



Hospira MedNet™ Drug Library Software

Hospira MedNet™ is drug library software designed to help improve medication management at the patient's bedside and offer additional protection against medication errors that may lead to adverse drug events (ADE).¹ MedNet is the newest addition to the company's Encoded Care™ initiative, which highlights the technology-driven solutions that may help customers enhance productivity and improve patient care.

As revealed by industry reports,² medical errors including everything from medication mix-ups to misdiagnosis are a significant issue that hospitals are continually looking to prevent. The company is committed to enhancing patient safety through continued innovation in products such as MedNet.

Hospira MedNet™ Feature Overview

- Stores up to 1,200 intravenous (I.V.) infusion drug and fluid names into a database
- Offers both soft and hard dose- and rate- setting limits
 - Soft limits (current industry standard): Dose limits recommended by hospital's best-practice guidelines that clinicians can manually override
 - Hard limits: Dose limits set by the hospital that staff cannot manually override
- Applies best-practice guidelines to primary and secondary drug delivery (i.e., more than one I.V. medication), including concurrent delivery of medications (i.e., simultaneous delivery of two fluids at independent flow rates)
- Allows customization with clinical decision rules for up to 12 different clinical care areas of the hospital (e.g., intensive care unit, emergency department, anesthesia, pediatrics)
- Prioritizes high-use drugs by clinical care area for more immediate access to the most frequently used drugs
- Is compatible with Plum A+®, an I.V. drug-delivery medication management system

How MedNet May Help Prevent Medical Errors

Helps hospital staff to program, customize, and track I.V. drug and fluid delivery to help prevent and manage errors:

- Offers soft and hard dose- and rate- setting limits and lets caregivers tailor medication doses and rates suitable for their patients per hospital best-practice guidelines
- Forces confirmation of programming for final accuracy check before any pump can be activated for medication delivery
- Provides a warning message when device is programmed outside of the recommended "soft" dose- and rate- limits of the hospital's best practices protocols
- Prevents hospital caregivers from activating the device if MedNet is programmed outside of the "hard" limits determined by the hospital
- Captures and logs all alarms and alerts, allowing hospitals to track trends in compliance with the hospital's dosing and clinical rules, as well as other quality assurance measures



Quick Facts on I.V. Therapy

- I.V. therapy is an important and routine element in the treatment of hospitalized patients
- I.V. infusion sets are used for delivering fluids, nutrition, blood, blood products and medications to patients
- More than 90 percent of surgical inpatients receive some form of I.V. therapy as do one-third of non-surgical inpatients

About the Company

In August 2003, Abbott Laboratories announced the creation of a new company comprised of its core global hospital products business. The new company, named Hospira, is a specialty pharmaceutical and medication delivery company and its business includes: medication delivery systems, such as medication management systems (including electronic pumps and the MedNet drug library software), infusion therapy and critical care products; and specialty injectable pharmaceuticals, including generic acute-care injectables and intensive care proprietary pharmaceuticals. Headquartered in Lake Forest, Ill., north of Chicago, Hospira has approximately 14,000 employees and is among the largest manufacturers of hospital products in the United States.

Hospira's news releases and other information can be found at <http://www.hospira.com>.

¹ ADEs are injuries resulting from medication intervention related to the drug. ADEs occur 6.5 times per 100 hospital admissions and there are another 5.5 potential ADEs – dubbed "near misses" – within those 100 admissions. [Bates DW, Cullen DJ, Laird N, et al. Incidence of adverse drug events and potential adverse drug events: implications for prevention. JAMA. 1995;274(1): 29-34.]

² Institute of Medicine (1999). *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy Press.