Remedy®
Advanced Skin Care System

MEDLINE

Nutrashield™
Long-lasting nourishing formula that helps prevent diaper rash, dry and cracked skin.

Foaming Body Cleanser
No-rinse nourishing cleanser used on hair and entire body

Tear-Free
Non-Allergenic
Non-Sensitizing
How Is Medline Remedy with Olivamine Different?

1. Remedy is the gentle solution for most skin needs. 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 pH balanced, non-cytotoxic, non-sensitizing, non-irritating and non-allergenic.

2. Remedy skin protectants contain silicones to help prevent excessive transepidermal water loss (e-TEWL), yet 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 provides nourishment along with its primary application.

To understand the Medline 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.
### Olivamine Components

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 3 most abundant amino acids in pre-collagen and collagen – glycine, N-acetyl-L-cysteine and L-proline</td>
<td>These amino acids are the main building blocks of collagen. Without a plentiful supply, collagen cannot be formed.</td>
</tr>
<tr>
<td>Vitamins A, B&lt;sub&gt;2&lt;/sub&gt;, B&lt;sub&gt;6&lt;/sub&gt;, C and D&lt;sub&gt;3&lt;/sub&gt;</td>
<td>Essential vitamins for amino acid utilization.</td>
</tr>
<tr>
<td>Antioxidants – Hydroxytyrosol (extracted from olives) and L-taurine</td>
<td>Neutralize free radicals.</td>
</tr>
<tr>
<td>Methylsulfonylmethane (MSM)</td>
<td>MSM supports amino acid utilization and has antioxidant properties.</td>
</tr>
</tbody>
</table>

### Additional Ingredients

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural oils including: olive oil, safflower seed oil, canola oil, sunflower seed oil</td>
<td>Provides Omega-3 fatty acids to the skin.</td>
</tr>
<tr>
<td>Organic aloe vera</td>
<td>Soothes and conditions the skin.</td>
</tr>
<tr>
<td>Phospholipids</td>
<td>Allows no-rinse cleansing and conditioning of the skin without stripping natural oils.</td>
</tr>
<tr>
<td>Several silicones, including Dimethicone</td>
<td>Provides breathable protection and aids in the retention of ideal hydration.</td>
</tr>
</tbody>
</table>
Reducing Hospital-Acquired Pressure Ulcers By Implementing a Skin Care Regimen – Evaluating Cost and Outcomes


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.

Proven Results

![Prevalence Rates for Medical Unit](image-url)

* After introducing Remedy, Pressure Ulcer Prevalence rates dropped from 12% to 0%, helping achieve an estimated savings of $6,676.63 per patient.
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.

Estimated Cost Savings from SBDNE (Remedy) Skin Care Regimen

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Management Changes</th>
<th>SBDNE Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>15</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Number with Pressure Ulcers</td>
<td>3</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Estimated Hospital Cost for Treatment (# x $37,800)</td>
<td>$113,400</td>
<td>$189,000</td>
<td>$113,400</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$415,800.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cost Savings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of Pressure Ulcer Treatment per Admitted Patient in the Medical Unit</td>
<td>$9,039.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Cost Savings per Admitted Patient in the Medical Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Likelihood of Acquiring a Pressure Ulcer in a Medical Unit

- Pre-SBDNE N=46: 24%
- Post-SBDNE N=46: 6%
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 moisture associated with incontinence.

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. 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™, Calazine™ 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 Purpose
Dimethicone 1.5% ........................................... Skin protectant

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-taurine, 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. (236 mL) 12/cs
MSC094308H Cleansing Lotion, 8 oz. (236 mL) each
MSC094320 Cleansing Lotion, w/Pump 12/cs
32 oz. (946 mL)
MSC094320H Cleansing Lotion, w/Pump each
32 oz. (946 mL)
Remedy Skin Care System Used in a Case of Severely Scaling Skin on a Patient with Ichthyosis

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

**Background**

Born with, 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**

To minimize skin roughness, using a complete skin care system on the affected areas.

**Methodology**

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

**Results**

During the first week of observations, the test area began to exfoliate. 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 improved skin appearance was reported.

* Adapted from the original study

Clinically Tested to be:
- Non-Cytotoxic
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic
- CHG Friendly

Dermatologist Tested
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.

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, Dimethyl Sulfone, Olea Europaea (Olive) Leaf Extract, Proline, Hydroxytyrosol, Allantoin, Linoleamidopropyl PG-Dimonium Chloride Phosphate Dimethicone, Disodium Lauroamphodiacetate, Propylene Glycol, Disodium EDTA, Diazolidinyl Urea, Methylparaben, Propylparaben, Citric Acid, Vanillin, Citrus Aurantium Dulcis Peel Oil, Citrus Tangerina Peel Oil, Citrus Grandis Peel Oil.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC094105</td>
<td>Foaming Body Cleanser, 5 oz. (148 mL)</td>
<td>12/cs</td>
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<tr>
<td>MSC094105H</td>
<td>Foaming Body Cleanser, 5 oz. (148 mL)</td>
<td>each</td>
</tr>
<tr>
<td>MSC094109</td>
<td>Foaming Body Cleanser, 9 oz. (266 mL)</td>
<td>12/cs</td>
</tr>
<tr>
<td>MSC094109H</td>
<td>Foaming Body Cleanser, 9 oz. (266 mL)</td>
<td>each</td>
</tr>
</tbody>
</table>
A Case of Periwound Skin Cleansing with Remedy Foaming Cleanser

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

Background

The patient is a 37 year male who was referred for lymphedema management. Periwound skin needs effective and gentle cleansing, so that wound debris cannot accumulate around the wound.

Objective

Implement the use of Remedy skin care products to improve the appearance of periwound skin.

Methodology

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

Results

The skin condition in the periwound area improved notably. The wound size decreased because of concurrent wound therapy with appropriate devices.

* Adapted from the original study

Clinically Tested to be:
- Tear-free
- Non-Cytotoxic
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic
- CHG Friendly

Dermatologist Tested

3-31-06 Posterior view of periwound skin around a lymphedema-related wound.

3-31-06 Bilateral anterior view.

4-6-06 After nine treatments, anterior view of periwound skin.
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

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.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC094204</td>
<td>Antimicrobial Cleanser, 4 oz. (118 mL)</td>
<td>24/cs</td>
</tr>
<tr>
<td>MSC094204H</td>
<td>Antimicrobial Cleanser, 4 oz. (118 mL)</td>
<td>each</td>
</tr>
<tr>
<td>MSC094208</td>
<td>Antimicrobial Cleanser, 8 oz. (236 mL)</td>
<td>12/cs</td>
</tr>
<tr>
<td>MSC094208H</td>
<td>Antimicrobial Cleanser, 8 oz. (236 mL)</td>
<td>each</td>
</tr>
<tr>
<td>MSC094205FOAM</td>
<td>Antimicrobial Cleanser, 5 oz. (148 mL)</td>
<td>12/cs</td>
</tr>
</tbody>
</table>
Efficacy Testing*
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

- Klebsiella pneumonia
- Streptococcus pyogenes
- Escherichia coli
- Pseudomonas aeruginosa
- Vancomycin resistant-Enterococcus faecium (VRE)
- Candida glabrata
- Methicillin-resistant Staphylococcus aureus (MRSA)

Clinically Tested to be:
- Non-Sensitizing
- Non-Allergenic
- CHG Friendly

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 provide nutrients of Olivamine (amino acids, antioxidants, vitamins, MSM). Once applied, the natural oils and essential fatty acids condition the skin. 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 for dry hands.

CHG and latex-friendly
Unlike other moisturizers, Remedy Skin Repair Cream does not interfere with CHG (Chlorhexidine Gluconate). 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          Purpose
Dimethicone 1.5% .......................................... Skin Protectant

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, Ethyl Vanillin, Glycerin, Glyceryl Stearate SE, Glycine, Hydroxytyrosol, L-proline, L-taurine, Methylparaben, Methylsulfonylmethane, N-acetyl-L-cysteine, Nicinamide, Olea Europaea Fruit Oil, PEG-8, PEG-100 Stearate, Propylene Glycol, Propylparaben, Pyridoxine HCI, Retinyl Palmitate, Stearic Acid, Stearyl Alcohol, Tetrasodium EDTA, Tocopherol, Triethanolamine, Water.

Item No.   Description                      Pkg.
MSC094422 Skin Repair Cream, 2 oz. (59 mL)*  24/cs
MSC094424 Skin Repair Cream, 4 oz. (118 mL)*  12/cs
MSC094420 Skin Repair Cream, Pump, 32 oz. (946 mL)*  12/cs
MSC094424PACK Skin Repair Cream, 0.13 oz. (4 mL)  144/gr
MSC094410 Skin Repair Cream, Bag, (1000 mL)  12/cs
MSC094412 Skin Repair Cream, Cartridge, (1200 mL)*  8/cs
MSC094842UNSC Unscented Skin Repair Cream, 4 oz. (118 mL)**  12/cs
MSC094820UNSC Unscented Skin Repair Cream, Pump, 32oz. (946 mL)**  12/cs
MSC094410UNSC Unscented Skin Repair Cream, Bag, (1000 mL)  12/cs

* Add H to the end of the item number to order by the each
** Change the last letter of the item number from C to H to order by the 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

95-year-old white female with a Braden score of 14 on admission with bruising to both the upper and lower extremities. 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, in place of previously used products containing surfactants and petroleum-derived ingredients and evaluate the potential fiscal impact.

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.

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.

<table>
<thead>
<tr>
<th>previous Skin Care (Daily)</th>
<th>cost per application</th>
<th>average cost of care per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aloe Vesta® 3-in-1 Cleansing Foam</td>
<td>$.19</td>
<td>$1.33</td>
</tr>
<tr>
<td>Aloe Vesta Skin Conditioner</td>
<td>$.05</td>
<td>$.35</td>
</tr>
<tr>
<td>Sensi Care® Protective Barrier</td>
<td>$.21</td>
<td>$1.47</td>
</tr>
<tr>
<td>Nutrashield</td>
<td>$.45</td>
<td>$3.15</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Skin Tear Treatment (2 times/week)</th>
<th>cost per application</th>
<th>average cost of care per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound closure strips (2 per wound)</td>
<td>$.50</td>
<td>$1.00</td>
</tr>
<tr>
<td>Transparent dressing</td>
<td>$.75</td>
<td>$1.50</td>
</tr>
<tr>
<td>Dressing change (10 min), licensed nurse ($20/hr)</td>
<td>$3.33</td>
<td>$6.66</td>
</tr>
<tr>
<td></td>
<td>$4.58</td>
<td>$9.16</td>
</tr>
<tr>
<td>Total weekly cost</td>
<td></td>
<td>$12.31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study Skin Care (Daily)</th>
<th>cost per application</th>
<th>average cost of care per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remedy 4-in-1 Skin Cleansing Lotion</td>
<td>$.24</td>
<td>$1.68</td>
</tr>
<tr>
<td>Remedy Skin Repair Cream</td>
<td>$.08</td>
<td>$.56</td>
</tr>
<tr>
<td>Remedy Nutrashield</td>
<td>$.10</td>
<td>$.70</td>
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<td></td>
<td>$.42</td>
<td>$2.94</td>
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</table>

* Adapted from the original study

Clinically Tested to be:
- Non-Cytotoxic
- Non-Allergenic
- Non-Sensitizing
- Non-Irritating
- CHG Friendly
- Latex-Friendly
Remedy Dimethicone Skin Protectant

Designed as a moisturizer and light moisture barrier. Ideal for irritated (but not broken) skin.

**Breathable protection**

Remedy Dimethicone Skin Protectant provides a breathable barrier that protects against moisture. 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 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 Calazine™ Protectant Paste or Clear-Aid Skin Protectant.

**Uses**

- Temporarily protects and helps relieve chapped or cracked skin.

**Active ingredient**

<table>
<thead>
<tr>
<th>Active ingredient</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimethicone 5.0%</td>
<td>Skin Protectant</td>
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</table>

**Inactive Ingredients**

Aloe Barbadensis Leaf Juice, Ascorbic Acid, Ascorbyl Palmitate, Cetyl Alcohol, Cholecalciferol, Citric Acid, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Citrus Tangerina Peel Oil, Diazolidinyl Urea, Glycerin, Glyceryl Stearate SE, Glycerol, Helianthus Annuus Seed Oil, Hydroxytyrosol, Proline, Taurine, Methylparaben, Dimethyl Sulfone, Acetyl Cysteine, Niacinamide, Olea Europaea (Olive) Leaf Extract, Niacinamide, PEG-8, PEG-100 Stearate, Propylene Glycol, Propylparaben, Pyridoxine HCl, Retinyl Palmitate, Rosa Canina Fruit Oil, Stearic Acid, Stearyl Alcohol, Tetrasodium EDTA, Tocopherol, Triethanolamine, Vanillin, Water, Zea Mays Oil

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<tr>
<td>MSC094514</td>
<td>Dimethicone Skin Protectant, 4 oz. (118 mL)</td>
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<tr>
<td>MSC094514H</td>
<td>Dimethicone Skin Protectant, 4 oz. (118 mL)</td>
<td>each</td>
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<tr>
<td>MSC094851UNSC</td>
<td>Unscented Dimethicone Skin Protectant, 4 oz. (118 mL)</td>
<td>12/cs</td>
</tr>
<tr>
<td>MSC094851UNSH</td>
<td>Unscented Dimethicone Skin Protectant, 4 oz. (118 mL)</td>
<td>each</td>
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</table>
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.”

References:
Remedy Nutrashield™

For substantial skin protection against excessive transepidermal water loss (e-TEWL). 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 moisture from 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
• Temporarily protects and helps relieve chapped or cracked skin.

Active ingredient
Dimethicone 1.0% .................................. Skin Protectant

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, Diazoldinyl Urea, Dimethicone Crosspolymer, 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. (59 mL)  24/cs
MSC094532H Nutrashield, 2 oz. (59 mL) each
MSC094534  Nutrashield, 4 oz. (118 mL) 12/ea
MSC094534H Nutrashield, 4 oz. (118 mL) each
MSC094534PACK Nutrashield, 0.13 oz. (4 mL) 144/gr
MSC094853UNSC Unscented Nutrashield, 4 oz. (118 mL) 12/ea
MSC094853UNSH Unscented Nutrashield, 4 oz. (118 mL) each
Comparative Study of Medline Nutrashield For Wash-off Resistance

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

Clinically Tested to be:
- CHG Friendly
- Latex-Friendly
- Non-Cytotoxic
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic

Dermatologist Tested

Remedy Calazime™ Protectant Paste

Ideal for normal to irritated skin. 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.

Four 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.

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
- Nourishes skin and helps protect irritation and relieve pain associated with diaper rash
- Provides temporary relief from skin irritations, itching and discomfort in the perianal area

Active ingredients Purpose
Calamine 3.5%.............................. Protectant
Menthol 0.2%............................... Analgesic
White Petrolatum 69%..................... Protectant
Zinc Oxide 20%............................. Protectant

Inactive Ingredients
Aloe Barbadensis Leaf Juice, Ascorbic Acid, Ascorbyl Palmitate, Calamine, Tinctorius Seed Oil, Cholecalciferol, Citric Acid, Citrus Aurantium Dulcis Peel Oil, Citrus Grandis Peel Oil, Glycine, Helianthus Annuus Seed Oil, Hydroxytyrosol, L-proline, L-taurine, Methylparaben, Modified Corn Starch, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinamide, Olea Europaea Fruit Oil, PEG-8, Pyridoxine HCl, Retinyl Palmitate, Tocopherol, Tapioca Starch Polymethylsilsesquioxane, Vanillin, Water, Zea Mays Oil

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<tr>
<td>MSC094544PACK</td>
<td>Calazime, 0.13 oz. (4 ml)</td>
<td>144/gr</td>
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Use of Skin Protectant Containing Zinc Oxide on a Patient with Venous Dermatitis on Lower Limbs


Background
An elderly male with a 10-year history of venous hypertension, open ulcerations and venous dermatitis was evaluated. Denuded, damaged skin is often a problem with individuals having poor peripheral circulation.

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 pain and discomfort. The skin was clear within three weeks.

Impact
Results suggest that Remedy Calazime Protectant Paste may be useful in the relief of symptoms of denuded skin.

* Adapted from the original study

Clinically Tested to be:
- CHG Friendly
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic

Dermatologist Tested
Remedy Clear-Aid Skin Protectant

Clear protective moisture barrier that adheres to 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 to maintain conditioned skin.

Replaces several moisture barrier products
With Clear-Aid, you may not need additional skin protectants to address dry and wet 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
• Temporarily protects minor cuts, scrapes and burns. Temporarily protects and helps relieve chapped or cracked skin.

Active ingredient Purpose
White Petrolatum 50% ......................... Skin Protectant

Inactive Ingredients
Aloe Barbadensis 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, Glycine, 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, Zea Mays Oil.

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<tr>
<td>MSC094502H</td>
<td>Clear-Aid, 2.5 oz. (71 g)</td>
<td>each</td>
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</table>
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 conditioned, 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 contains the optimum 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 dry and scaly skin, skin complications associated with diabetes and recurrent ulcers.

Findings

By adding an ingredient that nourishes the skin, we have seen a dramatic improvement. Since the fully functioning and mature epithelium is our ultimate defense, we have found a way to help protect to this important organic source.

* Adapted from the original study

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

1. Adequate building blocks (nutrients).
2. Optimal conditions.
3. A healthy dermis to support the epidermal function.

How Can We Nourish and Protect the Body’s Largest Organ?

Products that are placed on the skin should moisturize and condition to improve the barrier function of the epidermis. The skin needs topical maintenance, at all times, particularly in times of distress.

Clinically Tested to be:

- CHG Friendly
- Non-Sensitizing
- Non-Irritating
- Non-Allergenic

Dermatologist Tested
Remedy Antifungal Cream helps treat fungal infections while delivering nutrients to the skin. Indicated for all common fungal infections.

Effective treatment for fungal infections
Remedy Antifungal Cream helps treat the most common fungal infections including candida albicans, tinea pedis (athlete’s foot), tinea cruris (jock itch) and tinea corporis (ringworm). Helps relieve itching, burning and irritation.

Antifungal treatment offers soothing effects
Remedy combines the treatment of fungal infections with the soothing benefits of aloe vera and Olivamine.

Other recommended products:
Begin the cleansing process with any Remedy cleansing product. Apply the antifungal product as needed. 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 jock itch

**Active ingredient**
Miconazole Nitrate 2.0% ........................................... Antifungal

**Inactive Ingredients**
Acrylamide/Ammonium Acrylate Copolymer, Aloe Barbadensis 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-taurine, Methylparaben, Methylsulfonylmethane, N-acetyl-L-cysteine, Niacinamide, Olea Europaea Fruit Oil, PEG-6 Stearate, PEG-8, PEG-32 Stearate, Polysorbate-20, Propanediol, Propylene Glycol, Propylparaben, Pyridoxine HCl, Retinyl Palmitate, Silica, Tocopherol, Triethanolamine, Vanillin, Water, Zea Mays Oil.
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 condition.

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 fungal 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

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

Strilko B, Barna A. Presented at the 39th Annual Conference of the WOCN, Salt Lake City, Utah. 2007.
<table>
<thead>
<tr>
<th>LIT #</th>
<th>Title, Author, Presentation/Publication Location and Date</th>
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<tr>
<td>LIT061</td>
<td>Positive skin care outcomes using a blend of quadrapeptide Olivamine® via a topical nutritional skin care cream. Williams T. Presented at the Symposium on Advanced Wound Care, San Diego, CA. 2005.</td>
<td>Skin Repair Cream</td>
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<tr>
<td>LIT061</td>
<td>Perineal Skin Care in the Incontinent Patient with Nourishing Olivamine® Containing Treatment Cream. Edwards J. Presented at the Symposium on Advanced Wound Care, San Diego, CA. 2005</td>
<td>Skin Repair Cream</td>
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<tr>
<td>LIT221</td>
<td>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</td>
<td>Applied to entire Remedy line</td>
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<tr>
<td>LIT292R</td>
<td>Using Remedy Nutrashield to Prevent Excessive Transepidermal Water Loss (e-TEWL). McCord D, Fore J. Independent studies performed by Dow Corning.</td>
<td>Nutrashield</td>
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<tr>
<td>LIT452</td>
<td>A Case of Periwound Skin Cleansing with Remedy Foaming Cleanser. Brennan A. Presented at the Clinical Symposium on Advances in Skin and Wound Care, Orlando, FL. 2006.</td>
<td>Foaming Body Cleanser Calazime Protectant Paste</td>
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<tr>
<td>LIT464</td>
<td>Remedy Skin Care System Used in a Case of Severely Scaling Skin on a Patient with Ichthyosis. Fleck C. Presented at The Symposium on Advanced Wound Care, San Antonio, TX. 2006.</td>
<td>Cleansing Body Lotion Skin Repair Cream Nutrashield</td>
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<tr>
<td>LIT469</td>
<td>Remedy Skin Care System Used in a Case of Dry, Flaking Skin on a Patient with Ichthyosis. Davolt D, Almaguer E. Presented at The Symposium on Advanced Wound Care, San Antonio, TX. 2006.</td>
<td>Cleansing Body Lotion Skin Repair Cream Nutrashield</td>
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<td>LIT571</td>
<td>Multipurpose Cleansing Lotion Ends Ten-Year Search for Relief from Severe Skin Discomfort. Verhage M. Presented at The Symposium on Advanced Wound Care, Tampa, FL. 2007.</td>
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<td>LIT597</td>
<td>Using Olivamine® in a Skin Cream to Protect Skin in Diabetic Patients Fortna D. Presented at the 39th Annual Conference of the WOCN, Salt Lake City, Utah. 2007.</td>
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<td>LIT600</td>
<td>The Use of an Antifungal Cream with Olivamine® in the Treatment of Cutaneous Candidiasis in Bariatric Patient. Strilko B, Barna A. Presented at the 39th Annual Conference of the WOCN, Salt Lake City, Utah. 2007.</td>
<td>Antifungal Cream</td>
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<tr>
<td>LIT603</td>
<td>Case Studies that Display Positive Outcomes with Advanced Wound Care Products in the Hospice Population. Hashley P S. Presented at the Clinical Symposium on Advances in Skin and Wound Care in Nashville, TN. 2007.</td>
<td>Cleansing Body Lotion, Skin Repair Cream, Nutrashield, Calazime, Protectant Paste</td>
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<tr>
<td>LIT671</td>
<td>Using Remedy Skin Repair Cream to Improve Dry Skin Conditions in Diabetic Patients. Fortna D, O’Connell-Gifford E. Presented at The Symposium on Advanced Wound Care, San Diego, CA. 2008.</td>
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<tr>
<td>LIT673</td>
<td>Improving Skin Tear Outcomes Using Olivamine®, a Topical Nourishing Skin Care Cream; Prevention of Skin Tears with the Elderly. Canzeri-Labish C, O’Connell-Gifford E. Presented at The Symposium on Advanced Wound Care, San Diego, CA. 2008.</td>
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<tr>
<td>Product</td>
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<td>Normal Intact Skin</td>
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<tr>
<td>---------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Cleansing Body Lotion</td>
<td>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.</td>
<td>○</td>
</tr>
<tr>
<td>Foaming Body Cleanser</td>
<td>No-rinse, phospholipid-based cleanser is used from hair to toe. Tear-free, gentle formula suitable for even the most sensitive skin.</td>
<td>○</td>
</tr>
<tr>
<td>Antimicrobial Cleanser</td>
<td>No-rinse, pH balanced formula cleanses, moisturizes, helps provide protection against bacteria and nourishes the skin in one step. Aids in reducing odor. Contains active benzalkonium chloride. Nourishes the skin.</td>
<td>○</td>
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<tr>
<td>Skin Repair Cream</td>
<td>Formulated for patients who are at-risk for skin breakdown, but beneficial for all skin types and conditions. Contains 1.5% dimethicone CHG &amp; latex-friendly, non-irritating, non-allergenic, non-cytotoxic and non-sensitizing.</td>
<td>○</td>
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<tr>
<td>Dimethicone Skin Protectant</td>
<td>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.</td>
<td>○</td>
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<tr>
<td>Nutrashield™ Skin Protectant</td>
<td>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.</td>
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<tr>
<td>Calazime™ Skin Protectant</td>
<td>Zinc oxide-based barrier that protects against moisture and minor skin irritation. Contains rich emollients (cold-pressed sunflower seed oil and organic olive oil), which make spreading easier.</td>
<td>○</td>
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<tr>
<td>Clear-Aid Skin Protectant</td>
<td>Clear protective moisture barrier that also adheres to 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.</td>
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<td>Antifungal Cream</td>
<td>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.</td>
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</table>

*Note: The table indicates the presence or absence of each product for the specified skin conditions.*
MARATHON®
Liquid cyanoacrylate barrier film designed to protect intact or damaged skin from breakdown caused by friction and moisture.
No Sting Cyanoacrylate Skin Protectant is used to protect damaged or intact skin from moisture, friction, shear, and adhesive stripping
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 ...

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