

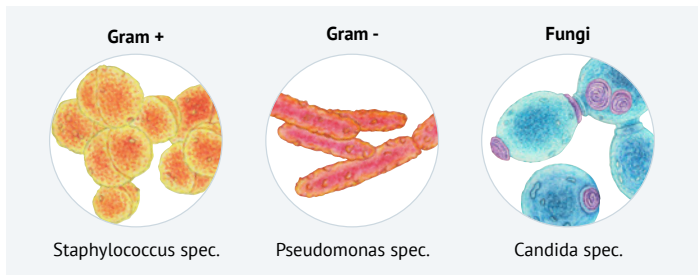
## TauroLock™ solutions and NutriLock™ to protect central-venous access devices (CVAD)



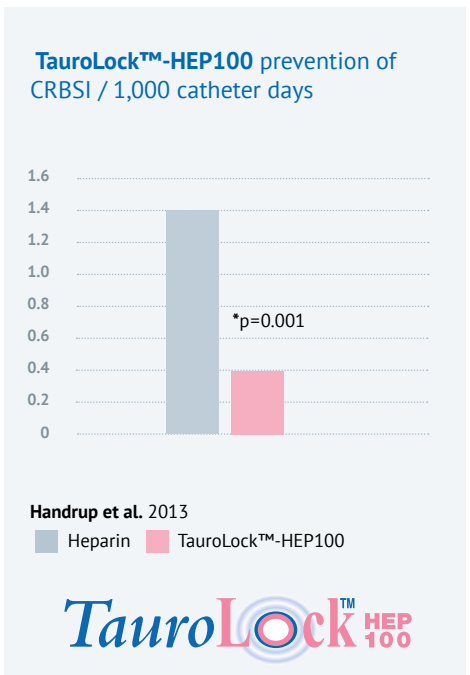
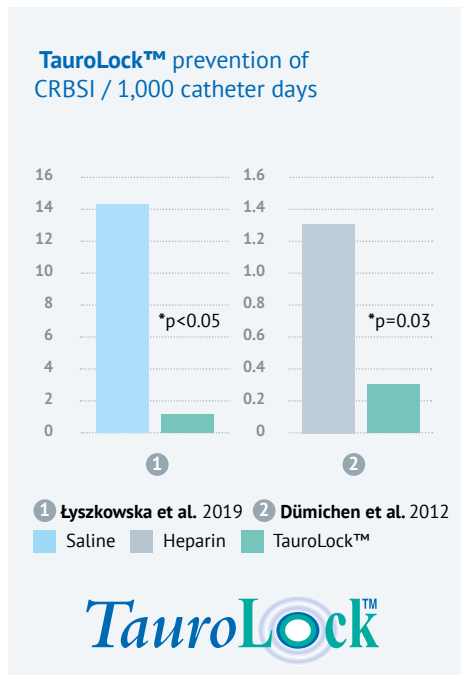
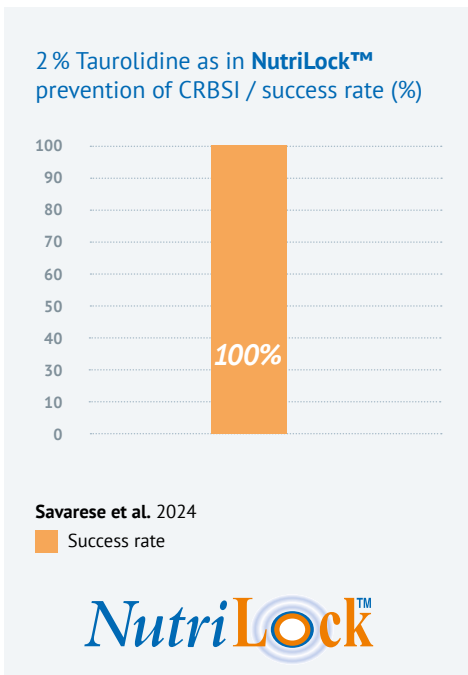
Patients undergoing cancer treatment or in critical care are highly vulnerable. For many of them, CVADs turn into lifelines. These access devices, however, carry the risk of biofilm formation and life-threatening CRBSI (catheter related bloodstream infections).

**TauroLock™ solutions and NutriLock™ have efficacy against all kinds of bacterial and fungal biofilm, resulting in a significant reduction of bloodstream infections. This ensures effective protection for patients.**

More and more expert guidelines recommend taurolidine-based lock solutions as **effective, low-risk, and cost-efficient.**



*Lock solutions containing taurolidine are recommended for the prevention of CVAD-related infections.* Simon et al. 2018





# Guidelines

## **S3 Guideline of the German Society for Clinical Nutrition and Metabolism (DGEM) in cooperation with AKE/GESKES/DGP 2024**

“Taurolidine-based lock solutions should be used to reduce the risk of CRBSI in patients at high risk; in patients at normal risk, they should be used as an additional strategy to prevent CRBSI.”

## **SEMICYUC 2022**

“Currently, the locking of CVCs with taurolidine is taking on an important role in the prevention of CRBSI, especially in certain fields such as home parenteral nutrition and other patients at high risk of catheter infection (e.g. oncology patients).”

## **AIEOP 2022**

“Locking with non-antibiotic antibacterial substances (in particular, 2% taurolidine) has been proven effective in pediatric patients in reducing the risk of infection.”

## **Evidence-based recommendations for the use of permanent CVADs in paediatric oncology 2018**

“Lock solutions containing taurolidine are recommended for the prevention of CVAD-related infections.”

## **GaVeCeLT 2016**

“...the most appropriate lock solution for infection prevention should include citrate and/or taurolidine, which have both anti-bacterial and anti-biofilm activity, with negligible undesired effects if compared to antibiotics...”

## **Russian federal clinical guidelines 2015**

“For organization of optimal venous access by children with haematological, oncological and immunological diseases  
Recommendation 40

The safest way to prevent catheter-associated bloodstream infection is to block the catheter lumen with TauroLock™ solution.”

## **KRINKO 2017**

“In case of patients with not only temporary (e.g. postoperative) cyclical parenteral nutrition over a conventional, non-tunnelled CVC, the intermittent blocking with taurolidine or ethanol may be considered, if the necessary dwell time (taurolidine 4 h, ethanol 2 h) in the catheter lumen can be maintained (Category IB for taurolidine, Category II for ethanol).”

# Prevention is better than cure.

Literature



More information on  
[taurolock.com](http://taurolock.com)



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## Publications on safety and efficacy

Use of 2% taurolidine lock solution for treatment and prevention of catheter-related bloodstream infections in neonates: a feasibility study

Savarese et al. *J Hosp Infect* 2024. DOI: 10.1016/j.jhin.2023.11.003

Effects of prophylactic use of taurolidine-citrate lock on the number of catheter-related infections in children under 2 years of age undergoing surgery

Łyszkowska et al. *J Hosp Infect* 2019. DOI: 10.1016/j.jhin.2019.04.022

Randomized controlled trial of taurolidine citrate versus heparin as catheter lock solution in paediatric patients with haematological malignancies

Dümichen et al. *J Hosp Infect* 2012. DOI: 10.1016/j.jhin.2012.01.003

Central venous catheters and catheter locks in children with cancer: a prospective randomized trial of taurolidine versus heparin

Handrup et al. *Pediatr Blood Cancer* 2013. DOI: 10.1002/pbc.24482

Clinical practice guideline on the use of peripherally inserted central-venous catheters (PICC) in critically ill patients (SEMICyUC)

Spanish Society of Intensive and Critical Care Medicine and Coronary Care Units (Sociedad Española de Medicina Intensiva Crítica y Unidades Coronarias, SEMICyUC) 2022.

Guidelines of the Italian Association of Pediatric Hematology and Oncology (AIEOP) 2022

Cellini et al. *J Vasc Access* 2022. DOI: 10.1177/1129729820969309

Evidence-based recommendations for the use of permanent CVADs in oncological paediatrics

Simon et al. *Society for Paediatric Oncology and Haematology (Gesellschaft für pädiatrische Onkologie und Hämatologie, GPOH)* 2018. Print.

Evidence-based criteria for the choice and the clinical use of the most appropriate lock solutions for central venous catheters (excluding dialysis catheters): a GAVeCeLT consensus

Pittiruti et al. *J Vasc Access* 2016. DOI: 10.5301/jva.5000576

KRINKO Prevention of infections that originate from blood vessel catheters (Part 1 – Non-tunneled central venous catheters)

Commission for Hospital Hygiene and Infection Prevention (Kommission für Krankenhaushygiene und Infektionsprävention, KRINKO) at Robert Koch Institute. *Bundesgesundheitsblatt* 2017. DOI: 10.1007/s00103-016-2487-4

S3 Guideline of the German Society for Clinical Nutrition and Metabolism (DGEM) in cooperation with AKE/GESKES/DGP 2024

Bischoff et al. *Aktuell Ernährungsmed* 2024. DOI: 10.1055/a-2270-7667

Russian federal clinical guidelines  
Government of Russia 2015.