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INTRODUCING

# Basic Metabolic Panel. **STAT.**

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# Lab-quality, actionable che results at the point of care

The GEM Premier ChemSTAT system is a whole-blood analyzer for basic metabolic panel (BMP) testing. Designed for the point of care (POC)—it delivers rapid, laboratory-quality results on demand, to improve patient management and enhance efficiency.

### Rapid results from just one sample

Venous or arterial lithium-heparinized, whole-blood samples. Results in 70 seconds, enabling rapid clinical decision-making.

**All-in-one, multi-use cartridge (GEM PAK)** Self-contained and non-refrigerated, simplifying operations at the POC. Intelligent Quality Management (iQM®)

Automated, real-time and continuous quality management, ensuring lab-quality results and ease of use at the POC.

### Menu developed for the ED with the flexibility of venous or arterial samples

- Rapid risk stratification and prioritization of high-risk, acutely ill patients
- Expedited time to treatment
- Improved patient management and quality of care

## Assay menu

### Measured parameters

MENU	Na⁺	K⁺	Ca++	Cl-	Glu	Crea	BUN	tCO <sub>2</sub>	Hct	Lac	рН	pCO <sub>2</sub>
BMP	<ul> <li>Image: A start of the start of</li></ul>	<b>√</b>	✓	$\checkmark$	<b>√</b>	<ul> <li>Image: A start of the start of</li></ul>	-	<ul> <li>Image: A start of the start of</li></ul>	$\checkmark$			
BMP Plus	-	-	-	-	-	✓	-	✓	-	$\checkmark$	✓	✓

### **Calculated parameters**

AG	HCO <sub>3</sub> -(m)	BUN/Crea ratio	BEecf	BE(B)
tHb(c)	Ca++(7.4)	Osm	eGFR (MDRD)*	eGFR (CKD-EPI)**

\* Two eGFR results are provided by the analyzer if the Crea result, age, gender and ethnicity are available:

 $\mathsf{eGFR}_{\mathsf{AA}}$  (MDRD) for African Americans (AA) and  $\mathsf{eGFR}$  (MDRD) for non-AA.

\*\* Two eGFR results are provided by the analyzer if the Crea result, age, gender and ethnicity are available:

eGFR<sub>AA</sub> (CKD-EPI) for AA and eGFR (CKD-EPI) for non-AA.

Crea (Creatinine), BUN (Blood Urea Nitrogen), AG (Anion Gap), HCO<sub>3</sub> (Bicarbonate), BEecf (Base Excess of Extracellular Fluid [*in vivo*]), BE(B) (Base Excess of Blood [*in vitro*]), tHb(c) (Calculated Total Hemoglobin), Ca<sup>++</sup> (7.4) (Ionized Calcium normalized to a pH of 7.4), Osm (Osmolality), eGFR (estimated Glomerular Filtration Rate), MDRD (Modification of Diet in Renal Disease), CKD-EPI (Chronic Kidney Disease - Epidemiology Collaboration).

GEM Premier ChemSTAT is not available in all countries.

# Data-driven decisions when minutes matter: on time, every time

Actionable BMP results at the POC provide vital, time-sensitive information, including renal function, electrolyte, acid/base balance, glucose and lactate levels. Rapid testing allows ED personnel to focus on assessment of life-threatening conditions for timely triage and management.

### Triage POC Testing (POCT)

Publications have demonstrated that when POCT was performed during ED triage:1-4

• Emergency Severity Index (ESI) triage level was modified in 15% of cases

Patient management was changed in 15% of cases

- 56% of clinicians found POCT helpful during triage
- 6% of patients were immediately brought back for treatment

### Conclusion: Triage POCT in the ED is a helpful adjunct for patients presenting with high-risk complaints.

### POCT for timely diagnosis in critical scenarios

### Acute Kidney Injury (AKI) and Contrast-Induced Nephropathy (CIN) [Lytes, Crea, eGFR, BUN]

- CIN is the third-leading cause of AKI in hospitalized patients, with ~12% incidence<sup>5</sup>
- Accurate testing may improve clinical decisions when balancing benefits of radiocontrast-enhanced imaging vs. AKI risk<sup>6</sup>
- Rapid and accurate measurement of Creatinine levels, together with eGFR values, can help prevent CIN<sup>7</sup>

### Sepsis and Septic Shock [Lytes, Lac, pH, pCO<sub>2</sub>]

- Claims more lives than breast cancer, prostate cancer and human immunodeficiency virus combined<sup>8</sup>
- Surviving Sepsis Campaign International Guidelines recommend that hospitals have a performanceimprovement program for sepsis, including sepsis screening for acutely ill, high-risk patients<sup>9</sup>
- On-demand POC lactate testing can rapidly guide protocolized, quantitative resuscitation and management of sepsis<sup>10</sup>

### Diabetic Ketoacidosis (DKA) [Glu, pH, HCO<sub>3</sub>]

- Accounts for >110,000 hospitalizations in the US annually, with 2–10% mortality<sup>11–13</sup>
- POC BMP testing allows initiation of fluid/ electrolyte replacement and insulin therapy in the ED, leading to improved patient outcomes<sup>14</sup>
- Integration of clinical findings with venous blood gas results can safely guide management decisions<sup>15</sup>

### Rapid lab-quality Creatinine results in the ED<sup>16</sup>

GEM Premier ChemSTAT system demonstrates excellent correlation with a laboratory enzymatic method\*



 Isotope dilution, mass spectrometry (IDMS)-traceable, enzymatic assay.

# Lab-quality Creatinine at the POC

### Creatinine and eGFR<sup>17</sup>

While Creatinine is an important marker of renal damage, eGFR—a calculation of a patient's blood Creatinine level, age, gender and race—is an estimate of renal function.

Error grid analysis (as described by Snaith, et al<sup>18</sup>), identifies the impact of discordant results between whole-bloodand plasma-calculated eGFRs. GEM Premier ChemSTAT demonstrates excellent concordance with the plasmacalculated laboratory method. In an evaluation of 118 whole-blood samples tested on the GEM Premier ChemSTAT system, 98.3% of the eGFR calculations were categorized in the correct risk zone, as shown below.



		CKD-EPI non-AA	CKD-EPI AA
Zone A	Correct risk classification—appropriate management	116 (98.3%)	116 (98.3%)
Zone B	Incorrectly classified, but no implication for clinical management	2 (1.7%)	2 (1.7%)
Zone C	Incorrect classification, potential for unnecessary prophylaxis or withholding of contrast	0	0
Zone D	Incorrect classification and potential for increased risk of CIN due to insufficient prophylaxis	0	0

AA = African American

**Conclusion:** GEM Premier ChemSTAT system provides rapid, lab-quality Creatinine results, enabling clinicians to accurately assess renal function at the POC.

# Real-time quality assurance



Exclusive to GEM Premier systems, iQM is an active quality management program designed to provide continuous monitoring of the analytical process with real-time, automatic error detection, correction, and documentation of all corrective actions, replacing the use of traditional external quality control.

- Provides rapid, quality-assured results with every sample, not just every 8 hours
- Identifies and reduces risks associated with testing processes
- Documents all corrective actions
- Enables immediate patient management decisions with fast and quality-assured results
- Allows clinicians more time at the bedside by reducing system maintenance and troubleshooting
- Enhances patient and staff satisfaction by eliminating unnecessary retesting and wait times

# Operational simplicity and reliability, for improved efficiency and reduced cost



### Continuous quality management vs. traditional QC





All results from 8-hour period require review

# GEM PAK saves time and reduces risk

Automates the most labor- and skill-intensive processes.

### No maintenance or manual troubleshooting

- All-in-one, multi-use GEM PAK includes all testing components (sensors, sampler, tubing, solutions and waste bag)
- No liquids or biohazardous materials enter analyzer; thus, no maintenance or troubleshooting required
- Only one GEM PAK to inventory and manage

### Ensures patient and operator safety

• All analytical components are self-contained, limiting biohazard exposure for patient and operator

### **Ultimate simplicity**

- Room-temperature storage; no refrigeration required
- Replace every 21 days
- Ideal for high- and low-volume testing needs
- With iQM, no hands-on corrective actions or manual documentation required
- Easy, front-loading



# Reduces inventory, maintenance and handling requirements for greater efficiency

# Customizable connectivity **GEM**web<sup>®</sup> **Plus**<sup>500</sup> and automated functionality



For comprehensive management of analyzers, operators and data oversight.

### **Simplifies POCT**

- Simple web access from any browser
- Optimized interface for access from computer, tablet device or directly from GEM Premier ChemSTAT systems •
- . Easy, at-a-glance dashboard
- Real-time remote management of analyzer configuration without testing interruption •
- Total automated management of operators with multi-level authorization and traceability of users, actions • and competence

### **Centralizes POCT**

- Single, unified database to access patient samples and historical results .
- Centralized access to iQM data from multiple analyzers
- Customizable to multiple connection types, including patient monitors, HIS/LIS and ADT •
- Open connectivity, including select non-Werfen analyzers\* •

\* Contact your local Werfen representative for information on non-Werfen device connection details and availability.



## Combines management of information, analyzers and operators into one intuitive system

# Lab-quality results, on demand, for rapid triage and management

### **Dimensions and Weight**

#### Analyzer

H: 46.88 cm (18.5 in), W: 33.19 cm (13.1 in) D: 41.48 cm (16.3 in), Wt: 19.1 kg (42.1 lbs)

#### GEM PAK

H: 16.73 cm (6.6 in), W: 25.93 cm (10.2 in) D: 19.31 cm (7.6 in), Wt: 3.6 kg (8.5 lbs)

### **Sample Volume**

150 µL to obtain Na+, K+, Ca++, Cl-, Glu, Lac, Hct, Crea, BUN, tCO\_2, pH,  $p\rm{CO}_2$ 

### Sample Type

Lithium-heparinized whole-blood

#### **Time-to-Results**

All test results: 70 seconds

### **GEM PAK Test Capacity**

75, 150, 300 and 450 tests

## GEM PAK Onboard Use-Life

21 days

## GEM PAK Shelf-Life

5 months

#### **Storage Conditions** Room temperature: 15°C (59°F)–25°C (77°F)

**Measurement Methodology** 

### Amperometric: Glu, Lac, Crea

**Potentiometric:** Na<sup>+</sup>, K<sup>+</sup>, Ca<sup>++</sup>, Cl<sup>-</sup>, BUN, tCO<sub>2</sub>, pH, *p*CO<sub>2</sub> **Conductivity:** Hct

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### **Interface Protocols**

ASTM or HL7 enables data transmission to a laboratory, hospital or third-party information management system.

#### **Measurable Range**

Unit	Measurable Range <sup>*</sup>
mmol/L	92–200
mmol/L	0.3–19.6
mmol/L	0.05-4.27
mmol/L	36–177
mg/dL	3–749
mmol/L	0.2–17.8
%	13–74
mg/dL	0.10–16.40
mg/dL	2.4–122.0
mmol/L	3.6–51.3
рН	6.76-8.06
mmHg	3–125
	Unit mmol/L mmol/L mmol/L mg/dL mmol/L % mg/dL mg/dL mg/dL mmol/L pH mmHg

The measurable range for a parameter is the range established through linearity and limit of quantification testing.

### **Derived (Calculated) Parameters**

AG	tHb(c)
HCO <sub>3</sub> -(m)	Ca++(7.4)
BUN/Crea ratio	Osm
BEecf	eGFR (MDRD) <sup>†</sup>
BE(B)	eGFR (CKD-EPI)†

- † Two eGFR results are provided by the analyzer if the Crea result, age, gender and ethnicity are available: eGFR<sub>AA</sub> (MDRD and CKD-EPI) for African Americans (AA) and eGFR (MDRD or CKD-EPI) for non-AA.
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