, disposable, antiseptic body cleansing cloths, gloves and shampoo cap provide the perfect solution for pre-admission or ITU bathing.



Directions for use

Use one glove/cloth on each of the areas below, allow to air dry. Skin will feel sticky for a short while as the chlorhexidine binds to it. The pack can be heated in a Clinell Warmer, microwaved (750W) for 15 seconds, unless otherwise indicated, or used un-warmed.



















REFERENCES

- Marchaim et al. Hospital bath basins are frequently contaminated with multidrug-resistant human pathogens. Am J Infect Control. 2012 Aug;40(6):562-4. doi: 10.1016/j.ajic.2011.07.014. Epub 2011 Dec 16.
- Johnson D et al. Patients' bath basins as potential sources of infection: a multicenter sampling study. Am J Crit Care. 2009 Jan;18(1):31-40. doi: 10.4037/ajcc2009968
- 3. Ford, S. Clover, B. Antibiotic resistant bacteria risk from hospital sinks. The Department of Health. 2010.

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