

How are you collecting for Influenza & RSV?



Nasopharyngeal Aspiration is the Gold Standard for specimen collection

Introducing **NPAK** a new nasopharyngeal aspiration kit, superior
to swabs and traditional aspiration specimen collection methods.

FAST & EASY TO USE

1. Attach catheter
to pre-filled
syringe or bulb
2. Slide catheter
to age marking
and aspirate
3. Remove
catheter,
cap and send
to the lab



BULB
ASPIRATION KIT
BAK-02



SYRINGE
ASPIRATION KIT
SAK-01

N-Pak Nasopharyngeal Aspiration Kit Provides:

- All-in-one kit
- Less patient discomfort
- Highest sensitivities
- Lower cost of care

SALES AND SERVICE
O.E. MEYER CO.
MEDICAL PRODUCT DIVISION

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1-800-221-9696

NPAKTM
NASOPHARYNGEAL ASPIRATION KIT

For more information or to place an order, visit:
www.n-pak.com

NPAK™

NASOPHARYNGEAL ASPIRATION KIT

VISIT: WWW.N-PAK.COM
FOR MORE INFORMATION AND
A DETAILED PROCEDURE VIDEO.

SUPERIOR SENSITIVITIES COMPARED TO OTHER COLLECTION METHODS

Nasopharyngeal (NP) aspiration consistently provides superior sensitivities when testing for viral and bacterial pathogens such as RSV (Respiratory Syncytial Virus), Influenza and Pertussis (whooping cough), NPak™ also provides:

- A convenient kit with all components necessary to perform the aspiration
- An easy way to perform NP aspirations without wall suction or a mucus trap
- A kit that can be taken anywhere to perform the procedure
- A flexible, anatomically designed and calibrated catheter
- Much less patient apprehension and discomfort

The convenient kit is being used by health care professionals who are saving time and providing better patient outcomes with NPak™.

INFLUENZA

Sensitivity by standard culture

Nasopharyngeal aspiration	Throat Swab
100%	47%

Schmid M, Kudesia G, Wake S, Read R. Prospective comparative study of culture specimens and methods BMJ. 1998 Jan 24;316(7127):275.

RSV

Sensitivity of antigen detection

Nasopharyngeal aspiration	Nasopharyngeal swab
98% (Denmark)	63% (Guinea-Bissau)

Stensballe LG, Trautner S, Kofoed PE, Nante E, Hedegaard K, Jensen IP, Aaby P. Comparison of nasopharyngeal aspirate and nasal swab specimens for detection of respiratory syncytial virus in different settings in a developing country. Trop Med Int Health. 2002 Apr;7(4):317-21.

PERTUSSIS

Sensitivity by Dot blot assay

Nasopharyngeal aspiration	Nasopharyngeal swab	Nasopharyngeal wash
100%	75%	47%

Friedman RL, Paulaitis S, McMillan JW. Development of rapid diagnostic test for pertussis: direct detection of pertussis toxin in respiratory secretions. J Clin Microbiol. 1989 November;27(11):2466-2470.

LESS EFFECTIVE PROCEDURES:

SWABS:

- Lower Sensitivities
- More Discomfort
- No Age Calibration

WASHES:

- Lower Sensitivities
- More Discomfort
- Choking and Coughing

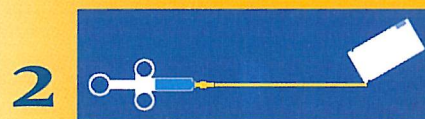
MUCUS TRAPS:

- Requires Wall Suction
- Labor Intensive
- Expensive

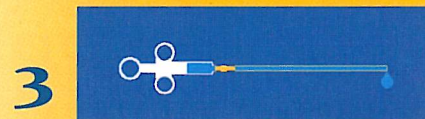
PROCEDURE



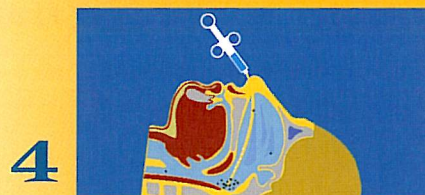
1 Patient should lie on their back with neck extended. Neck extension is important as this allows pooling of the aspirate in the nasopharynx.



2 The catheter is lubricated generously with the supplied lubricant (optional).



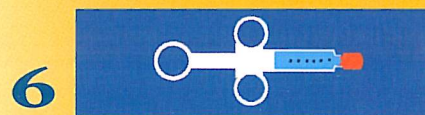
3 An appropriate volume of saline is retained or expelled in the syringe according to age.



4 Patient is instructed to hold their breath for a few seconds, and the catheter is advanced to the appropriate age depth marking or until resistance is met abutting the nasopharynx.



5 The syringe plunger is quickly pushed and pulled. The aspirate sample is adequate if between 0.5-1cc is collected of the volume instilled.



6 The catheter tip is then detached and the Luer-Lock cap is tightly secured. The aspirate specimen can then be transported to the lab in the capped syringe.