



Remedy

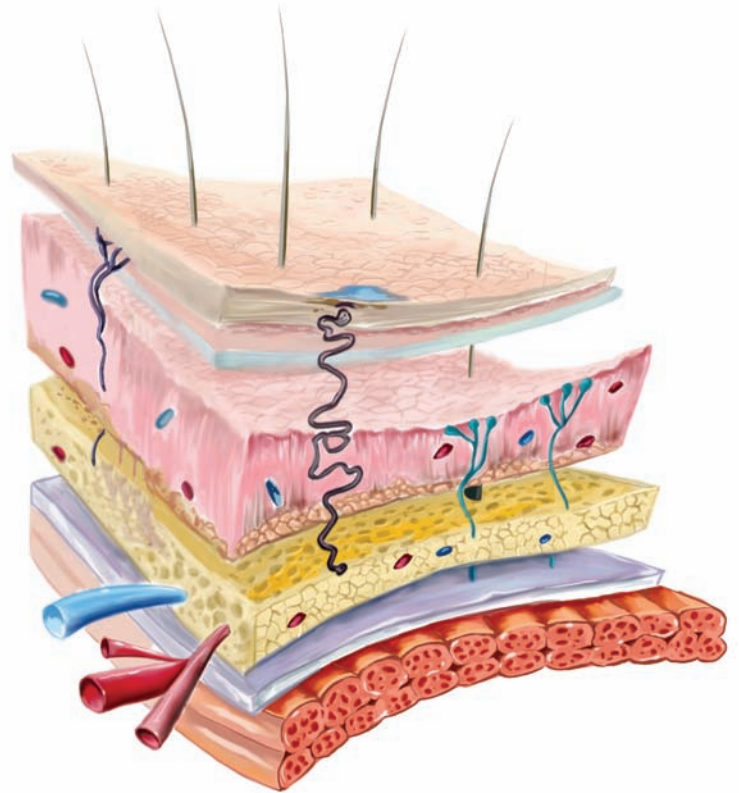
Advanced Skin Care System





At last there's a REMEDY

To understand the Remedy Advanced Skin Care System is to understand the skin itself. First and foremost, the skin is an organ, and like any other organ of the human body it requires its fair share of care. While most equate this attention with cleansing, moisturizing, protecting and treating, by doing so they do not see the greater picture. These are merely physical actions and do not take product selection into consideration. Complete topical skin care does not end until the product meets the skin.



How Is Remedy Different?

1. Remedy is the gentle solution for most skin issues. By avoiding the use of harsh soaps and detergents, and only using naturally-derived phospholipids to lift the dirt and oils from the skin, Remedy ensures that the structure and integrity of the already compromised skin is not damaged any further. Moreover, the Remedy line is proven to be non-cytotoxic, non-sensitizing, non-irritating and non-allergenic.
2. Remedy skin protectants contains silicones powerful enough to help prevent excessive transepidermal water loss (e-TEWL), yet unlike petroleum-derived products, will not occlude the skin's natural breathability. In addition to these silicones, Remedy also uses ingredients such as zinc oxide to help protect the skin from moisture, incontinence, perspiration or wound exudate.
3. Remedy nourishes the skin with a unique blend of Olivamine®, natural oils and emollients. This step does not require additional effort because every Remedy product delivers nourishment along with its primary application.

The Components of Remedy

| Agents | Description |
|--|---|
| The 3 most abundant amino acids in pre-collagen and collagen – glycine, N-acetyl-L-cysteine and L-proline* | These amino acids are the main building blocks of collagen. Without a plentiful supply, collagen cannot be formed. |
| Vitamins A, B ₃ *, B ₆ *, C and D ₃ | Supports the ability of the skin to efficiently utilize amino acids and other nutrients. |
| Very potent antioxidants – Hydroxytyrosol (extracted from olives) and L-taurine* | Helps neutralize free radicals that can damage the skin. |
| Methylsulfonylmethane (MSM)* | MSM supports amino acid utilization and offers antioxidant properties. |
| Natural oils including: olive oil, safflower seed oil, canola oil, sunflower seed oil | Helps maintain the natural barrier of the stratum corneum and provides Omega-3 fatty acids to the skin. |
| Organic aloe vera | Soothes and conditions the skin. |
| Phospholipids | Allows no-rinse cleansing and conditioning of the skin without stripping natural oils. |
| Several silicones, including Dimethicone | Provides breathable protection to the skin from external moisture elements, and aids in the retention of ideal hydration. |

*Present in Olivamine



Proven Results

Reducing Hospital-Acquired Pressure Ulcers By Implementing a Skin Care Regimen* – Evaluating Cost and Outcomes

Shannon RJ, Coombs M, Chakravarthy D. Reducing hospital acquired pressure ulcers with a silicone-based dermal nourishing emollient skin care regimen in a hospital medical unit – evaluating the cost and consequences. *Advances in Wound and Skin Care*. Accepted for publication in 2009.

Objective

The aim of this evaluation was to determine the effect of a Silicone-Based Dermal Nourishing Emollient (SBDNE) regimen on the reduction of pressure ulcers and costs in a hospital medical unit.

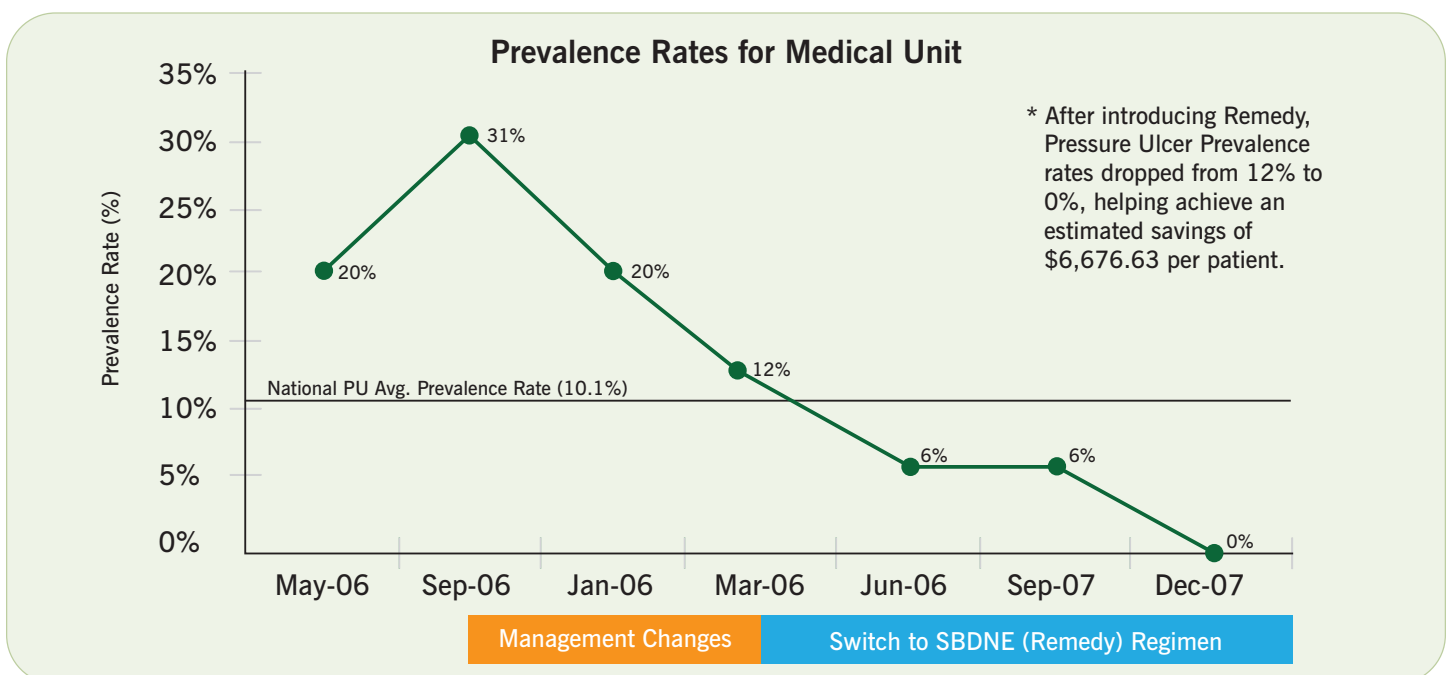
Study Design

- A hospital in the western region of the United States measured hospital-acquired prevalence rates of pressure ulcers in patients from May 2006 to December 2007.
- A retrospective, longitudinal design is used to examine the changes in pressure ulcer prevalence rates and the economic effect of introducing a silicone-based dermal nourishing emollient regimen into an existing pressure ulcer prevention protocol.
- A comparison using parametric and non-parametric methods was used to determine statistical differences in the likelihood of hospital-acquired pressure ulcers before and after implementation of SBDNE.
- Cost estimates from the literature are used to estimate the economic impact of pressure ulcer treatment before and after the implementation of SBDNE.

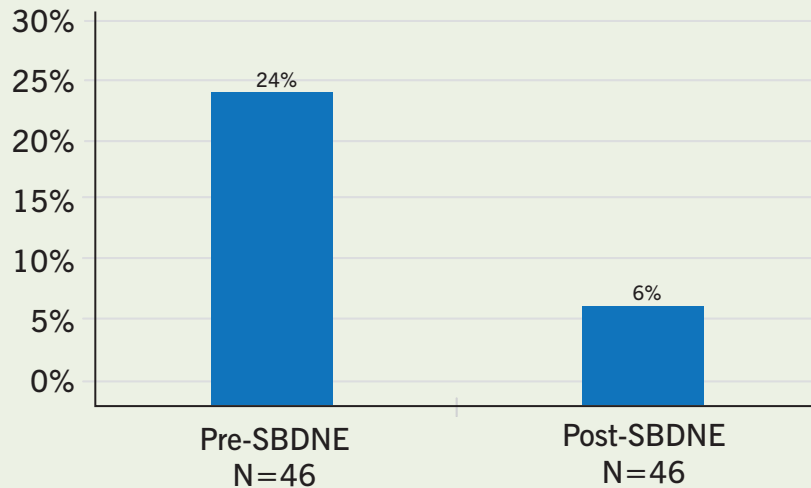
Findings

A multi-brand skin care regimen was replaced by a single-brand skin care regimen of products containing SBDNE. After this single-brand regimen was introduced into an existing pressure ulcer prevention program, **the incidence of hospital-acquired pressure ulcers fell to 0 percent after 8 months.**

- **Estimated savings was \$6,676.63 per patient admitted to the medical unit following implementation of the single-brand SBDNE skin care regimen.**



Likelihood of Acquiring a Pressure Ulcer in a Medical Unit



* After introducing Remedy, the likelihood of acquiring a pressure ulcer dropped from 24% to 6%.

May Acquire a Pressure Ulcer

Estimated Cost Savings from SBDNE (Remedy) Skin Care Regimen

| | Baseline | Management Changes | | SBDNE Implementation | | | |
|---|--------------|--------------------|--------------|----------------------|-----------|----------------|---------------|
| | May 2006 | September 2006 | January 2007 | March 2007 | June 2007 | September 2007 | December 2007 |
| Number of Patients | 15 | 16 | 15 | 17 | 16 | 17 | 14 |
| Number with Pressure Ulcers | 3 | 5 | 3 | 2 | 1 | 1 | 0 |
| Estimated Hospital Cost for Treatment (# x \$37,800) | \$113,400 | \$189,000 | \$113,400 | \$75,600 | \$37,800 | \$37,800 | 0 |
| Total Costs | \$415,800.00 | | | \$151,200.00 | | | |
| Total Cost Savings | | | | \$264,600.00 | | | |
| Cost of Pressure Ulcer Treatment per Admitted Patient in the Medical Unit | \$9,039.13 | | | \$2,362.50 | | | |
| Average Cost Savings per Admitted Patient in the Medical Unit | | | | \$6,676.63 | | | |

Skin Care Steps

Nourish Providing a complete meal for the skin without routine disruption.

Cleanse Total body, all-natural cleansing with phospholipids-based products.

Moisturize Complete face-to-toe moisturizing to maintain healthy skin.

Protect Protection from moisture evaporation (e-TEWL) and contact with moisture that occurs during episodes of incontinence, wound drainage, etc.

Treat For the safe and effective removal of common fungal infections.

Nourish

Cleanse

Moisturize

Protect

Treat

Remedy Cleansing Body Lotion

No-Rinse Cleansing Body Lotion moisturizes and provides light protection from incontinence. Indicated for the cleansing of the face, body, perineal and peristomal areas.

Accomplishes four skin care steps in one application

Remedy Cleansing Body Lotion cleanses, moisturizes, protects and nourishes the skin in one application. Leaves skin feeling fresh and silky. Optimizes shelf space and nursing time. Convenient trigger spray yields more than 280 sprays.

Leaves behind a protective moisture barrier

No-rinse formula easily cleanses and removes sticky barriers and pastes, avoiding unnecessary friction on the skin. Added dimethicone helps protect skin from light incontinence and avoid e-TEWL.

Contains phospholipids to gently clean and condition

Harsh soaps and surfactants strip skin of moisture and contribute to e-TEWL. Remedy cleansers have a phospholipid base to gently clean and condition the skin. As is the case with the complete Remedy line, these cleansers contain ingredients derived from natural oils that mimic the body's natural lipids, match the pH of the skin, and aid in the preservation of the stratum corneum. Ideal as a no-rinse bedside cleanser, or in the shower to replace soap.

Other recommended products:

If the patient is incontinent, a Remedy skin protectant such as Remedy Dimethicone Skin Protectant, Nutrashield™, Calazime® Protectant Paste or Clear-Aid™ Skin Protectant should be used.



Uses

- Temporarily protects and helps relieve chapped or cracked skin.
- Cleanses, moisturizes, nourishes and protects skin.
- It can be used on face, body and perineal area.

Active ingredient

Dimethicone 1.5%Skin protectant

Purpose

Inactive Ingredients

Aloe Barbadensis Leaf Juice, Ascorbic Acid, Ascorbyl Palmitate, Carthamus Tinctorius Seed Oil, Cetyl Alcohol, Cholecalciferol, Citric Acid, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Cocamidopropyl PG-Dimonium Chloride Phosphate, Diazolidinyl Urea, Glycerin, Glyceryl Stearate, Glycine, Hydroxytyrosol, L-proline, L-aurine, Methylparaben, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinamide, Olea Europaea Fruit Oil, Oleth-5, PEG-8, PEG-100 Stearate, Polysorbate 60, Propylene Glycol, Propylparaben, Pyridoxine HCl, Retinyl Palmitate, Stearic Acid, Stearyl Alcohol, Tetrasodium EDTA, Tocopherol, Triethanolamine, Vanillin, Water, Zea Mays Oil.

| Item No. | Description | Pkg. |
|------------|------------------------------------|-------|
| MSC094308 | Cleansing Lotion, 8 oz. | 12/cs |
| MSC094308H | Cleansing Lotion, 8 oz. | each |
| MSC094320 | Cleansing Lotion, 32 oz. with Pump | 12/cs |
| MSC094320H | Cleansing Lotion, 32 oz. with Pump | each |

Investigating a Novel Treatment for Ichthyosis

Fleck C. Presented at The Symposium on Advanced Wound Care, San Antonio, TX. 2006.

Background

Born with the genetic abnormality Ichthyosis, a scaling skin disorder, this 44-year-old male had been in search of products that would help manage his condition better. He had unsuccessfully used rock salt, scrubbing with a wire brush, motor oil soaks, clear plastic wraps, bleach soaks, topical salicylates, polyhydroxy acid-containing lotions and oral retinoids.

Objective

While there is no cure yet for Ichthyosis, this study sought to provide improvement and management of its effects on the skin by providing a complete skin care system.

Methodology

The protocol included daily cleansing with Remedy Cleansing Body Lotion. Once dry, the Skin Repair Cream was applied, followed by Nutrashield to decrease e-TEWL. For areas of odor and other high-risk areas, the Antimicrobial Cleanser was used.

Results

During the first week of treatment, the test area began to exfoliate and the patient reported an immediate decrease in discomfort. By week two, partial areas of 'normal' appearing skin on the left arm were visible. By week three, the entire test area was clearing. At week four JM reported relief of skin symptoms and improved skin appearance.

* Adapted from the original study

Clinically Tested to be:

- Non-Cytotoxic
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic



Dermatologist Tested



Left anterior arm before treatment.



Left upper anterior arm before treatment, close up. Note fibers from patient's clothing embedded in skin scales.



Left anterior arm close-up shows nearly normal skin after three weeks of treatment with Olivamine-containing skin care products.



Left anterior arm completely clear and free of scales in treatment area after less than four weeks of therapy with Olivamine-containing skin care products.

Remedy Foaming Body Cleanser

No-rinse foam for head-to-toe cleansing and conditioning. Indicated for hair, face, body, perineal and peristomal areas.

Easy-to-use, no-rinse foam

Ready-to-use, no-rinse foam stays in place to prevent product spills, waste and patient discomfort. One bottle contains more than 340 pumps of foam. Ideal for bedside care or even shower and bathtub use.

Contains phospholipids to gently clean and condition

Harsh soaps and surfactants strip skin of moisture and contribute to e-TEWL. Remedy cleansers are designed to be biomimetic, a term meaning to imitate nature. Rather than use detergents found in ordinary cleansers, Remedy products use phospholipids that can gently cleanse and condition the skin without stripping it of its natural oils.

Tested to be tear-free

While all Remedy cleansers are tested to be non-irritating, non-sensitizing, non-allergenic, and non-cytotoxic, the Foaming Body Cleanser has the unique claim of being tear-free as well.

Other recommended products:

If the patient is incontinent, a Remedy skin protectant such as Remedy Dimethicone Skin Protectant, Nutrashield, Calazime Protectant Paste or Clear-Aid Skin Protectant should be used.



Uses

- Mild head-to-toe cleanser, can be used as a no-rinse or rinse-off.
- Helps relieve chapped or cracked skin.
- Minimizes the drying effects of wind and cold weather.

Ingredients

Water, Cocamidopropyl PG-Dimonium Chloride Phosphate, Aloe Barbadensis Leaf Juice, Disodium Cocoyl Glutamate, Polysorbate 20, Pyridoxine HCl, Niacinamide, Glycine, L-taurine, N-acetyl-L-cysteine, Methylsulfonylmethane, L-proline, Hydroxytyrosol, Allantoin, Linoleamidopropyl PG-Dimonium Chloride Phosphate Dimethicone, Disodium Lauroamphodiacetate, Propylene Glycol, Disodium EDTA, Diazolidinyl Urea, Methylparaben, Propylparaben, Vanillin, Citrus Aurantium Dulcis Peel Oil, Citrus Tangerina Peel Oil, Citrus Grandis Peel Oil.

| Item No. | Description | Pkg. |
|------------|------------------------------|-------|
| MSC094105 | Foaming Body Cleanser, 5 oz. | 12/cs |
| MSC094105H | Foaming Body Cleanser, 5 oz. | each |
| MSC094109 | Foaming Body Cleanser, 9 oz. | 12/cs |
| MSC094109H | Foaming Body Cleanser, 9 oz. | each |

Phlebolymphe^oedema: Management of Dermal Changes and Wounds

Brennan A. Presented at the Clinical Symposium on Advances in Skin and Wound Care, Orlando, FL. 2006.

Background

Lymphedema is an expression of saturation in the compensation mechanisms typical of the lymphatic system. Phlebolymphe^oedema compromises the microvascular and lymphatic systems, reducing cellular oxygen and nutrients and thereby affecting skin health and interfering with wound healing. Often this proves to be a sizable barrier in proper skin cleansing and care.

Objective

Implement a Remedy Advanced Skin Care System to decrease swelling, reduce the pain, address odor, and improve the skin so the individual could resume daily functional activities.

Methodology

The skin was cleansed using Remedy Foaming Body Cleanser, a phospholipids-based product. Next a Remedy silicone-based moisturizing skin protectant was applied as needed. If a wound was present, appropriate wound care was provided, including debridement, followed by the application of wound dressings.

Results

After a combination of treatments including manual lymphatic drainage (MLD), the application of Medline Remedy[®] products, compression bandaging, and vasopneumatic therapy, the skin condition improved and the lymphorrhea resolved. Pain was reported at zero and odor was eliminated.

* Adapted from the original study

Clinically Tested to be:

- Tear-free
- Non-Cytotoxic
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic



Dermatologist Tested



3-31-06 Posterior view.



3-31-06 Bilateral anterior view.



4-6-06 After nine treatments, anterior view.

Remedy Antimicrobial Cleanser

No-rinse cleanser for bioburden reduction as well as head-to-toe cleansing and conditioning. Indicated for hair, body, perineal and peristomal areas.

Four steps in one

Remedy Antimicrobial Cleanser cleanses, moisturizes, helps provide protection against microorganisms and nourishes the skin all in one step. By combining these steps into one easy-to-use product, this optimizes shelf space and reduces nursing time.

Reduces bioburden and odor

Contains benzalkonium chloride to help protect against microbial contamination associated with perineal and peristomal care or other odorous areas. It also aids in reducing odors associated with excessive bioburden.

Compatible with Silicone and Polyurethane Catheters, Connectors and Caps

Other recommended products:

When additional moisture is needed and skin is prone to breakdown, use Remedy Skin Repair Cream to help moisturize and provide additional nutrients to the skin.

If the patient is incontinent, a Remedy skin protectant such as Remedy Dimethicone Skin Protectant, Nutrashield, Calazime Protectant Paste or Clear-Aid Skin Protectant should be used.



Uses

- A no-rinse topical antiseptic that protects against microbial contamination.

Active ingredient

Benzalkonium Chloride 0.12%Antimicrobial

Purpose

Inactive Ingredients

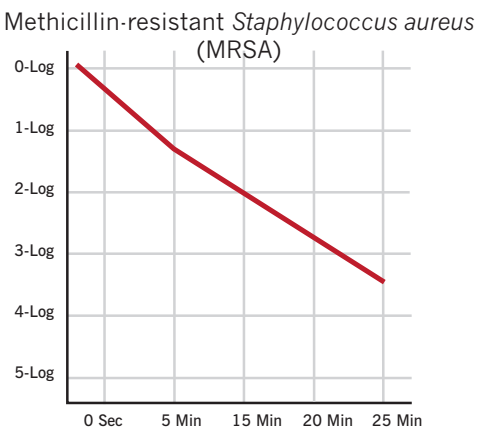
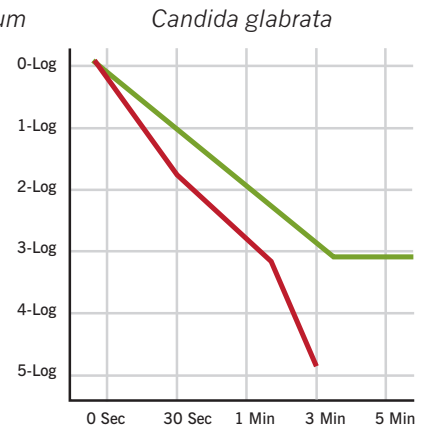
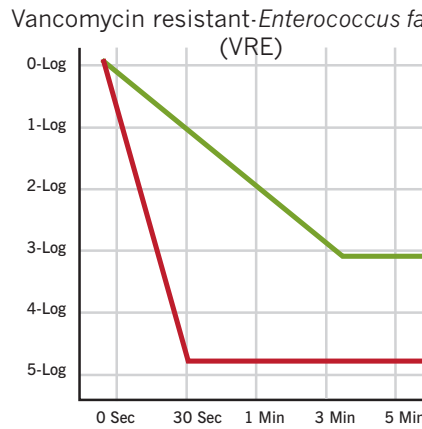
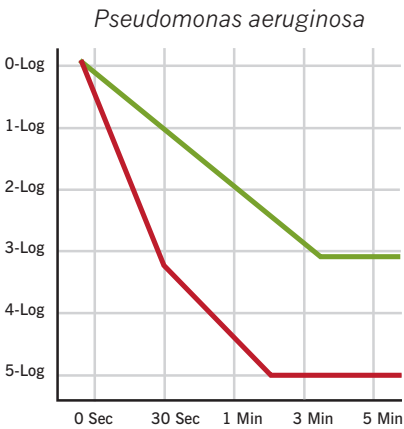
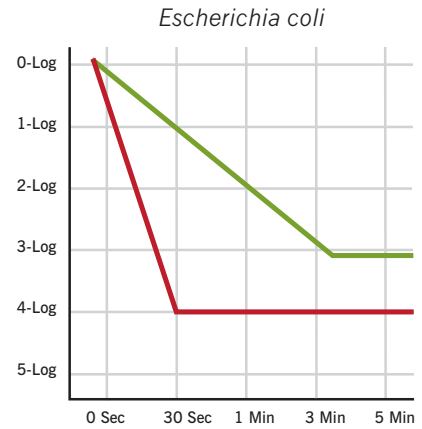
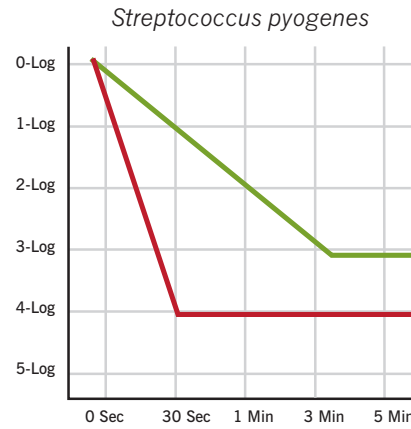
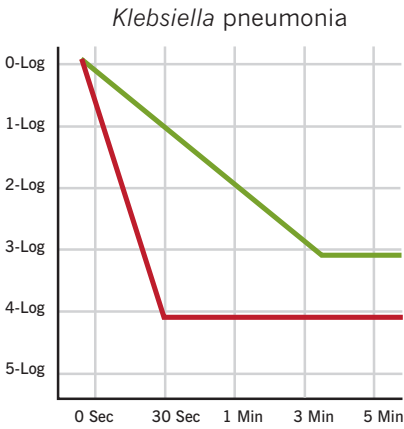
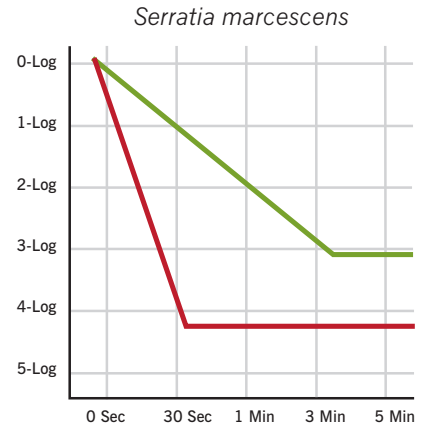
Aloe Barbadensis Leaf Juice, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Diazolidinyl Urea, Glycerin, Glycine, Hydroxytyrosol, L-proline, L-taurine, Methylparaben, Methylsulfonylmethane, N-acetyl- L-cysteine, Niacinamide, Polysorbate 20, Propylene Glycol, Propylparaben, Pyridoxine HCl, Tetrasodium EDTA, Vanillin, Water.

| Item No. | Description | Pkg. |
|------------|-------------------------------|-------|
| MSC094204 | Antimicrobial Cleanser, 4 oz. | 24/cs |
| MSC094204H | Antimicrobial Cleanser, 4 oz. | each |
| MSC094208 | Antimicrobial Cleanser, 8 oz. | 12/cs |
| MSC094208H | Antimicrobial Cleanser, 8 oz. | each |

Efficacy Testing*

Recent changes in CMS policies are designed to promote the reduction of hospital-acquired infections (HAIs). To assure efficacy of the Remedy Antimicrobial Cleanser, it has been tested against the most common microorganisms in a health care setting.


*Data on file



Clinically Tested to be:

- Non-Sensitizing
- Non-Allergenic

Dermatologist Tested



Remedy Skin Repair Cream

Remedy Skin Repair Cream helps restore the skin's natural moisture balance. Indicated for all patients, including those who are at high risk for skin breakdown.

Helps deliver water and nutrients to skin

Remedy Skin Repair Cream uses water molecules to not only moisturize the skin but also deliver the nutrients of Olivamine (amino acids, antioxidants, vitamins, MSM) to the cells. Once absorbed, the natural oils and essential fatty acids aid the skin repair process. While all Remedy products contain Olivamine, Skin Repair Cream contains twice the amount of any other product.

Protection for at-risk patients or for daily therapeutic use

Remedy Skin Repair Cream is specially formulated for patients who are at-risk for skin breakdown. Helps block e-TEWL. It also provides relief to skin affected by dryness. Ideal as a facial moisturizer and even as a treatment for dry hands.

CHG and latex-friendly

Unlike other moisturizers, Remedy Skin Repair Cream will not interfere with the antimicrobial properties of CHG (Chlorhexidine Gluconate). It can be used before or after washing with CHG products. Additionally, it does not interfere with or degrade latex.

Other recommended products:

Begin the cleansing process with any Remedy cleansing product. Apply Skin Repair Cream.

If the patient is incontinent, a Remedy skin protectant such as Remedy Dimethicone Skin Protectant, Nutrashield, Calazime Protectant Paste or Clear-Aid Skin Protectant should be used.



Uses

- Temporarily protects and helps relieve chapped or cracked skin. Beneficial for face, hands, body and legs.

Active ingredient

Dimethicone 1.5%Skin Protectant

Purpose

Inactive Ingredients

Aloe Barbadensis Leaf Juice, Ascorbic Acid, Ascorbyl Palmitate, Canola Oil, Cetyl Alcohol, Cholecalciferol, Citric Acid, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Diazolidinyl Urea, Glycerin, Glyceryl Stearate SE, Glycine, Hydroxytyrosol, L-proline, L-taurine, Methylparaben, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinamide, Olea Europaea Fruit Oil, PEG-8, PEG-100 Stearate, Propylene Glycol, Propylparaben, Pyridoxine HCl, Retinyl Palmitate, Stearic Acid, Stearyl Alcohol, Tetrasodium EDTA, Tocopherol, Triethanolamine, Vanillin, Water, Zea Mays Oil.

| Item No. | Description | Pkg. |
|---------------|-----------------------------------|--------|
| MSC094422 | Skin Repair Cream, 2 oz. | 24/cs |
| MSC094424 | Skin Repair Cream, 4 oz. | 12/cs |
| MSC094424H | Skin Repair Cream, 4 oz. | each |
| MSC094424PACK | Skin Repair Cream, 4 ml. | 144/cs |
| MSC094420 | Skin Repair Cream, 32 oz. w/ pump | 12/cs |
| MSC094420H | Skin Repair Cream, 32 oz. w/ pump | each |

Decreasing the incidence of skin tears in the extended care setting with the use of a new line of advanced skin care products

Groom M. Presented at the Symposium on Advanced Wound Care, San Diego, CA. 2005.

Background

It is reported that 1.5 million skin tears occur each year in institutionalized adults. Prior to this case study, the participating facility had approximately 180 skin tears over the course of 6 months.

Objective

To decrease the incidence of skin tears using a nutrient-based moisturizer as part of a complete advanced skin care system, and prove that the previous products containing surfactants and petroleum-derived ingredients were contributing to these rates.

Methodology

The protocol began with Remedy Cleansing Body Lotion, followed by Skin Repair Cream. If a barrier was necessary, Nutrashield was implemented. 100 residents were involved in this study.

Results

After 6 months of using Remedy, only 2 skin tears had been reported, versus 180 skin tears reported during the time period when the facility used a competitor's skin care system. When evaluated with the added expense of wound care treatment, weekly savings were estimated at **\$9.37 per resident, nearly \$50,000 per year.**

Impact

Choosing the Remedy advanced skin care system is fiscally responsible considering not only the overall costs but also avoiding potential citations from surveyors for nosocomial-acquired skin tears.

* Adapted from the original study



GM, Day 1



After only 13 days of advanced skin care treatment with Olivamine-containing products

Cost analysis

The following tables represent national average costs for the facility's previous skin care regime, including skin tear treatment twice per week and the study regimen based on total body skin care.

| Previous Skin Care (Daily) | Cost per application | Average cost of care per week |
|-----------------------------------|----------------------|-------------------------------|
| Aloe Vesta® 3-in-1 Cleansing Foam | \$.19 | \$1.33 |
| Aloe Vesta Skin Conditioner | \$.05 | \$.35 |
| Sensi Care® Protective Barrier | \$.21 | \$1.47 |
| | \$.45 | \$3.15 |

Current Skin Tear Treatment (2 times/week)

| | | |
|--|--------------------------|----------------|
| Wound closure strips (2 per wound) | \$.50 | \$1.00 |
| Transparent dressing | \$.75 | \$1.50 |
| Dressing change (10 min), licensed nurse (\$20/hr) | \$3.33 | \$6.66 |
| | \$4.58 | \$9.16 |
| | Total weekly cost | \$12.31 |

| Study Skin Care (Daily) | Cost per application | Average cost of care per week |
|-------------------------------------|----------------------|-------------------------------|
| Remedy 4-in-1 Skin Cleansing Lotion | \$.24 | \$1.68 |
| Remedy Skin Repair Cream | \$.08 | \$.56 |
| Remedy Nutrashield | \$.10 | \$.70 |
| | \$.42 | \$2.94 |

Clinically Tested to be:

- Non-Cytotoxic
- Non-Allergenic
- Non-Sensitizing
- Non-Irritating
- CHG Compatible
- Latex-Friendly



Dermatologist Tested

Remedy Dimethicone Skin Protectant

Designed as a moisturizer and light moisture barrier. Indicated to help relieve discomfort associated with light incontinence or diaper rash caused by urine and/or stool. Ideal for irritated (but not broken) skin.

Breathable protection

Remedy Dimethicone Skin Protectant provides a breathable barrier that protects against moisture and helps treat the effects associated with diaper rash. Also protects and helps relieve chapped or cracked skin.

Protects against moisture loss

This product is equally intended for use as a long-lasting moisturizer. Remedy Dimethicone Skin Protectant helps protect the skin against damage related to dehydration and helps block e-TEWL.

Other recommended products:

Begin the cleansing process with any Remedy cleansing product. Apply Remedy Dimethicone Skin Protectant to the area that needs protection.

If the skin is compromised, consider Remedy Nutrashield, Remedy Calazime Protectant Paste or Clear-Aid Skin Protectant.



Uses

- Helps treat and prevent diaper rash caused by wetness, urine and/or stool.
- Temporarily protects and helps relieve chapped or cracked skin.

Active ingredient

Dimethicone 5.0%Skin Protectant

Purpose

Inactive Ingredients

Aloe Barbadosensis Leaf Juice, Ascorbic Acid, Ascorbyl Palmitate, Cetyl Alcohol, Cholecalciferol, Citric Acid, Diazolidinyl Urea, Glycerin, Glyceryl Stearate SE, Glycine, Helianthus Annuus Seed Oil, Hydroxytyrosol, L-proline, L-taurine, Methylparaben, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinimide, PEG-8, PEG-100 Stearate, Propylene Glycol, Propylparaben, Pyridoxine HCl, Retinyl Palmitate, Rosa Canina Fruit Oil, Stearic Acid, Stearyl Alcohol, Tetrasodium EDTA, Tocopherol, Triethanolamine, Water, Zea Mays Oil.

| Item No. | Description | Pkg. |
|------------|------------------------------------|-------|
| MSC094514 | Dimethicone Skin Protectant, 4 oz. | 12/cs |
| MSC094514H | Dimethicone Skin Protectant, 4 oz. | each |

A Nursing and Rehabilitation Center in New Jersey: Expected Value of Remedy Skin care Products and Remedy/Restore® Briefs in an At-Risk Resident Population for Pressure Ulcer and Incontinence-Associated Dermatitis Prevention

Shannon R and Fisher K. 2008

Clinically Tested to be:

- Non-Cytotoxic
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic



Dermatologist Tested

Background

Pressure ulcers in nursing homes represent a significant problem for residents in terms of morbidity, pain and reduced quality of life.¹⁻⁵ They represent a major cost to the facility in terms of treatment, regulatory fines and potential litigation.⁶⁻⁹

Objective

To quantify the reduction in pressure ulcer incidence, incontinence-acquired dermatitis and pressure ulcer costs at a long-term care facility when they use Remedy skincare products and the Remedy/Restore Briefs coated with Remedy Skin Repair Cream.

Methodology

This was a retrospective cohort study based on the data collected by the staff. The Remedy skin care products used constituted a complete care system, encompassing cleansers, moisturizers, protectants and antifungal products when applicable.

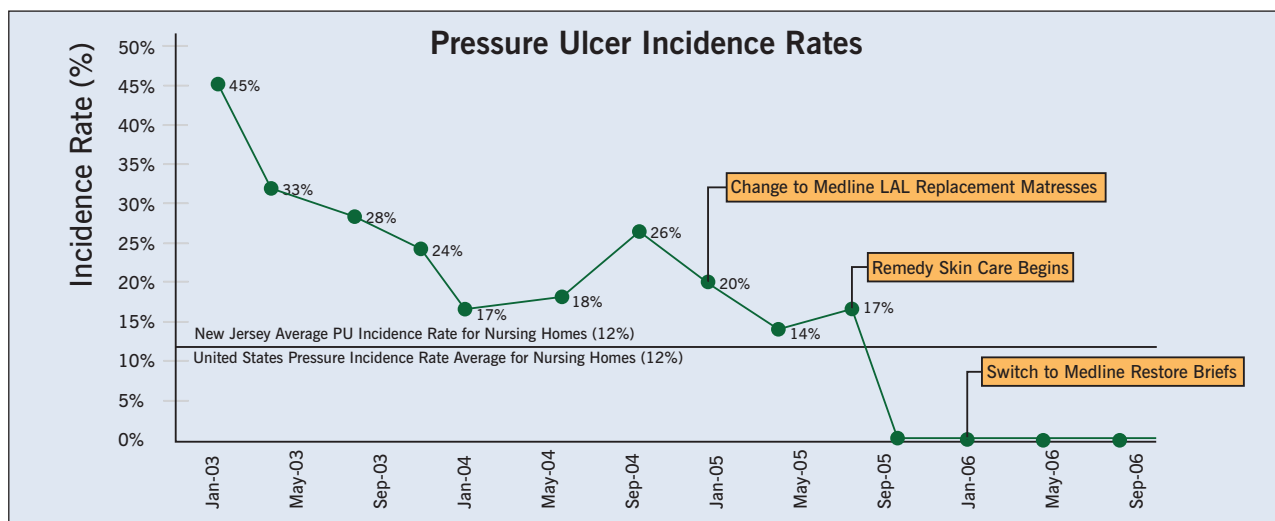
Findings

Pressure ulcer incidence dropped from 17% to 0%, where it has remained into 2008. The incidence rate for **incontinence-associated dermatitis reduced from 30% to 0.04%** during the study period. **Savings are estimated at an average \$861.00 per resident at-risk** for pressure ulcers over their length of stay in the nursing home. This considers all at-risk residents whether they acquire a pressure ulcer or not. Savings are produced from reduction in nosocomial pressure ulcers and incontinence-associated dermatitis treatment, including labor, medications and medical products.

Impact

According to the study, “The main factor for pressure ulcer reduction in this evaluation was skin care using Remedy product therapy that highlights a silicone-based dermal nourishing emollient skin care regimen.”

* Adapted from the original study



References:

1. Williams C. Pain in pressure sores. *Community Nurse*. 1997;2:27-28.
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3. Krasner D. The chronic wound pain experience: A conceptual model. *Ostomy Wound Manage*. 1995; 41:20-25.
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Remedy Nutrashield

For substantial skin protection against excessive transepidermal water loss (e-TEWL). Indicated for skin conditions associated with diaper rash caused by wetness, urine and/or stool. Protects and helps relieve chapped or cracked skin. Ideal for dry to denuded skin.

Invisible shield protects skin and relieves dryness

Nutrashield provides an effective, long-lasting moisture barrier against incontinent episodes while relieving dryness, abrasion or denuded skin. An advanced silicone system allows Nutrashield to last up to five washings, yet it remains semi-permeable and non-occlusive. This versatility is unique to silicones and not obtained by petrolatum-based barriers.

Protects against moisture loss

Nutrashield protects against e-TEWL by sealing in the moisture and creating a more favorable environment for healthy skin. Ideal for patients with very dry skin.

CHG and latex-friendly

Like Remedy Skin Repair Cream, Nutrashield is CHG and latex-friendly.

Safer in oxygen-rich environments

Comparative tests against petrolatum-based products show that Remedy products are significantly less prone to ignite in high oxygen environments.

Other recommended products:

Begin the cleansing process with any Remedy cleansing product. Apply Nutrashield as needed.



Uses

- Helps treat and prevent diaper rash caused from wetness, urine and/or stool.
- Temporarily protects and helps relieve chapped or cracked skin.

Active ingredient

Dimethicone 1.0%Skin Protectant

Purpose

Inactive Ingredients

Aloe Barbadensis Leaf Juice, Ascorbic Acid, Ascorbyl Palmitate, C12-C13 Pareth-3, C12-C13 Pareth-23, Carthamus Tinctorius Seed Oil, Cetyl Dimethicone, Cholecalciferol, Citric Acid, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Cyclopentasiloxane, Diazolidinyl Urea, Dimethiconol, Divinyldimethicone/Dimethicone Copolymer, Glycine, Hydroxytyrosol, L-proline, L-taurine, Methylparaben, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinamide, Olea Europaea Fruit Oil, PEG-8, PEG/PPG-18/18 Dimethicone, Propylene Glycol, Propylparaben, Pyridoxine HCl, Retinyl Palmitate, Sodium Chloride, Tocopherol, Vanillin, Water, Zea Mays Oil.

| Item No. | Description | Pkg. |
|---------------|--------------------|--------|
| MSC094532 | Nutrashield, 2 oz. | 24/cs |
| MSC094534 | Nutrashield, 4 oz. | 12/ea |
| MSC094534H | Nutrashield, 4 oz. | each |
| MSC094534PACK | Nutrashield, 4 ml. | 144/cs |

Comparative Study of Medline Nutrashield For Wash-off Resistance

Prepared by Dow Corning Corporation. 2005.

Background

Before the introduction of silicones, most moisture barriers consisted predominately of petrolatum and were occlusive. Occlusive products suppress barrier recovery and reduce the epidermal proliferative response to an abnormal stratum corneum barrier.¹

Objectives

1. To determine the wash-off resistance rates of Nutrashield, a semi-occlusive moisture barrier consisting of silicone blends.
2. To determine the moisture vapor transmission rates (MVTR) of the specific barrier, proving it prevents e-TEWL.

Methodology

To determine wash-off resistance, the test area was cleansed, dried and a background spectrum collected. A 0.1 gram sample of Nutrashield and competitive barriers were then placed on the test area and rubbed in for 30 seconds. A spectrum was collected after drying. After 30 minutes, the test area was rinsed. Lather was applied and the test area rubbed lightly 15 times, then again rinsed, patted dry, and a spectrum collected. Every 30 minutes, a new wash cycle was repeated until 5 cycles were completed.

The MVTR test protocol was performed by treating collagen with Nutrashield. Each treated collagen sheet was then placed over a Fisher Payne Permeability Cup containing 3 grams of water. Each cup was then placed in a 37° Celsius oven and measured for weight loss over a 24-hour period.

Results

1. Medline Nutrashield outperformed all other products tested by surviving five wash cycles over a period of 3 hours.
2. Nutrashield greatly reduces moisture vapor loss by 65% as compared to the control.

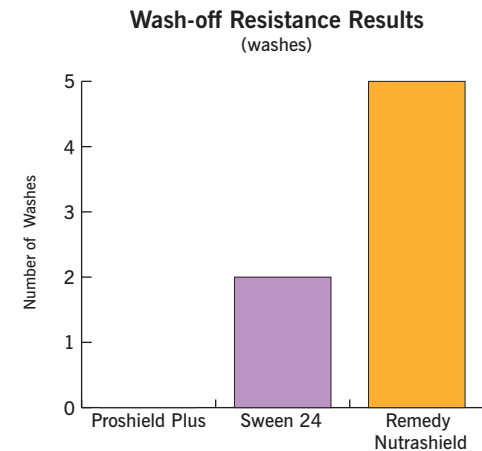
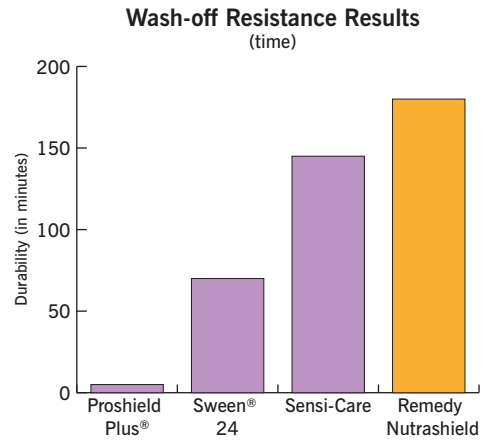
Impact

Nutrashield, a silicone-based barrier, proved to be an exceptional moisture barrier while remaining breathable. Occlusion of the skin helps to increase the risk of infection and may decrease the protection of the skin's normal pH, therefore it should be avoided if possible.

* Adapted from the original study

Nutrashield offers long-lasting protection

Nutrashield stays in place for longer periods of time and doesn't need to be reapplied as often as other products.



Data on file

Clinically Tested to be:

- CHG Compatible
- Latex-Friendly
- Non-Cytotoxic
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic



Dermatologist Tested

1. Aly R, Shirley C, Cunico B, Maibach H, Effect of prolonged occlusion on the microbial flora, pH, carbon dioxide and transepidermal water loss on human skin. *J Invest Dermatol.* 1978;71:378-381.

Remedy Calazime[®] Protectant Paste

Ideal for normal to broken-down skin and peristomal areas, including G-tube sites. For skin protection against moisture, itching and minor irritation. Indicated for the relief of discomfort associated with diaper rash caused by wetness, urine and/or stool and other macerated skin conditions.

Two active ingredients in one effective barrier cream

Zinc oxide-based barrier that protects against moisture and minor irritation. Menthol cools irritated skin and helps calm inflamed tissue. Calazime also helps absorb light exudate from compromised skin.

Easy to apply

Contains rich emollients (cold-pressed sunflower seed oil and natural olive oil) to easily spread the product onto the skin and the purest grade of U.S.P. Standardized White Petrolatum.

Higher viscosity, greater economy

Calazime has a higher viscosity (thickness) than other skin pastes. When combined with micronized zinc oxide, less product is needed to achieve the same barrier coverage, offering a savings in supply costs.

Other recommended products:

Begin the cleansing process with any Remedy cleansing product. Apply Calazime Protectant Paste as needed.



Uses

- Helps treat and prevent diaper rash.
- Protects from minor skin irritation associated with diaper rash caused from wetness, urine and/or stool.

Active ingredients

| | |
|----------------|-----------------|
| Menthol 0.2% | Analgesic |
| Zinc Oxide 20% | Skin Protectant |

Purpose

Inactive Ingredients

Aloe Barbadensis Leaf Juice, Ascorbic Acid, Ascorbyl Palmitate, Beeswax, Calamine, Carthamus Tinctorius Seed Oil, Cholecalciferol, Citric Acid, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Glycerine, Glycine, Helianthus Annuus Seed Oil, Hydroxytyrosol, L-proline, L-aurine, Methylparaben, Modified Corn Starch, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinamide, Olea Europaea Fruit Oil, PEG-8, Pyridoxine HCl, Retinyl Palmitate, Tocopherol, Vanillin, Water, White Petrolatum, Zea Mays Oil.

| Item No. | Description | Pkg. |
|---------------|-----------------|--------|
| MSC094544 | Calazime, 4 oz. | 12/ea |
| MSC094544H | Calazime, 4 oz. | each |
| MSC094544PACK | Calazime, 4 ml. | 144/cs |

Treatment of Venous Dermatitis With a New Skin Protectant Containing Olivamine

Valeros B. Presented at The Symposium on Advanced Wound Care, San Diego, CA. 2005.

Background

Venous disease and leg ulcers are often accompanied by skin problems caused by venous hypertension and edema such as venous dermatitis. Patients frequently complain about skin tenderness, pain and burning as a result. The skin may present as erythematous and weeping or dry and scaly.

Objective

To evaluate a new advanced skin protectant that offered endermic nutrition in addition to superior barrier properties.

Methodology

Remedy Calazime Skin Protectant was applied 3 times per week to one patient under multi-layer compression bandages. This continued until the study concluded 3 weeks later.

Results

Within one week, a dramatic improvement in the appearance of the skin and a noticeable decrease in the degree of erythema to the lower extremities was noted. The patient expressed relief from itching. The skin was clear within three weeks.

Impact

Results suggest that Remedy Calazime Protectant Paste may be useful in the relief of symptoms of venous dermatitis.

* Adapted from the original study

Clinically Tested to be:

- Non-Sensitizing
- Non-Irritating
- Non-Allergenic

Dermatologist Tested



Right leg



Bilateral lower extremities



At week one after initiation of treatment



At week two after initiation of treatment



At week three after initiation of treatment, 100% resolution of venous dermatitis

Remedy Clear-Aid Skin Protectant

Clear protective moisture barrier that adheres to wet, macerated skin and allows for easy monitoring. Recommended for use in perineal area and lower extremities to protect against minor skin irritation and dryness.

An invisible ointment that shields the skin against excessive moisture from incontinence or wound drainage.

Clear-Aid Skin Protectant is a protective moisture barrier, with the ability to help wick excessive moisture away from the skin. Although its primary ingredient is white petrolatum, this ointment also delivers natural oils necessary to maintain healthy skin.

Replaces several moisture barrier products

With Clear-Aid, you may not need additional skin protectants to address dry and wet skin. This product can be used on any type of skin, from reddened to denuded or macerated skin.

Easy to apply and remove

Clear-Aid contains safflower seed oil, which helps ease spreading and removal. Skin dragging is minimized. It is ideal for daily use.

Other recommended products:

Use a Remedy Cleanser, such as the foaming cleanser or cleansing lotion, then apply Remedy Clear-Aid Skin Protectant.



Uses

- Helps treat and prevent diaper rash. Protects from minor irritation associated with diaper rash caused from wetness, urine and/or stool.

Active ingredient

White Petrolatum 50%Skin Protectant

Purpose

Inactive Ingredients

Aloe Barbadosis Leaf Juice, Ascorbic Acid, Ascorbyl Palmitate, Butylparaben, Carthamus Tinctorius Seed Oil, Cellulose Gum, Cholecalciferol, Citric Acid, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Glycerine, Hydroxytyrosol, Isobutylparaben, Isopropylparaben, L-proline, L-taurine, Methylsulfonylmethane, Microcrystalline Wax, N-acetyl-L-cysteine, Niacinamide, Olea Europaea Fruit Oil, PEG-8, Pyridoxine HCl, Retinyl Palmitate, Tocopherol, Vanillin, Water, Zea Mays Oil.

| Item No. | Description | Pkg. |
|------------|--------------------|-------|
| MSC094502 | Clear-Aid, 2.5 oz. | 12/cs |
| MSC094502H | Clear-Aid, 2.5 oz. | each |

Anatomy, Physiology and Homeostasis of the Skin/The Concept of Nourishment of the Skin to Enhance the Function and Restoration of Damaged, Impaired Skin.

Fore-Pfliger J. Presented at the Clinical Symposium on Advances in Skin and Wound Care, Phoenix, AZ. 2004

Background

The beginning of a wound is disruption of the stratum corneum of the epidermis. Through the use of nourishing topical agents such as Olivamine, the skin can be treated and restored to full function, enabling the skin to be the very effective barrier it is meant to be. A healthy epidermis is flexible yet strong, able to fight off invading organisms, and able to recover and heal after inflammatory and mechanical insults.

Objective

To determine if the Remedy Skin Care System contained the proper blend of nutrients to help achieve homeostasis of the skin.

Methodology

After assessment of 4 patients, individualized skin care regimens using Remedy products were developed to address their conditions, including fissures, dry and scaly skin (2), skin complications associated with diabetes and recurrent ulcers.

Findings

By adding an active product that nourishes and enhances metabolic function to our skin protocols we have seen a dramatic improvement in the overall skin health, strength and durability of the epidermis along with demonstrating more resistance to breakdown. Since the fully functioning and mature epithelium is our ultimate defense, we have found a way to help reduce any compromise to this important organic source.

* Adapted from the original study

Clinically Tested to be:

- Non-Sensitizing
- Non-Irritating
- Non-Allergenic

Dermatologist Tested

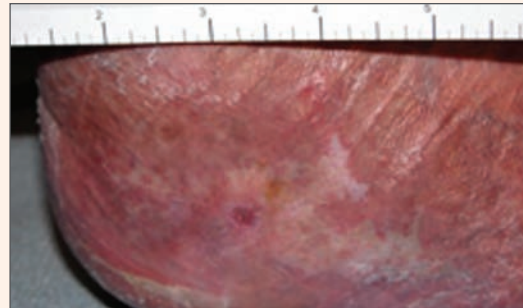


What Factors Are Essential to Healthy Skin Development, Maintenance and Repair?

1. Adequate building blocks (nutrients) for production of the skin.
2. Optimal conditions for orderly maturation of the epidermis.
3. A healthy dermis to support the epidermal function.

How Can We Nourish, Repair and Potentially Create More Durable Skin?

Products that are placed on the skin should have a significant positive impact on the optimal functioning of the epidermis and dermis. The skin needs topical support, at all times, particularly in times of distress.



6-4-04 Introduced Olivamine-containing products to moisturize and help make the skin more durable.



8-25-04 With the skin care regimen, the skin continues to improve.

Remedy Antifungal Cream and Powder

Remedy Antifungal Cream and Powder help treat fungal infections while delivering nutrients to the skin. Indicated for all common fungal infections.

Effective treatment for fungal infections

Remedy Antifungal Cream and Powder help treat the most common fungal infections including candida albicans, tinea pedis (athlete's foot), tinea cruris (jock itch) and tinea corporis (ringworm of the body). Helps relieve itching, burning and irritation.

Antifungal Powder offers soothing effects

Remedy combines the treatment of fungal infections with the soothing benefits of aloe vera and Olivamine. The powder is talc-free, flows freely and stays in place for extended periods of time.

Remedy Antifungal Powder proven to be highly absorbent

In independent university laboratory testing of antifungal powders for moisture absorbency, Remedy Antifungal powder was proven to be highly effective (in absorbing water, mild salt solution to mimic perspiration, and slightly alkaline solution). Skin wetness over time may lead to skin maceration and provide an environment for the growth of yeast microorganisms. Dual-acting Remedy Antifungal Powder controls wetness and kills yeast that may be present.

Other recommended products:

Begin the cleansing process with any Remedy cleansing product. Apply the antifungal product as needed. The powder is recommended for skin folds, feet, socks and shoes. The cream is recommended where sealing out moisture is important, such as in the perineal area.

Uses

- For the treatment of superficial skin infections caused by Candida albicans (yeast).
- For the treatment of most tinea pedis (athlete's foot), tinea cruris (jock itch), tinea corporis (ringworm).
- Relieves itching, scaling, cracking, burning, redness, soreness, irritation, discomfort and chafing associated with most common fungal infections.

Active ingredient

Miconazole Nitrate 2.0%Antifungal

Purpose

Inactive Ingredients (Cream)

Acrylamide/Ammonium Acrylate Copolymer, Aloe Barbadosensis Leaf Juice, Apricot Kernel Oil PEG-6 Esters, Ascorbic Acid, Ascorbyl Palmitate, Cetyl Dimethicone, Cholecalciferol, Citric Acid, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Diazolidinyl Urea, Glycine, Glycine Soja Oil, Glycol Stearate, Hydroxytyrosol, L-proline, L-tyrosine, Methylparaben, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinamide, Olea Europaea Fruit Oil, PEG-6 Stearate, PEG-8, PEG-32 Stearate, Polyisobutene, Polysorbate-20, Propanediol, Propylene Glycol, Propylparaben, Pyridoxine HCl, Retinyl Palmitate, Silica, Tocopherol, Triethanolamine, Vanillin, Water, Zea Mays Oil.

Inactive Ingredients (Powder)

Aloe Barbadosensis Leaf Juice, Corn Starch/Acrylamide/Sodium Acrylate Copolymer, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Glycine, Hydroxytyrosol, L-proline, L-tyrosine, Methylparaben, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinamide, Pyridoxine HCl, Silica, Vanillin.



| Item No. | Description | Pkg. |
|------------|--------------------------|-------|
| MSC094603 | Antifungal Powder, 3 oz. | 12/ea |
| MSC094603H | Antifungal Powder, 3 oz. | each |
| MSC094604 | Antifungal Cream, 4 oz. | 12/ea |
| MSC094604H | Antifungal Cream, 4 oz. | each |

The Use of an Antifungal Cream with Olivamine in the Treatment of Cutaneous Candidiasis in Bariatric Patients.

Strliko B, Barna A. Presented at the 39th Annual Conference of the WOCN, Salt Lake City, Utah. 2007.

Background

Cutaneous Candidiasis is an infection of the skin caused by the fungus *Candida*. It may involve any skin surface on the body, but usually occurs in warm, moist creased areas, such as the armpit, groin and skin folds. Symptoms of a candida infection may include itching, painful skin lesions/ulcerations, odor and rash. The rash may appear as erythema or inflammation with enlarged macules or papules. Satellite lesions are typically present.

Objective

To evaluate Remedy Antifungal Cream on bariatric patients with clinically diagnosed Cutaneous Candida and document the improvement of their overall skin health.

Methodology

Five morbidly obese patients were treated in a hospital setting for approximately one week. Criteria assessed included fungal growth, pruritus, erythema/inflammation, skin ulcerations, pain and odor control. Remedy Antifungal Cream was applied to the affected skin of the patients on an as-needed basis. The skin was monitored daily for a week by the researchers.

Results

It was observed that each of the patients studied had resolution of the infection over the course of the study. In addition, quality of life indicators studied improved for each patient. No adverse events related to the use of the products were observed.

* Adapted from the original study

Clinically Tested to be:

- Non-Sensitizing
- Non-Irritating
- Non-Allergenic

Dermatologist Tested



LH 1-29-07



LH 2-5-07



JM 1-10-07



JM 1-18-07

| LIT # | Title, Author, Presentation/Publication Location and Date | Products Used |
|------------------|--|---|
| LIT020 | Treatment of Venous Dermatitis With a New Skin Protectant Containing Olivamine® Valeros B. Presented at The Symposium on Advanced Wound Care, San Diego, CA. 2005. | Calazime Protectant Paste |
| LIT033 | Decreasing the incidence of skin tears in the extended care setting with the use of a new line of advanced skin care products containing Olivamine® Groom M. Presented at the Symposium on Advanced Wound Care, San Diego, CA. 2005. | Cleansing Body Lotion Skin Repair Cream Nutrashield |
| LIT044 | Positive skin care outcomes using a patented blend of bioavailable quadrapeptide Olivamine® via a topical nutritional skin care cream Williams T. Presented at the Symposium on Advanced Wound Care, San Diego, CA. 2005. | Skin Repair Cream |
| LIT061 | Perineal Skin Care in the Incontinent Patient with Nourishment by Olivamine® Containing Treatment Cream Edwards J. Presented at the Symposium on Advanced Wound Care, San Diego, CA. 2005 | Skin Repair Cream |
| LIT073 | The Use of Olivamine® Containing Advanced Skin Care Products During Radiation Therapy. Davenport D, Bull B, McCord D. Presented at the Symposium on Advanced Wound Care, San Diego, CA. 2005. | Cleansing Body Lotion Skin Repair Cream Nutrashield |
| LIT221 | Anatomy, Physiology and Homeostasis of the Skin/The Concept of Nourishment of the Skin to Enhance the Function and Restoration of Damaged, Impaired Skin Fore-Pfliger J. Presented at the Clinical Symposium on Advances in Skin and Wound Care, Phoenix, AZ. 2004 | Applied to entire Remedy line |
| LIT292R | Phlebolympheidema: Management of Dermal Changes and Wounds: Brennan A. Presented at the Clinical Symposium on Advances in Skin and Wound Care, Orlando, FL. 2006. | Foaming Body Cleanser Calazime Protectant Paste |
| LIT452 | The Use of Olivamine®-Containing Skin Care Products for Morbidly Obese Patients with Lymphedema Fore J, McCord D, Hankel I, Paustian C. Presented at The Symposium on Advanced Wound Care, San Antonio, TX. 2006. | Cleansing Body Lotion Antimicrobial Cleanser Calazime Protectant Paste Antifungal Cream and Powder |
| LIT464 & LIT308R | Investigating a Novel Treatment for Ichthyosis Fleck C. Presented at The Symposium on Advanced Wound Care, San Antonio, TX. 2006. | Cleansing Body Lotion Skin Repair Cream Nutrashield |
| LIT469 | Lamellar Ichthyosis: A Case Study Davolt D, Almaguer E. Presented at The Symposium on Advanced Wound Care, San Antonio, TX. 2006. | Cleansing Body Lotion Skin Repair Cream Nutrashield |
| LIT571 | Micronutrient Containing Multipurpose Cleansing Lotion Ends Ten-Year Search for Relief from Severe Pruritus. Verhage M. Presented at The Symposium on Advanced Wound Care, Tampa, FL. 2007. | Cleansing Body Lotion |

| LIT # | Title, Author, Presentation/Publication Location and Date | Products Used |
|---------|---|--|
| LIT592 | <p>A Randomized Open Controlled Pilot Study of the Use of Remedy Nutrashield with Olivamine® vs. Xenaderm® in the Maintenance of Newly Epithelialized Skin of Lower Extremity Ulcers.</p> <p>Driver V, French M, Hijazin M, Hagan H. Presented at The Symposium on Advanced Wound Care, Tampa, FL. 2007.</p> | Nutrashield |
| LIT597 | <p>Using Olivamine® in a Skin Cream to Improve Skin Quality in Diabetic Patients.</p> <p>Fortna D. Presented at the 39th Annual Conference of the WOCN, Salt Lake City, Utah. 2007.</p> | Skin Repair Cream |
| LIT600 | <p>The Use of an Antifungal Cream with Olivamine® in the Treatment of Cutaneous Candidiasis in Bariatric Patient</p> <p>Strilko B, Barna A. Presented at the 39th Annual Conference of the WOCN, Salt Lake City, Utah. 2007.</p> | Antifungal Cream |
| LIT 603 | <p>Case Studies that Display Positive Outcomes with Advanced Wound Care Products in the Hospice Population</p> <p>Hashley P S. Presented at the Clinical Symposium on Advances in Skin and Wound Care in Nashville, TN. 2007.</p> | Cleansing Body Lotion Skin Repair Cream Nutrashield Calazime Protectant Paste |
| LIT654 | <p>A Nursing and Rehabilitation Center in New Jersey: Expected Value of Remedy™ Skincare Products and Remedy/Restore® Briefs in an At-Risk Resident Population for Pressure Ulcer and Incontinence-Associated Dermatitis Prevention</p> <p>Shannon R and Fisher K. 2008</p> | Cleansing Body Lotion Foaming Body Cleanser Nutrashield Calazime Skin Repair Cream |
| LIT654 | <p>Reducing hospital acquired pressure ulcers with a silicone-based dermal nourishing emollient skin care regimen in a hospital medical unit – evaluating the cost and consequences.</p> <p>Shannon RJ, Coombs M, Chakravarthy D. Advances in Wound and Skin Care. Accepted for publication in 2009.</p> | Cleansing Body Lotion Foaming Body Cleanser Nutrashield Calazime Skin Repair Cream |
| LIT671 | <p>Using Olivamine® in a Skin Cream to Improve Xerosis and Skin Quality.</p> <p>Fortna D, O'Connell-Gifford E. Presented at The Symposium on Advanced Wound Care, San Diego, CA. 2008.</p> | Skin Repair Cream |
| LIT673 | <p>Improving Skin Tear Outcomes Using Olivamine®, a Topical Nourishing Skin Care Cream; Prevention of Skin Tears with the Elderly.</p> <p>Canzeri-Labish C, O'Connell-Gifford E. Presented at The Symposium on Advanced Wound Care, San Diego, CA. 2008.</p> | Skin Repair Cream |
| LIT674 | <p>Improving Incontinence Associated Dermatitis (IAD) Using a Barrier Containing Olivamine.</p> <p>Lebovits S, O'Connell-Gifford E. Presented at The Symposium on Advanced Wound Care, San Diego, CA. 2008 and World Union of Wound Healing Societies, Toronto, Canada. 2008.</p> | Calazime Protectant Paste |
| LIT675 | <p>Healing Peritubular Skin Irritation Using Skin Cleanser and Barrier Containing Olivamine®.</p> <p>Lebovits S, O'Connell-Gifford E. Presented at The Symposium on Advanced Wound Care, San Diego, CA. 2008. and World Union of Wound Healing Societies, Toronto, Canada. 2008.</p> | Cleansing Body Lotion Calazime Protectant Paste |

| Product | Product Description | Normal Intact Skin | Moderate to Severely Dry Skin (including xerosis and fissures) | |
|------------------------------------|--|--------------------|--|--|
| Cleansing Body Lotion | No-rinse, phospholipid-based cleanser is used from face-to-toe. Provides four functions: cleansing, moisturizing, protection and nourishing the skin. Contains 1.5% dimethicone and Olivamine. Surfactant-free. | ● | ● | |
| Foaming Body Cleanser | No-rinse, phospholipid-based cleanser is used from hair to toe. Tear-free, gentle formula suitable for even the most sensitive skin. Does not contain surfactants. Enhanced with Olivamine®. | ● | ● | |
| Antimicrobial Cleanser | No-rinse, pH balanced formula cleanses, moisturizes, helps provide protection against microorganisms and nourishes the skin in one step. Aids in reducing odor. Contains active benzalkonium chloride. Enhanced with Olivamine to nourish the skin. | ● | ● | |
| Skin Repair Cream | Formulated for patients who are at-risk for skin breakdown, but beneficial for all skin types and conditions. Contains 1.5% dimethicone and twice as much nourishing Olivamine as the rest of the Remedy line. CHG & latex-compatible, non-irritating, non-allergenic, non-cytotoxic and non-sensitizing. | ● | ● | |
| Dimethicone Skin Protectant | Provides a breathable barrier that protects against moisture and excessive transepidermal water loss. Doubles as an excellent long-term moisturizer for use on sensitive skin. pH balanced and enhanced with Olivamine. | ● | ● | |
| Nutrashield | Provides a long-lasting moisture barrier against incontinent episodes with a powerful silicone blend. Aids in the reduction of excessive transepidermal water loss known to be detrimental to the skin. Lasts after repeated washings. Enhanced with Olivamine. | ● | ● | |
| Calazime Skin Protectant | Zinc oxide-based barrier (20%) that protects against moisture and minor skin irritation. Menthol (.20%) cools skin and calms inflamed tissue. Able to dry light exudate from compromised skin. Contains rich emollients (cold-pressed sunflower seed oil and organic olive oil), which make spreading easier. Enhanced with Olivamine. | ● | | |
| Clear-Aid Skin Protectant | Clear protective moisture barrier that also adheres to wet, macerated skin and allows for easy monitoring. Contains 50% white petrolatum (the purest available form). Contains safflower seed oil, which helps ease spreading and removal. Skin dragging is minimized. Enhanced with Olivamine. | ● | | |
| Antifungal Powder | Uses 2% miconazole nitrate to treat most common fungal infections. Powder is talc-free, flows freely and stays in place for extended periods of time. Enhanced with Olivamine. | | | |
| Antifungal Cream | Uses 2% miconazole nitrate to treat most common fungal infections. Also contains cetyl dimethicone, a silicone that binds to the skin to help keep the active ingredient on the skin for efficient delivery. Enhanced with Olivamine. | | | |

| | Incontinence-Associated Dermatitis | Denuded Skin | Macerated Wet Skin | Venous Dermatitis and Lymphedema | Suspected Deep Tissue Injury | Common Fungal |
|--|------------------------------------|--------------|--------------------|----------------------------------|------------------------------|---------------|
| | ● | ● | ● | ● | ● | ● |
| | ● | ● | ● | ● | ● | ● |
| | ● | ● | ● | ● | ● | ● |
| | | | | ● | ● | |
| | ● | | | | ● | |
| | ● | ● | | | ● | |
| | ● | ● | ● | ● | | |
| | ● | ● | ● | ● | | |
| | | | | | | ● |
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MARATHON™

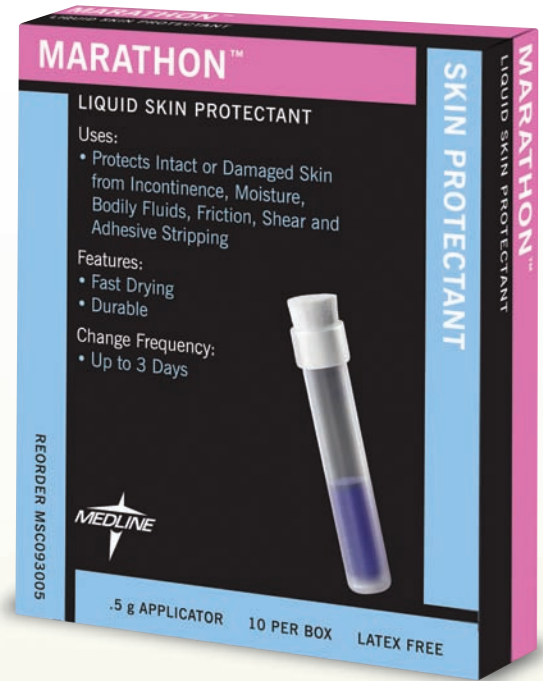
Liquid cyanoacrylate barrier film designed to protect intact or damaged skin from breakdown caused by friction and moisture.

Functions:

- **MINIMIZE** breakdown from friction (especially on heels)
- **PROTECT** from moisture and maceration
- **MAINTAIN** integrity of newly closed skin to stop further breakdown

Protection against skin breakdown that lasts and lasts and lasts ...

| Item No. | Description | Pkg. |
|-----------|---------------------------------|-------|
| MSC093005 | Marathon Liquid Skin Protectant | 10/bx |



To learn more about Marathon visit www.medline.com/skincare



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