

VIDAS® EMERGENCY & CRITICAL CARE PANEL

FAST AND ACTIONNABLE RESULTS YOU CAN TRUST



High quality and cost-effective diagnostic ASSAYS for rapid and OPTIMIZED patient management

EMERGENCY DEPARTMENT (ED)



TRIAGE

ADMITTED

DISCHARGED



BIOMÉRIEUX SOLUTIONS

OR



SYMPTOMS SUSPECTED DISEASES • is the cause of 35 to 52% of all hospital deaths 1 • 1 out of 12 people in the hospital has sepsis, **INFECTION** 1 in 4 die² VIRAL/BACTERIAL Most deadly communicable disease³ • 50% of antibiotics prescribed for acute respiratory RESPIRATORY conditions are unnecessary 4 INFECTION LRTI: Lower Respiratory Tract Infection **HEART FAILURE (HF)** • 10-50% 1-year mortality* 5,6 **DYSPNEA** • Most common cause of hospitalization in people > 65 y.o.⁷ **CARDIAC** • 1-2% of total direct healthcare expenditure⁸ * Depending on the type (preserved versus reduced Ejection Fraction) and severity. VTE PE/DVT • 59% of VTE-related deaths are due to undiagnosed PE⁹ • 1 in 4 people die from thrombosis-related causes 10 RESPIRATORY VTE: Venous Thromboembolism • DVT: Deep Vein Thrombosis • PE: Pulmonary Embolism **CHEST PAIN ACUTE CORONARY SYNDROME (ACS) CARDIAC**

- Acute myocardial infarction (AMI) : 20-30% of ED patients with chest pain $^{\rm 11}$
- 5-10% STEMI | 15-20% NSTEMI 12
- NSTEMI: 13% mortality rate at 6 months¹¹

ED: Emergency Department • STEMI: ST-segment Elevation Myocardial Infarction • NSTEMI: Non-ST-segment Elevation Myocardial Infarction • NSTE.ACS: Non-ST-segment Elevation Acute Coronary Syndromes

HEAD INJURY TRAUMA TBI SEVERITY ICL RISK ASSESSMENT

MILD TRAUMATIC BRAIN INJURY (MTBI)

- \bullet mTBI makes 10% OF ED VISITS EACH YEAR. 12
- Not to miss intracranial lesions (ICL) is a key clinical concern in mTBI patients ¹³
- 70-90% of brain injuries are considered to be of mild severity. Concussion is a common type of mild TBI¹⁴

VIDAS® B·R·A·H·M·S PCT™

Aids in the risk assessment for progression to sepsis and septic shock. 15

PCT concentrations > 0.5 ng/mL. may indicate risk of developing sepsis or septic shock.

VIDAS® B·R·A·H·M·S PCT™

Aids in decision making on antibiotic therapy for patients with LRTI. 15

The strong negative predictive value of PCT provides key information for antibiotic management.

VIDAS® NT-PROBNP2

Aid in the diagnosis of suspected heart failure. 16

Confidently rule-out heart failure in acute settings.

VIDAS® D-DIMER EXCLUSION™ II

Safely exclude VTE in suspected patients. 17

Quickly and confidently excludes DVT/PE in 30 -50% of suspected patients with - a low/intermediate or unlikely PTP (pretest probability).

VIDAS[®] HIGH SENSITIVE TROPONIN I

Accelerate patient triage with high diagnostic accuracy in only 2 hours.¹⁸

Actionable 2 hours algorithm to Rule in / rule out acute Myocardial infarction.

VIDAS® TBI (GFAP, UCH-L1)

Safely rules out ICL and helps you objectively determine the need for a head CT scan in mTBI patients. 14

The powerful combination of GFAP and UCH-L1 biomarkers safely rules out intracranial lesions (ICL) and can reduce unnecessary CT scans. Helps clinicians perform fast, efficient triage in ED with confidence.





VIDAS® EMERGENCY & CRITICAL CARE PANEL

BECAUSE IT MAKES SENSE ON VIDAS®

Comprehensive emergency panel on a single instrument





Easy to perform



Discover bioMerieux range of clinical booklets for diagnostics support on https://www.biomerieux-diagnostics.com/clinician-booklets

Parameter	Reference	Code	Sample Volume	Test validated using	Test time (minutes)	Measurement Range of intepretation
B.R.A.H.M.S PCT™	30450 30450-30	PCT	200µL	Serum, Plasma (Hep.)	20	0.05 - 200 ng/mL
NT-proBNP2	30458 30458-30	PBN2	200μL	Serum, Plasma (Hep.)	20	15 - 25,000pg/mL
High sensitive Troponin I	415386 415386-30	TNHS	200μL	Serum, Plasma (Hep.)	20	4.9 - 40,000pg/mL
Myoglobin	30446	MYO	150µL	Serum, Plasma (Hep.)	15	5-1,000 μg/L
CK-MB	30421	CKMB	250μL	Serum, Plasma (Hep., EDTA)	30	0.8 - 300 ng/mL
VIDAS® D-Dimer Exclusion™ II	30455-02 30455-30	DEX2	200μL	Plasma (Cit.)	20	45 - 10,000 ng/mL (FEU)
TBI (GFAP, UCH-L1)	423615-30	GFAP UCH-L1	200μL	Serum	39	22 pg/mL 327 pg/mL

FEU: Fibrinogen Equivalent Units

Some of these reagents have not yet obtained regulatory clearance in some countries and some references may vary according to the country. Please contact your local bioMérieux representative for further information and product availability.

REFERENCES

Liu, JAMA 2014. 2. Rudd KE et al., Global, regional, and national sepsis incidence and mortality, 1990-2017: analysis for the Global Burden of Disease Study, Lancet 2020; 395: 200-113. WHO. 4. Fleming-Dutra KE, et al., JAMA. 2016 May 3;315(17):1864-73 5. P. Ponikowski et al. ESC Heart Failure 2014; 1: 4:25. 6. M.R. Cowie et al. ESC Heart Failure 2014; 1: 110-145. 7. Azad N, Lemay G, JGC. 2014; 11(4): 329-337 8. M. R. Cowie et al. ESC Heart Failure 2014; 1: 110-145. 9. Cohen AT, Agnelli G, Thromb Haemost. 2007; 98: 756-64. 10. http://www.worldthrombosisday.org (2015 11. Roffi M, et al. Eur Heart J. 2016; 37: 267-315. 12. Peterson B, Zhou H, Thomas KE, Daugherty J. CDC Surveillance Report 2017 13. Levin H, Lancet Neurol 2015 14. VIDAS® TBI Package Insert (or IFU) last version as per IVDR approval. 15. VIDAS® B.R.A.H.M.S PCT™ Package Insert or IFU last version as per IVDR approval 17. VIDAS® D-Dirmer Exclusion™ II Package Insert or IFU last version as per IVDR approval.