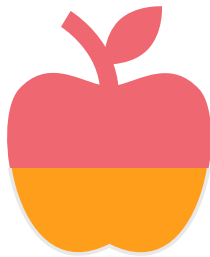


Guiding Your Team to Greater Autonomy

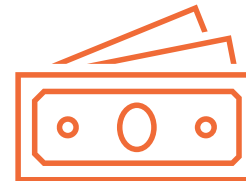
Feeding delays can have an impact on patient outcomes



- An estimated 1/3 of patients enter hospital malnourished¹
- An additional 1/3 will develop malnutrition during their stay¹



In one study, 1/5 of hospitalised patients 65 years of age or older had an average nutrient intake of less than 50% of their calorie needs²



Malnutrition can result in nearly 3x higher hospitalisation costs and nearly 3x longer hospital stay³

Consequences of malnutrition in hospital patients



Patients with malnutrition have:

2x

Greater likelihood of developing surgical site infections¹⁻³

4x

Greater likelihood of developing pressure ulcers¹⁻³

1.5x

Greater risk of remission within 15 days⁴

5x

Greater likelihood of dying⁵

£ 19.6 billion

Estimate cost of malnutrition in England every year⁶

Achieving early enteral nutrition is vital

Achieving early enteral nutrition in critically ill patients is associated with:¹⁻⁴



Fewer major complications (including infections)



Reduced hospital stay

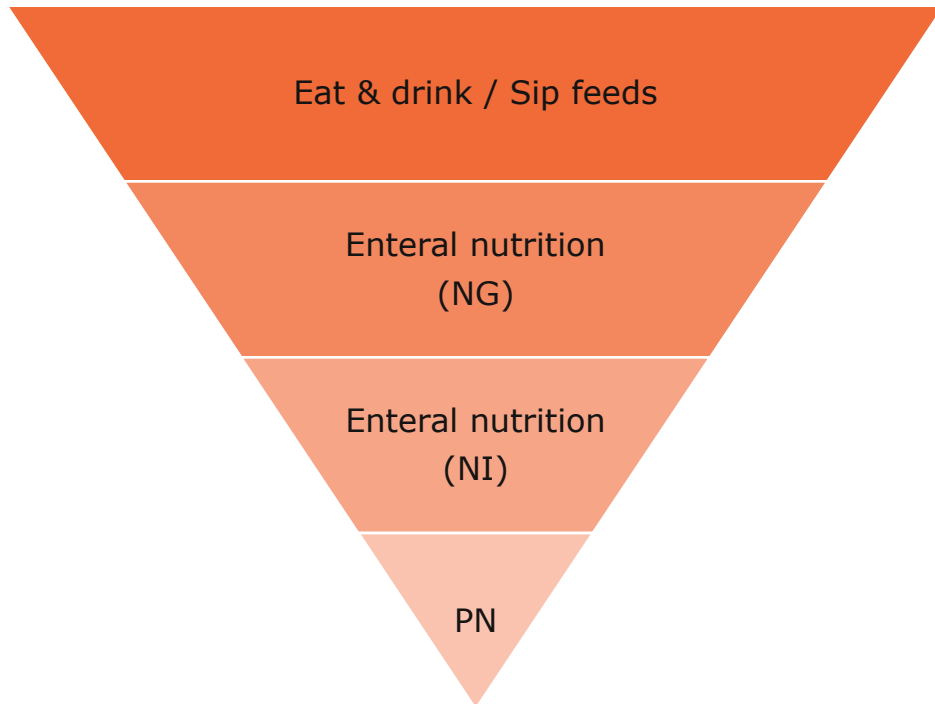


Cost savings



Identifying and treating malnutrition appropriately and implementing the NICE clinical guidance⁵ can lead to potential estimated cost savings of £126,649,987⁶

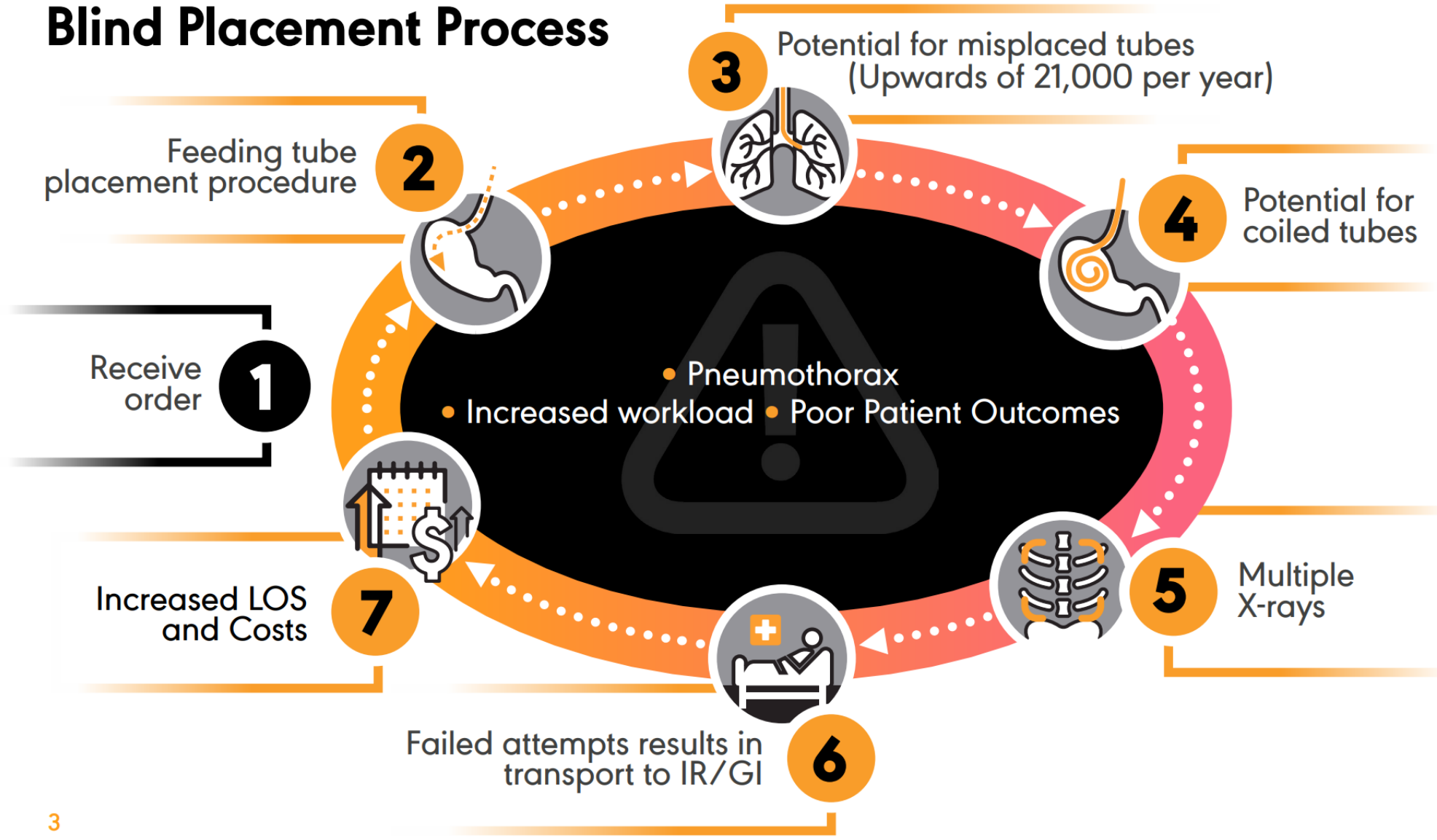
Giving patients the nutritional support they need



- Enteral nutrition is preferred over parenteral nutrition in people who are malnourished or at risk of malnutrition¹⁻³
 - Unless there is upper gastrointestinal dysfunction (e.g. non-functional, inaccessible or perforation) or enteral nutrition is inadequate

If the GUT works – Use it!

Blind Placement Process



3

Nasogastric feeding: Safety implications

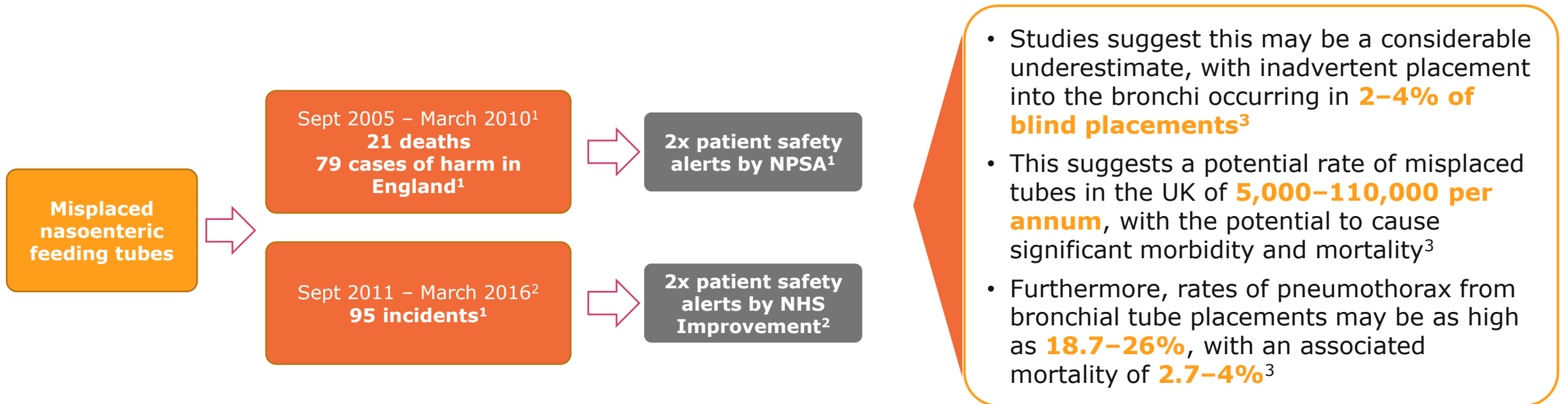
Main causes of harm caused by misplaced feeding tubes¹

- ❗ Misinterpretation of x-rays
- ❗ Feeding despite aspirate between pH6 and pH8
- ❗ Instilling water before obtaining aspirate
- ❗ No checking of tube placement

**The main causal factor
leading to harm**

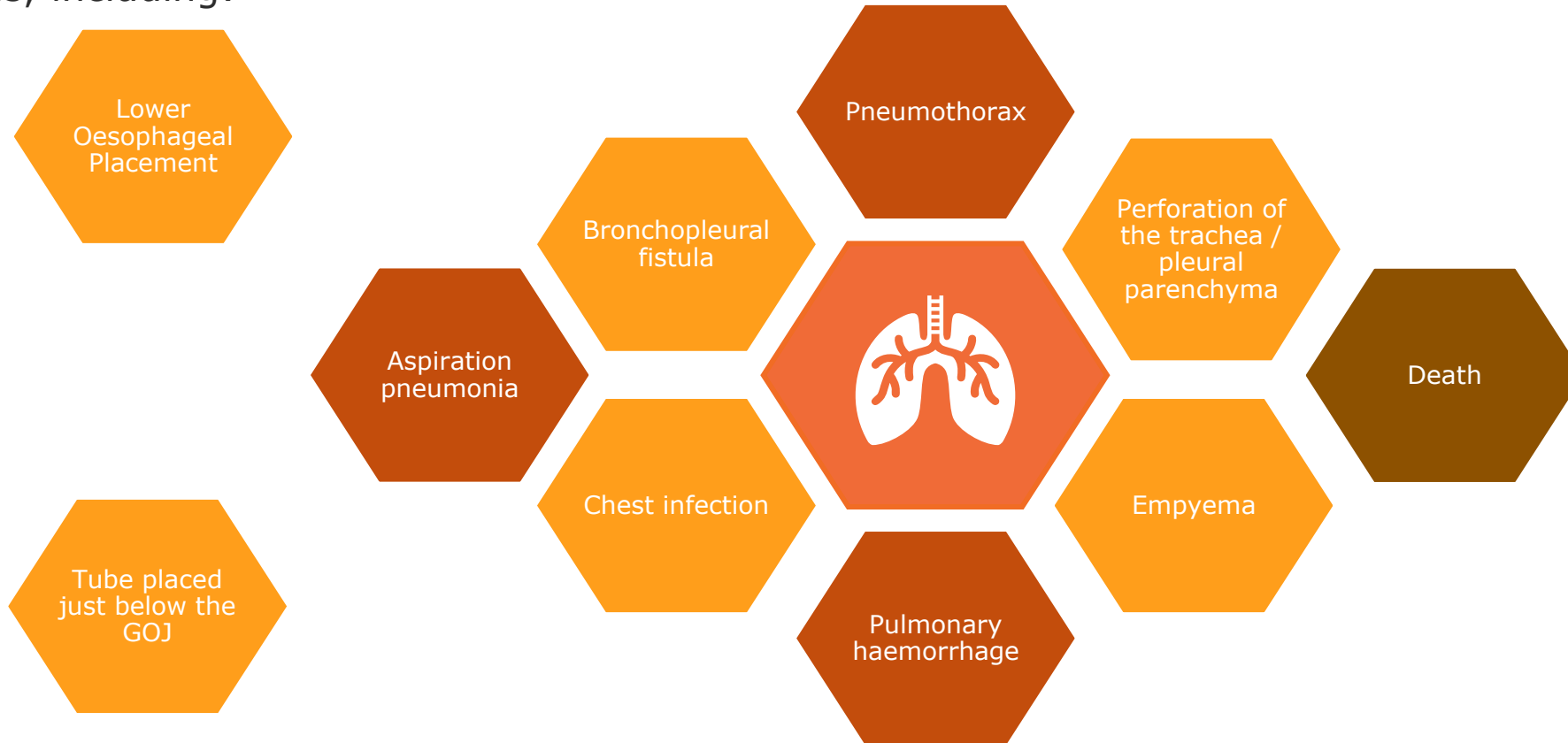
Nasogastric feeding: Patient safety alert and assessment

NPSA, NHS England and NHS Improvement published the number of events where fluids or medication were introduced into the respiratory tract or pleura via a misplaced nasogastric or orogastric tube^{1,2}



Known consequences of enteral tube misplacement

If enteral tube misplacement is not identified before feeding is commenced, the consequences can be serious, including:¹⁻³



Reduce the time-to-feed to minimise the risk of malnutrition

Key components to the solution for CORTRAK* to address:¹⁻⁴



Guided Placement addresses the challenges and provides the solution

Ensuring prompt enteral tube placement

Efficient placement¹⁻³

- **Visualisation** at bedside
- Direct tubes to desired feeding placement **with real-time feedback**
- Immediately **identify misplaced tubes**
- **Minimise complications**, such as lung placements

78.0%–98.4% tubes successfully placed¹⁻⁴

Timely feeding¹⁻³

- Can significantly **reduce the time-to-feed**
- **More efficient than blind placements**

66% reduction in the time between order for tube placement and initiation of feeding²

Reduced burden¹⁻³

- Address **feeding needs more quickly**
- **Can improve patient outcomes**
- Save time and resources
- Reduce patient suffering

Saving of \$150–\$232 per tube^{2,4}



Guided placement facilitates nasointestinal feeding

- CORTRAK* facilitates post-pyloric tube insertion at the bedside and reduces the need for confirmatory x-rays, allowing early enteral feeding¹⁻⁷



- Placement of post-pyloric tubes take on average 42 mins for blind placement vs 15.5 mins for CORTRAK^{†,6}



- 66% reduction in the time between order for tube placement and initiation of feeding⁴



- With CORTRAK*, even patients with delayed gastric emptying can receive more effective nutrition compared to using prokinetics alone²

Guided placement the solution

Supporting patient care by confirming that **CORTRAK*** is:



Accurate

- CORTRAK* virtually eliminates the risk of tube misplacement (0% vs. 1.77% misplacements with conventional methods)^{†,1}
 - However, tube misplacements can occur if healthcare professionals are not suitably trained²
- Tube position with CORTRAK* is 97.5% accurate when confirmed with x-ray^{†,1}



Fast

CORTRAK* reduces:

- The average time to start of enteral feeding to 11.5 hours vs. 21.5 hours for blind placement^{†,1}
- The mean intubation time to 9.6 minutes vs. 11.6 minutes with blind placement, or 122 minutes with blind placement plus x-ray confirmation ($p < 0.001$)³
- The mean placement time in critically ill patients to 7.6 minutes with successful placement even after gastrointestinal surgery³



Economical

- More rapid and safer tube insertion is cost effective compared to blind placement using a variety of estimates, settings and outcomes^{†,1}



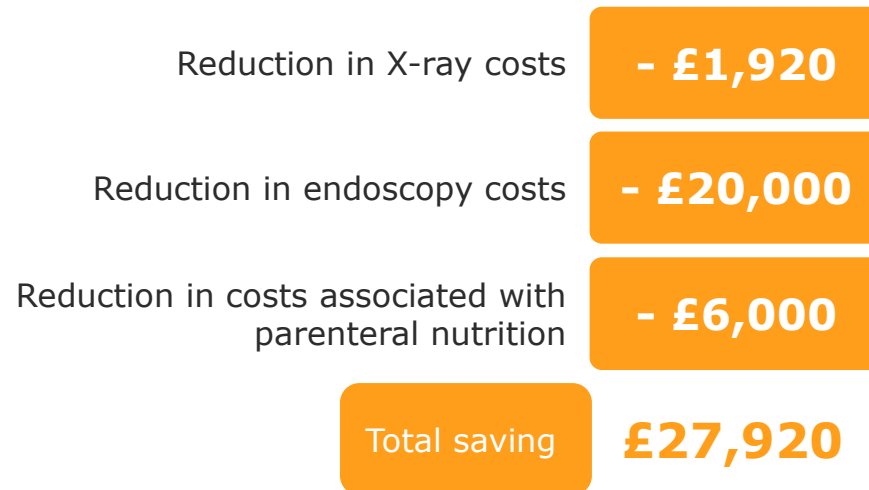
CORTRAK*: Feeding Tube placement without delay



- An electromagnetic stylet provides real-time location information on the tube tip placement within a patient's anatomy¹
- On-screen visualisation provides immediate feedback on tube entry into the upper airway, allowing repositioning before final placement^{1,2}

Cost savings with CORTRAK*

In a 14-month retrospective review of 39 tube placements in 38 patients, CORTRAK* was associated with:¹



NICE advice for CORTRAK* reports cost savings of £41 to £143 per placement (based on 2 conference abstracts and 4 published studies)²

CORTRAK* delivers real cost savings by reducing the need for x-rays and parenteral nutrition^{1,3,4}

- In addition, CORTRAK* can help reduce the unnecessary exposure to X-ray radiation^{1,4}

CORTRAK*: reducing RISK, reducing COST



Using CORTRAK* can provide effective enteral feeding safely within 1 hour of request

