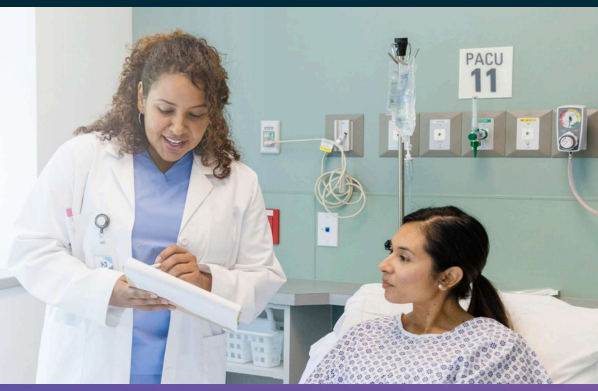
ACCELERATE DECISIONS.
OPTIMIZE PATIENT FLOW.



OBTAIN CHEMISTRIES, ELECTROLYTES, HEMATOCRIT, AND HEMOGLOBIN WITHOUT LEAVING THE PATIENT'S SIDE.[1]

~3 MIN
TIME TO RESULTS
Whole blood, fewer process steps

95 µL
SAMPLE VOLUME
Arterial or venous

8+
ANALYTES REPORTED
Including Anion Gap & Hgb (calculated)

USE i-STAT CHEM8+ TO EMPOWER CLINICIANS AND SUPPORT ED EFFICIENCY IN TRIAGE AND DISPOSITION

ACCELERATE CLINICAL DECISIONS
- Shorten turnaround time (TAT)
- Optimize the Emergency Department (ED) diagnosis and disposition process

OPTIMIZE CLINICAL PATHWAYS
- Prompt clinical intervention
- Reduce length of stay (LOS) and increase ED bed/efficacy capacity[2]

OPTIMIZE TRIAGE
- Prioritize patients
- Discharge or further treatment
- Evaluate patient acuity

SEE THE IMPACT OF i-STAT

FLORIDA HOSPITAL*[2]

65,000 Annual ED Visits | Cartridges: *CHEM8+, hs-TnI, CG4+*

91 MINUTES
LOS REDUCTION 164 TO 73 MINUTES

2.4X
PATIENT VOLUME 70 TO 167 VISITS

3.3X
SATISFACTION 25TH TO 82ND %ILE

"Accelerating test results has a cascading effect throughout the ED. We've created efficiencies that impact so many aspects of performance. Eliminating wait times and getting patients home faster is a major draw for our ED in the community."[2]

MICHAEL WHITE, MD, ED PROCESS CONSULTANT

NEWARK 24/7 URGENT CARE*[3]

Outpatient Use Model | Cartridges: *CHEM8+, hs-TnI*

$650K
SAVED

225
TRANSFERS AVOIDED

6% → 2%
TRANSFER RATE

"We've avoided 180 ED transfers, saving time, reducing costs, and dramatically improving patient experience. *i-STAT* is accurate and gives us the confidence to keep the right patients out of the ED."[3]

ERIN WATSON, MD, PRESIDENT, NEWARK 24/7 URGENT CARE CENTER

*Results specific to one facility and may differ from those achieved by other institutions.

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i-STAT CHEM8+ MAY INFORM CARE FOR ~50% OF ED PATIENTS[4]

Approximately half of the 155 million annual U.S. ED visits present with chief complaints that commonly require a BMP to inform clinical decision-making.[4]

CLINICAL SCENARIO*	CLINICAL DECISIONS ENABLEMENT
 ACUTE ABDOMINAL PAIN	• Immediate CT with contrast if creatinine normal (no delay for lab results)[5,6] • Fluid resuscitation strategy based on BUN/Cr ratio and electrolytes[6,7] • Identify diabetic ketoacidosis (DKA) presenting as abdominal pain (glucose plus anion gap)[8]
 CHEST PAIN/STEMI WORKUP	• STEMI patients to Cath lab (creatinine for contrast safety)[9,10] • Potassium correction before catheterization or electrical cardioversion[9,11] • Medication dosing adjustments for renal function[9]
 DIABETIC KETOACIDOSIS	• DKA diagnosis and severity — differentiate from surgical causes of abdominal pain[12-14] • Fluid resuscitation and electrolyte replacement strategies[12-14] • Safe initiation of insulin therapy (potassium must be monitored and replaced)[12,14,15]
 ACUTE ISCHEMIC STROKE	• Initial non-contrast CT within 25 minutes of arrival[16,17] • Glucose confirms thrombolytic eligibility (>50 mg/dL required for alteplase)[17,18] • Immediate creatinine enables faster advanced imaging decisions[17,19]
 ACUTE HEMORRHAGE	• Immediate transfusion decision based on Hct (<30% triggers consideration)[20-22] • Serial Hct monitoring detects ongoing hemorrhage[21,22] • Electrolyte monitoring during resuscitation[21-23]

*Clinical scenarios are provided to illustrate how *CHEM8+* analytes may be considered in broader clinical contexts. *CHEM8+* provides quantitative analyte measurements; results are interpreted by clinicians in conjunction with patient history, clinical assessment, and other diagnostic information, in accordance with the Instructions for Use (IFU).

LEARN HOW i-STAT CHEM8+ CAN HELP YOU ACCELERATE DECISIONS AND OPTIMIZE PATIENT FLOW.

Contact your Abbott Point of Care Representative or visit **www.globalpointofcare.abbott**.

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Intended Use

The *i-STAT CHEM8+* cartridge with the *i-STAT® 1 System* is intended for use in the *in vitro* quantification of sodium, potassium, chloride, ionized calcium, glucose, blood urea nitrogen, creatinine, hematocrit, and total carbon dioxide in arterial or venous whole blood in point of care or clinical laboratory settings.

The *i-STAT CG4+* cartridge with the *i-STAT 1 System* is intended for use in the *in vitro* quantification of pH,oxygen partial pressure, carbon dioxide partial pressure, and lactate in arterial, venous or capillary whole blood. pH, PO_2, and PCO_2 measurements are used in the diagnosis, monitoring, and treatment of respiratory disturbances and metabolic and respiratory-based acid base disturbances. Bicarbonate is used in the diagnosis and treatment of numerous potentially serious disorders associated with changes in body acid-base balance. The *i-STAT* lactate test is useful for (1) the diagnosis and treatment of lactic acidosis in conjunction with measurements of blood acid/base status, (2) monitoring tissue hypoxia and strenuous physical exertion, and (3) diagnosis of hyperlactatemia.

The *i-STAT hs-TnI* cartridge with the *i-STAT 1 System* is intended for use in the *in vitro* quantification of cardiac Troponin I (cTnI) in whole blood or plasma samples in point-of-care or clinical laboratory settings. The *i-STAT hs-TnI* cartridge with the *i-STAT 1 System* is intended to be used as an aid in the diagnosis of myocardial infarction.

For *in vitro* diagnostic use only. For complete product information, visit www.globalpointofcare.abbott.

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