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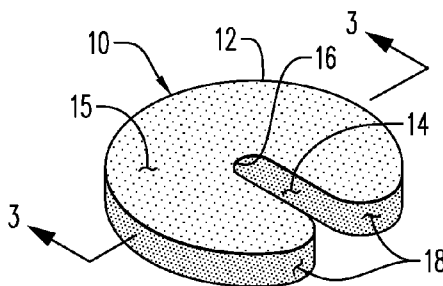
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(54) Title: HEMOSTATIC DEVICE AND METHOD

**FIG. 1**

(57) **Abstract:** A hemostatic tablet preferably including potassium ferrate and a cation ion exchange resin pressure formed into a tablet for delivery to a bleeding wound. The tablet improves the rate of adhesion to a bleeding wound surface, and allows a significantly greater and more uniform pressure to be exerted by manual compression of the tablet on the wound site, as compared to that of a thin layer of scattered hemostatic powder. After the seal is formed from the interaction of blood or exudates with the immediate contact surface of the tablet, the bulk of the unused tablet easily delaminates from the seal making clean up facile. If the unused portion of the tablet is not removed from the wound site, a reservoir of hemostatic dressing stops further bleeding and to provide antimicrobial protection and healing. The tablet may be applied to any surface orientation and take any shape and thickness possible.



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## TITLE OF THE INVENTION

Hemostatic Device and Method

## CROSS-REFERENCE TO RELATED APPLICATIONS

Not applicable

## STATEMENT REGARDING FEDERALLY SPONSORED RESEARCH OR DEVELOPMENT

Not applicable

## INCORPORATION-BY-REFERENCE OF MATERIAL SUBMITTED ON A COMPACT DISC

Not applicable

## BACKGROUND OF THE INVENTION

## Field of the Invention

This invention relates generally to hemostatic products, and particularly to the surprisingly improved performance of a novel hemostatic device which includes potassium ferrate and a cationic exchange resin when applied to a bleeding or exudating wound.

## Description of Related Art

Hemostasis powders are well known. Thompson et al, U.S. Pat. Nos., 4,545,974 & 4,551,326, disclose processes for the manufacture of potassium ferrate and similar high oxidation state oxyiron compounds. Patterson et al U.S. Pat. No. 6,187,347 and Patterson et al. U.S. Pat. No. 6,521,265, disclose the mixing of potassium ferrate and anhydrous strongly acidic cation exchange resins for the cessation of bleeding. These patents are incorporated by reference herein in their entirety. Kuo et al. (J. Vasc Interv. Radiol. 19:1 72-79 2008) disclose the benefit of ferrate/resin mixtures in reducing the time to hemostasis (TTH) from 6 minutes to 4 minutes versus D-stat, the market leader in hemostasis pads. Michelson (The American Journal of Cosmetic Surgery 25-3 2008) shows that the ferrate/resin mixtures are excellent for wound care. Michelson demonstrated complete closure of a patient with twin brachial dehisced wounds following cosmetic surgery. After 16 weeks, the patient healed without scarring.

Cook et al. in U.S. Patent No. 2,923,664 disclose a hemostatic tablet formed by the wet granulation and compression of a mixture of cellulose glycolic acid ether and its

sodium salt. Kuntz et al. in U.S. Patent No. 3,368,911 disclose a hemostatic sponge prepared by freeze drying acid swollen collagen fibrils. Pawelchak et al. in U.S. Patent No. 4,292,972 disclose a lyophilized hydrocolloid foam possessing hemostatic properties. The prior art illustrates the hemostatic tablet or sponge but provide little comparison with the powder or granulation from which the tablet originates from.

There is an unmet need for providing an alternate means for delivering a hemostatic dressing onto a wound which avoids the mess associated with the handling, application and delivery of a loose, granular powder to the wound site. A solid device, preferably a tablet, formed from loose hemostatic powder is very dense due to the high compressive force to prepare the tablet. A loose powder compressed into a solid intuitively creates a less messy product application, but the compression process results in a reduction in surface area. Therefore, the free loose hemostatic powder would be expected to be faster acting compared to the solid tablet form of this material.

The foregoing examples of the related art and limitations related therewith are intended to be illustrative and not exclusive. Other limitations of the related art will become apparent to those skilled in the art upon a reading of the specification and a study of the drawings.

#### BRIEF SUMMARY OF THE INVENTION

This invention is directed to a novel hemostatic device (to be marketed by Biolife, L.L.C. under the trademark STATSEAL) and method of arresting the flow of blood from a bleeding wound which is prepared from a powder or powdery mixture that preferably includes an effective amount of an insoluble cation exchange material preferably combined with an anhydrous salt ferrate compound. In the method, the device as a solid tablet is applied to the wound by pressing the tablet against the wound for a time sufficient to clot the blood to arrest substantial further blood flow from the wound.

#### Agglomerates

Size enlargement or agglomeration is any process whereby small particles are gathered into larger, relatively permanent masses in which the original particles can still be identified. Applications include formation of useful shapes (e.g., brick and tile) and irregular pellets or balls for the industrial beneficiation of finely divided materials.

Numerous benefits result from size-enlargement processes and, a wide variety of size-enlargement methods and applications are available, one of which is pressure compaction. Equipment used in pressure compaction includes piston or molding presses, tableting presses, roll-type presses, pellet mills, and screw extruders which provide for a wide variety of size-enlargement methods and applications. Agglomerate bonding mechanisms may be divided into five major groups: (1) solid bridges; (2) mobile liquid binding; (3) immobile liquid bridges; (4) intermolecular and electrostatic forces; (5) and mechanical interlocking. Robert H. Perry, ed. et al., (Perry's Chemical Engineers' Handbook, 6<sup>th</sup> ed., 8-60-8-61 1984).

The STATSEAL hemostatic device of this disclosure prepared by pressure compaction, preferably from a powdery mixture of a potassium ferrate/strong acid cation exchange resin, provides improved delivery and control of the application onto the wound site without the messiness associated with loose powder application. The dense packing in, for example, a tablet in a topical application on a bleeding wound is expected to be slower acting compared to the free powder form of the same mixture in terms of the control of bleeding due to the reduction in surface area. Surprisingly, the opposite was found to be true; the hemostatic tablet adhered more tenaciously to the bleeding wound than the powder and stopped bleeding faster. Once a seal is formed, the bulk of the unused tablet easily delaminates from the seal, or the unused portion of the tablet left in place provides a reservoir of hemostatic dressing for sustained and longer term capacity to stop further bleeding and to provide antimicrobial protection and healing.

The solid hemostatic tablet can either be applied to a wound that is actively bleeding or to a site that may experience bleeding later. The solid hemostat may be used to also seal a site that is oozing exudative bodily fluids and create a seal in combination with blood or exudative fluids to keep the wound site dry, preventing maceration, while simultaneously preventing wound desiccation.

#### Mechanism of Action

1. The preferred 1:7 ferrate: hydrogen resin mixed powder, as an adjunct to pressure, creates a nothing-in/nothing-out seal in well-known ways with blood.

a. The external semi- or non-occlusive vertical pressure is critical to achieving hemostasis. Without pressure, hemostasis is not consistently achieved.

b. Range of the physical factors includes particle size, density, hardness, thickness, shape, dryness, and ingredient proportions.

2. When the preferred 1:7 ferrate: hydrogen resin mixed powder is compressed to at least about 8K psi, a dense solid device is formed. The dense solid device, preferably as a tablet, is able to withstand significant manual pressure and such pressure provides a very strong and uniform force to bear on the wound surface. On the contrary, the same pressure is not easily directed on the loose powder which is scattered unevenly and is relatively thin across the wound bed. Some areas have thicker powder coverage than others and still others with possibly no coverage at all. The non-uniform coverage of the loose powder on the wound site results in lower net pressure than the uniform and higher net pressure achievable through the use of a tablet. In addition, the uniform surface of the solid tablet more evenly displaces blood therebeneath, creating a more uniform seal, and reducing the chance of pooling of blood that may occur with an uneven loose powder application. Consequently, the tablet adheres faster to the bleeding wound and hemostasis is achieved earlier compared to the powder.

3. As a seal is formed from the interaction of blood with the surface of the tablet in contact with the wound, the seal remains intact, protecting the wound, and dissociates itself easily from the rest of the unused solid hemostatic material. If this unused remainder is left attached, a large reservoir of hemostatic material provides persistent long term capacity to arrest further bleeding and promote antimicrobial protection and eventual healing. The extent of the persistent long term action can be designed by the size, shape, density, particle sizes, and thickness of the tablet.

4. The solid hemostatic device can be made to apply on all conceivable surfaces, including horizontal, vertical and angled surfaces.

5. The solid may be compression formed in different shapes or machined into different shapes after tablet formation. Machining may be performed with blades or lasers and may be used to score larger tablets to allow them to be broken into smaller shaped for application.

6. The solid may be a extruded or a continuous ribbon of solid material as any form of mechanical compression may be used.

7. The solid may be attached to adhesive bandages, swabs, surgical or dental instruments, vacuum devices and magnets, if the proper materials such as magnetite are mixed with the powder. The tools attached to the solid hemostat may be straight or bent, rigid or flexible.

8. The solid hemostat may be a single uniform powder compressed into a tablet, or the powders may be layered.

9. Microbial agents maybe added to the powder as a dry powder, absorbed into the resin, or added after the tablet is formed.

10. The solid may be adhered to compression assisting devices such as balloons, compressed foams, mechanical clamps, and compression bandages.

11. Additives such as fibrous material may be used to increase strength of the table, allowing it to be made thinner, flexible, moldable during application, or to improve cosmetic appearance.

12. The tablet may be adhered to a backing which may contain a microbial agent, an adhesive to hold the tablet in place protection of the tablet, or as a cosmetic function.

13. The tablet may be applied to a bleeding wound after a previous treatment.

The following embodiments and aspects thereof are described and illustrated in conjunction with systems, tools and methods which are meant to be exemplary and illustrative and not limiting in scope. In various embodiments one or more of the above-described problems have been reduced or eliminated while other embodiments are directed to other improvements. In addition to the exemplary aspects and embodiments described above, further aspects and embodiments will become apparent by reference to the drawings and by study of the following descriptions.

## BRIEF DESCRIPTION OF THE SEVERAL VIEWS OF THE DRAWING(S)

Figure 1 is a perspective view of a one-piece tablet embodiment of the invention.

Figure 2 is a top plan view of Figure 1.

Figure 3 is a side elevation view of Figure 2.

Figure 3A is a perspective view of a two-piece tablet embodiment of the invention.

Figure 4 is a perspective view of an alternate embodiment of Figure 1 showing the addition of a reinforcing foam backing.

Figure 5 is a reverse perspective view of Figure 4.

Figure 6 is a section view in the direction of arrows 6-6 in Figure 4.

Figure 7 to 10 are perspective views showing the deployment of the embodiment of Figure 1 onto a patient's arm as an I.V. catheter is being removed.

Figure 11 is a perspective view of another two-piece embodiment.

Figure 12 is a top plan view of Figure 11.

Figure 13 is a section view of arrows 13-13 in Figure 11.

Figure 13A is a section view similar to Figure 13 showing the addition of a reinforcing foam backing.

Figures 14 and 15 are perspective views of other one-piece tablet embodiments.

Figure 16 is a section view in the direction of arrows 16-16 in Figure 15.

Figures 17 to 24 are perspective and corresponding section views of hollow specialty configurations of the invention.

Figures 25 to 27C are perspective views of other configurations of one or multiple-piece embodiments affixed to an adhesive bandage.

Figures 28 to 33A are perspective views of other configurations of solid one-piece embodiments affixed to a delivery member.

Figure 34 is a perspective view of another one-piece embodiment.

Figure 35 is a section view in the direction of arrows 35-35 in Figure 34.

Figure 36 is a perspective view of another one-piece embodiment.

Figure 37 is a section view in the direction of arrows 37-37 in Figure 36.

Figures 37A to 37E are section views of alternate embodiments of Figure 37.

Figures 38A and 38B are top plan views of smaller pellets of the invention.

Figure 39 is a perspective view of another one-piece tablet embodiment.

Figure 40 is a section view in the direction of arrows 40-40 in Figure 5.

Figure 41 is a perspective view of the embodiment of Figure 39 packaged with an I.V. cannula inserted through the central aperture.

Figure 42 is a perspective view of the granules of Figure 38B stuck to the surface of a pliable wax-like shape for odd-shaped wounds.

Figure 43 is a perspective view of the granules of Figure 38B attached to a length of cord, string or rope.

Figure 44 is a perspective view of a hollow wafer embodiment encasing a foam inner core.

Figure 45 is a section view in the direction of arrows 45-45 in Figure 44.

Figure 46 shows a series of three separate pictorial representations of the percentage of whole beads to fragments thereof required to form the hemostatic device of this disclosure.

Figure 47 is a pictorial view of the effect of thickness in formulating the hemostatic device of this disclosure.

Figure 48 is a graphic display of hemostatic material density versus formation pressure.

Figure 49 is a schematic view of a lab test set up to evaluate the ability of the solid hemostatic device versus the powderous form thereof to achieve adhesion to a blood surface.

Figure 50 is a schematic view of an alternate lab test to that shown in Figure 49 wherein a syringe is utilized to achieve higher static pressure in evaluating the blood adhesion characteristics of a hemostatic tablet versus a free powder hemostatic material.

Figure 51 is a graphic representation of the hemostatic device disintegration rate versus formation pressure.

Figure 52 is a scanning electron microscope (SEM) photo of the hemostatic device of Figure 11 having been positioned around a vascular accessed cannula.

Figure 53 is an enlarged view of area 53 in Figure 52.

Figure 54 is a SEM side elevation view of the hemostatic device having been applied atop a bleeding wound.



Exemplary embodiments are illustrated in reference figures of the drawings. It is intended that the embodiments and figures disclosed herein are to be considered to be illustrative rather than limiting.

## DETAILED DESCRIPTION OF THE INVENTION

### Nomenclature

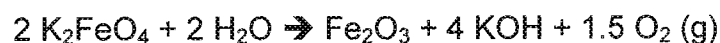
- 10. hemostatic device
- 11. hemostatic device
- 12. hemostatic body
- 13. hemostatic material
- 14. cannula access slot
- 15. skin contact surface
- 16. slot proximal end
- 17. body segment
- 18. slot entrance corners
- 19. cannula access hole
- 20. hemostatic assembly
- 21. segment opening
- 22. foam backing
- 22a. edge
- 23. access hole segment
- 24. rigid backing
- 25. body segment
- 26. cannula access slot
- 30. hemostatic device
- 32. body halves
- 34. mating edge
- 35. skin contact surface
- 36. catheter access hole halves
- 37. skin contact surface
- 38. slot entrance corners
- 39. foam backing
- 40. hemostatic device
- 42. body halves
- 44. fracture line
- 45. skin contact surface
- 46. groove thickness
- 48. skin contact surface
- 50. hemostatic device

- 52. hemostatic body
- 54. flat skin contact surface
- 56. convex skin contact surface
- 58. hemostatic material
- 60. hemostatic assembly
- 62. hemostatic body
- 63. hemostatic material
- 64. rigid outer backing
- 66. skin contact surface
- 68. outer surface
- 70. hemostatic assembly
- 72. hemostatic body
- 73. hemostatic material
- 74. rigid outer backing
- 76. skin contact surface
- 78. outer surface
- 80, 80', 80". hemostatic bandage
- 82, 82'. adhesive carrier
- 84, 84". hemostatic body
- 85. hemostatic material
- 86, 86'. adhesive surface
- 88. skin contact surface
- 90, 90'. hemostatic bandage
- 92. body array
- 94. hemostatic body
- 94'. body array
- 95, 95'. hemostatic material
- 96. skin contact surface
- 97. hemostatic material
- 98, 98'. skin contact surface
- 99. tear line
- 100, 110, 120, 130, 140, 150, 150'. hemostatic device
- 102, 112, 122, 132, 142, 152, 152'. hemostatic body
- 104, 114, 124, 134, 154, 154'. handle
- 106, 116, 126, 136, 146, 156, 156'. skin contact surface
- 108. flat end surface
- 118. curvilinear body end
- 144. flexible cord handle
- 148. curvilinear body end

158. curvilinear body end  
160. hemostatic device  
162. hemostatic body  
163. hemostatic material  
164, 166. convex skin contact surfaces  
170. hemostatic device  
172. hemostatic body  
174. skin contact surface  
176. fiber-filled hemostatic material  
177. rigid backing  
178. foam backing  
180. hemostatic body  
182. skin contact surface  
184. hemostatic material  
186. hemostatic body  
188. skin contact surface  
190. additive hemostatic material  
192. hemostatic body  
194. skin contact surface  
196. hemostatic material  
200. array  
202. hemostatic body  
204. array  
206. hemostatic body  
210. hemostatic device  
212. hemostatic body  
214. cannula access hole  
216. hemostatic material  
220. hemostatic assembly  
222. inert carrier  
224. adhesive surface  
226. irregular hemostatic bodies  
230. hemostatic assembly  
232. string or wire  
234. irregular hemostatic bodies  
236. hemostatic mat  
240. hemostatic assembly  
242. hollow hemostatic body  
244. foam insert

Broadly, the hemostatic powder composition used to form the hemostatic device of this disclosure, marketed by Biolife, L.L.C. (assignee) under the trademark STATSEAL, preferably includes an effective amount of an insoluble cation exchange material preferably combined with an effective amount of an anhydrous salt ferrate compound. Preferably, the hemostatic powder includes a mixture of the hydrogen form of a cation exchange resin (henceforth notated in short as hydrogen resin) and potassium ferrate. The hemostatic powder can be converted to a tablet by any known compression method into any size, shape, thickness and configuration. Optionally, other materials can be incorporated into the hemostatic powder to enhance performance including: antimicrobial agent, zinc oxide, binders and excipients for aiding tablet formation, magnesium stearate, sodium carboxymethylcellulose, hydroxymethyl cellulose, polyvinylpyrrolidone, medical grade fibers for added strength, natural and synthetic gums.

STATSEAL solid hemostatic devices (also referred to as tablets, discs, and wafers) are intended for use as a topical dressing for bleeding control associated with minor wounds, including control of minor external bleeding and exudates from sutures and/or surgical procedures. STATSEAL devices are preferably composed of two main components: one part potassium ferrate and seven parts hydrophilic polymer, by weight. Potassium ferrate is the oxyacid salt byproduct of the reaction between ferric acid ( $\text{H}_2\text{FeO}_4$ ) and potassium hydroxide (KOH). Potassium fusion ferrate is manufactured by the thermal combination of iron oxide ( $\text{Fe}_2\text{O}_3$ ) and potassium nitrate ( $\text{KNO}_3$ ). Potassium ferrate readily decomposes in water to produce  $\text{Fe}_2\text{O}_3$  and KOH as follows:



General

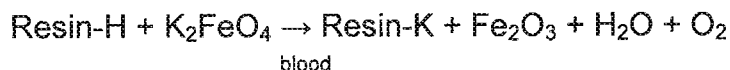
The hydrophilic polymer is a strong acid cation ion-exchange resin formed of a sulfonated copolymer of styrene and divinylbenzene (2%) in the hydrogen form. The polymer used in STATSEAL devices (PUROLITE C-122 (H); CAS No., 069011-20-7) is purchased fully hydrated and is simply heat-dried to less than 3% moisture in preparation for combination with the potassium ferrate.

STATSEAL hemostatic devices achieve their principle intended action (hemostasis) by creating a physical barrier or seal to the blood flow. The product

establishes an environment in which a natural blood clot can build and form beneath the physical seal formed by STATSEAL. The hemostatic effect of the device is produced by two simultaneous modes of action:

- The procoagulating iron-based oxyacid salt coagulates the blood protein.
- The hydrophilic polymer rapidly dehydrates the blood and absorbs exudates.

The hydrophilic polymer and oxyacid salt reaction is illustrated below:



As the device contacts blood, the seal begins to form immediately. The polymer quickly absorbs the liquid portion of the blood stacking the blood cells beneath. As the polymer absorbs the liquid it swells. As the cells rapidly stack beneath the tablet, they form the seal. This seal stops bleeding and also prevents further absorption of liquid by the polymer in the tablet. The swollen wetted polymer will allow the portion of the solid hemostat that is in contact with the blood to delaminate from the remaining dry material. The remaining dry tablet may be either removed or held in place with a covering dressing. A small portion of the tablet material remains attached to the surface of the blood or seal. As the wound heals beneath the seal, the remaining material falls off the wound site.

### Surprising Results

Because of the reduction in surface area, high density and hardness of the solid hemostatic device, expectations were that a much longer time would be required to achieve hemostasis in a bleeding wound as compared to the free powder. Surprisingly, hemostasis was achieved in a shorter time than in the case of the free powder. Furthermore, the proximal side of the tablet developed adhesion to the bleeding wound site more rapidly than the free powder. The unexpected finding is rationalized as follows. When the solid hemostatic tablet is applied on a bleeding wound, a manual pressure applied on the distal side of the tablet imposes a very strong and uniform force on the wound surface. On the contrary, the same pressure is not easily directed on the bare powder which is scattered unevenly and is relatively thin in some areas across the wound bed, with some areas possibly with no powder coverage, resulting in lower net pressure. Consequently, the tablet adheres faster to the bleeding wound and

hemostasis is achieved earlier compared to the free powder.

Another surprising finding with the tablet is the quick separation of the formed seal from the unused portion of the tablet. The seal is formed readily by the interaction of blood with the surface of the tablet in contact with the wound as discussed earlier. The quick separation between the used and unused portion of the tablet is unexpected. The seal remains intact to protect the wound while the tablet separation process is proceeding. This leaves a large reservoir of unreacted solid hemostatic material allowing persistent long term capacity to stanch further bleeding, and provide antimicrobial protection and eventual healing.

The extent of the persistent long term action can be designed by the size, shape and thickness of the tablet. The foregoing examples of size, shape and thicknesses of the tablet and limitations related therewith are intended to be illustrative and not exclusive. Moreover, the hemostatic device can be made to apply on all conceivable surfaces, including horizontal, vertical and angled surfaces. The particle size of the hemostatic powder determines, in part, the integrity of the device, particularly in the absence of a binding agent. The preferred particle size range is 80 microns to 500 microns, more preferably, 150 to 300 microns. Below 80 microns, the seal is too thin and weak while above 500 microns, the seal is not uniform and too thick with weak spots.

Any form of insoluble cation exchange material can be selected as a component of the hemostatic tablet. Preferably the cation exchange material is a cation exchange resin that is crosslinked in the range of 0.25% to 15%. The hydrogen form the cation exchange resin is preferred over other cation forms.

#### Embodiment Details

Referring now to the drawings, and firstly to Figures 1 to 3, one embodiment of the invention is there shown generally at numeral **10** and includes a circular body **12** formed of hemostatic material, the content, physical properties of which will be described herebelow. The body **12**, sometimes referred to as a wafer body, a disc, or a tablet, includes an elongated cannula access slot **14** formed radially inwardly from the perimeter to the center of the body **12**, terminating at a slot proximal end **16**. To facilitate installation around an I.V. cannula as shown in Figures 7 and 8, radiused slot entrance corner **18** forming the inlet end of the cannula access slot **14** are provided.

As seen in Figure 7, the hemostatic device **10** is positionable in the direction of arrow **A** so that the catheter, needle or cannula access slot **14** slides around the catheter and is positioned against the skin of the arm at the wound site **W**. The skin contact surface **15** of the hemostatic device **10** is then pressed against the skin in the direction of arrow **C** in Figure 8 for a time sufficient for the hemostatic material of the device **10** to interact with blood and exudate from the wound site **W**, after which the catheter is removed in the direction of arrow **B**. With the hemostatic device **10** in the position shown against the skin of the arm in Figure 9, a transparent dressing is applied thereover to protectively cover and hold the hemostatic device **10** in position over the wound site.

Referring now to Figure 3A, an alternate embodiment of the hemostatic device is there shown at numeral **11** and includes a body segment **25** having a central cannula access hole **19** formed therethrough. The body segment **25** includes a segment opening **21** into which a wedge-shaped body **17** may be inserted in the direction of the arrow after the cannula has been placed through the slot access cannula access hole **19**. An access hole segment **23** completes the cannula access hole **19** surrounding the cannula when it is properly installed.

Referring now to Figures 4 to 6, another embodiment of the invention is there shown at numeral **20** and includes the hemostatic device **10** of Figure 1 adhesively attached to a matingly shaped layer of rigid backing **24** which covers one surface of the body **12**. The proximal surface of the body **12** defines the skin contact surface **15**.

Yet another embodiment of the invention is shown at Figure 6A which includes the previously described hemostatic device **10** formed of a body **12**, the body **12** being comprised of compressed together hemostatic material **13** as described herebelow. Foam backing **22** is provided and includes edges **22a** which completely surround the otherwise exposed perimeter edges of body **12**, but do not cover the skin contact surface **15**.

A preferred embodiment of the invention is shown generally at numeral **30** in Figures 11 to 13 formed of hemostatic body halves **32** which are mateable together along proximal mating edges **34**. Centrally positioned catheter access hole halves **36** are formed into the proximal edges **34** to surround the catheter when the skin contact surfaces **35** or **37** are positioned therearound against the skin. Rounded corners **38** are

provided to reduce body breakage. The preferred dimensions of each of the halves 32 of this embodiment 30 are: l = .82"; w = .44"; t = .13", slot diameter = .12".

Referring to Figure 13A, another embodiment of the invention which includes the hemostatic device 30 of Figure 11, also includes a strengthening foam backing 39 adhesively attached to one surface 35 of each of the body halves 32, the skin contact surface 37 remaining free for skin attachment during installation.

In Figure 14, another embodiment of the hemostatic device is there shown at 40 and includes body halves 42 which are connected along fracture line 44 and held together by a groove thickness 46 of hemostatic material. The purpose of this embodiment 40 is to facilitate fracture of the body halves 42 along the fracture line 44 to be easily broken to accommodate better skin surface contact in an area of curved skin surfaces.

In Figures 15 and 16, the hemostatic device 50 formed of a body 52 having a flat skin contact surface 52 and a convex skin contact surface 56 is provided.

Referring now to Figures 17 to 24, a series of hollow specialty configurations of the invention are there shown. Each of these hemostatic assemblies 60 and 70 provide a concave curvilinear skin contact surface 66 and 76, respectively, formed of a cup or thimble-shaped hemostatic body 62 and 72, respectively. To add strength to each of these hemostatic assemblies 60 and 70, a rigid or semi-rigid outer backing 64 and 74, respectively, having a smooth protective outer surface 68 and 78, respectively, are provided. A particular use embodiment may be for a bleeding fingertip or toenail of a dog when trimmed too short.

Then, in Figures 21 to 24, convex or spherically-shaped outer skin contact surface 66' and 76' of cup or thimble-shaped hemostatic bodies 60' and 70', respectively, are provided. These hemostatic bodies 62' and 72' are supported on their inner surfaces by adhesive attachment to a rigid or semi-rigid mating outer backing 64' or 74', respectively.

Referring now to Figures 25 to 27C, a series of hemostatic bandages 80, 80', 90, and 90' are there shown. Each of these hemostatic bandages include an elongated strip of flexible adhesive carrier 82 having an adhesive surface 86 thereon. In embodiment 80, a circular tablet-shaped body 84 formed of hemostatic material 85 and having a skin contact surface 88 is centrally positioned and adhesively attached to the



adhesive carrier **82**. The hemostatic bandage **90** includes a rectangular-shaped body **94** formed of compressed together hemostatic material **95** as described herebelow and also having a skin contact surface **98**.

With respect to the hemostatic bandage **90'** in Fig. 27A, an array **94'** of thin, smaller hemostatic bodies are attached to the adhesive surface **86**, each of which are formed of hemostatic material **95'** and having a skin contact surface **98'**. This embodiment **90'** provides for flexibility of the skin contact surfaces **98'** over an irregularly or curve-shaped skin surface. Likewise, the embodiment **80'** in Fig. 27B includes a body array **92** of thin, small hexagonally-shaped hemostatic bodies, each of which is formed of hemostatic material **97** and having a skin contact surface **96**. This body array **92** provides alternative ability to conform to curved and irregular skin surfaces.

In Figure 27C, embodiment **80''** provides the adhesive carrier **82''** having spaced transverse tear or cut lines **98** to easily adjust the length of the adhesive carrier **82'**. A row of very small closely spaced hemostatic bodies **84'**, adhesively attached to adhesive surface **86'** and extending lengthwise along the flexible adhesive carrier **82'**, are alignable over an elongated wound, for example, a sutured wound. The individual hemostatic bodies provide great flexible adaptability over a contoured skin surface.

Referring to Figures 28 to 33A, an array of a plurality of hemostatic devices **100**, **110**, **120**, **130**, **140**, **150** and **150'** are there shown, each having a solid uniquely configured hemostatic body **102**, **112**, **122**, **132**, **142**, **152** and **152'** providing skin contact surfaces **106**, **116**, **126**, **136**, **146**, **156** and **156'** attached to an elongated handle **104**, **114**, **124**, **134**, **144**, **154** and **154'**. Each of the configurations of the solid hemostatic bodies may be adapted to deal with bleeding wounds at various body sites.

The flexible cord handle **144** of embodiment **140** provides an additional adaptation for replacement and withdrawal of the hemostatic body **142**, while the curved handle **154'** facilitates manipulation and positioning of the contoured irregular hemostatic body **152'**.

Referring now to Figures 34 and 35, still another hemostatic device **160** is there shown formed of a body **162** having outwardly extending curvilinear skin contact surfaces **164** and **166**. These surfaces **164** and **166** may be identical or may be of differing curvature to enhance versatility in the application of this embodiment **160**. The body **162** is formed of hemostatic material **163** as described herebelow.

Referring now to Figures 36 and 37, another one-piece embodiment of the invention is there shown generally at numeral **170** having reinforcing fibers blended with the hemostatic material **176** prior to the body **172** being pressure formed. Opposing skin contact surfaces **174** are provided. Then, in Figure 37A, the reinforced hemostatic material **176** of body **172** is further reinforced by a screen backing **177** adhesively attached to one of the skin contact surfaces **174**. In Figure 37B, the body **172** is reinforced by a thicker reinforcing foam backing **178**, while in Figure 37C, the body **180** is formed having a mesh material blended with the hemostatic material **184**. In Figure 37D, a very open foam filled rigid or semi-rigid hemostatic powder **190** is utilized to form the hemostatic body **186**. Lastly, in Figure 37E, various additives may be blended with the hemostatic material **196** to form the hemostatic body **192** having skin contact surfaces **194**. Note that the additives **196** blended with the hemostatic material may be in various forms, including binding additives, lubricants and antimicrobials.

In Figures 38A and 38B, arrays **200** and **204** of miniature solid hemostatic bodies **202** and **206** are provided which are compression formed of the powdery hydrostatic material, but, although smaller in size, nonetheless reduce the mess associated with the loose granular hydrostatic powder material. Hemostatic bodies **202** and **206** may be in a form and size similar to KITTY LITTER which, again, reduce the messiness associated with the powdery hemostatic material used to press form these hemostatic bodies **202** and **206**.

Referring now to Figures 39, 40 and 41, a completely circular tablet-shaped hemostatic device **210** formed of an annular-shaped hemostatic body **212** is there provided. A central hole **214** is formed there through sized to receive the cannula of a catheter slidably inserted therethrough and which may be packaged as shown in Figure 41 ready for use.

In Figure 42, a plurality of small solid hemostatic irregular bodies **226** are attached to a pliable, resilient inert carrier **222** having an adhesive surface **224** to form the hemostatic assembly **220** there shown. This embodiment **220** facilitates applying pressure of the hemostatic bodies **226** against various irregular skin surfaces. Figure 43 shows an embodiment **230** of irregular hemostatic bodies **234** which have been strung along the length of a string or wire **232**. Then, in Figure 43A, a plurality of these hemostatic assemblies **230** may be woven together to form a hemostatic mat **236**.

In Figures 44 and 45, to reduce the volume of compressed hemostatic material, a hollow hemostatic body **242** encasing a foam insert **244** form the hemostatic assembly **240**.

### Example 1

#### Formation Pressure

The hemostatic composition for the powder is preferably 1:7 weight mixture of ferrate: hydrogen resin, although this ratio has a range of 1:3 to 1:12. The hydrogen resin is, preferably, the hydrogen form of the 2% crosslinked, sulfonated poly(styrene) resin. The hydrogen resin is available in whole insoluble beads in the range of 500 microns or can be ground into much finer fragments averaging in size from 80 microns to 200 microns. Device formation is based, in part, on the percent of resin fractured to whole beads. The crosslinked hydrogen ion exchange resin will not melt as temperature is increased nor will it cold flow with pressure. Therefore whole resin beads alone cannot be formed into a tablet with pressure.

As seen in Fig. 46, column 3, at 45k psi, whole beads will not bind together into a solid. As shown in column 3 in Figure 46, mixtures of whole beads and fragments (61 to 89%:39 to 11%) will bind together. A sufficient percentage of fragments to whole beads (40 to 100%:0 to 60%) as shown in column 1 are required to form a usable solid by filling voids created by stacking the whole beads to allow sufficient interaction for mechanically binding the material together into a tablet.

All or some portion of the fragments may be resin alone or may be replaced with other additives to fill the voids between the whole resin beads. Those additives may be one or a combination of: potassium ferrate (preferred), binders (stearates, waxes), solid lubricants, microbial agents, other amorphous solid materials (calcium carbonate), other non-spherical absorbent materials that are dissimilar in size to the resin, to increase the packing density and contact surfaces to allow a strong tablet to be formed.

### Example 2

#### Minimum Thickness

As seen in Figure 47, the hemostatic powder preferably of 1:7 potassium ferrate: hydrogen resin, was made into solid bodies in tablet form using a lab press. Preliminary tablet formation testing of tablet thicknesses from about .5mm to 30mm established a minimum thickness of about 0.5mm for compressing the hemostatic powder into a solid

device. The photos in Figure 47 indicate that at least 0.5mm thickness is needed to create a complete usable tablet. The material was ground to  $<250\mu\text{m}$ . However, changing the grind size may affect the minimum thickness of powder needed to create a complete tablet. Based on handling or usability, the thin (0.53 mm) 20mm diameter tablet created with 45K psi (#3) had more integrity than did the thin tablet at 29K psi formation pressure. In Test #1, 29K psi was not sufficient to form a .426mm thick tablet, but in Test #2, a fragile and unstable tablet having a thickness of 0.535mm was formed.

Three tests were used for the evaluation of a usable hemostatic device for application: Density Test, Formation Test, and Friability Test.

### Example 3

#### Density Test

In Figure 48, a Tablet Density Test was used to determine the relationship of solid density (ml/g) to formation pressure (psi), from 8K to 45K psi. Above 45K psi, the density increase appears to flatten with respect to press pressure. The pressure of 45K psi is the maximum pressure rating for the 20mm round table die used for testing, to determine the amount of force needed to form a solid tablet. The tablet integrity was determined by measuring hardness and wetting rate. In addition, manual breakage of multiple tablets was also used in selecting the appropriate tablet parameters.

Tests on the lab press, a single LANE STOKES disc press, using a 1/8" thick 20mm round die (0.487 in<sup>2</sup>) showed that:

- below 8K psi the tablets are too fragile to handle and often break while being removed from the die;
- between 12K and 15K psi, the tablets could be handled but break easily;
- at between 20K and 33K psi, the tablets are acceptable; further evaluation was performed at 29K psi.

#### Example 4

##### Friability Test

The Tablet Friability Test is based on the following FDA Guidance for tablets:

*Q4B Evaluation and Recommendation of Pharmacopoeial  
Texts for Use in the ICH Regions: Annex 9 Disc Friability  
General Chapter*  
<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM176888.pdf>

Friability is a determination of mass loss during a tumbling test. A tablet is dropped 100 times from a specific height and measurement is taken to determine how much mass is lost. The mean loss should be no more than 1% for tablets, per USP, unless otherwise specified by dosier.

The USP tests ensure that tablets packed in bottle with many other tablets do not lose mass prior to being ingested by the patient. A mass loss would result in a reduction of medication being ingested. In the case of the a topically applied hemostatic tablet there is no prescribed medication and, more importantly the tablets will be packaged as individual units and protected to ensure the tablets are intact on arrival. The risk of any breakage will be mitigated via packaging.

A modified Tablet Friability Test was designed by pouring tablets through a 2" PVC tube from a beaker into a catch beaker. The height from the top of the PVC to the surface of the catch beaker was set at 150mm (based on the USP Friability Protocol). The Tablet Friability Test showed that the average loss was 2.5%. This amount of loss is acceptable because the tablet is externally/topically applied to the wound surface and, breakage is mitigated through unitized protected packaging.

#### Example 5

##### Adhesion Test

The 20mm diameter tablet and the free powder prepared from the same composition consisting of 1:7 potassium ferrate: hydrogen resin, were tested for in terms of their ability to achieve adhesion to the blood surface. A blood seal test was employed as follows:

1. 0.10 mL of EDTA stabilized porcine blood was placed and spread evenly in the one inch diameter circle outlined in a plastic boat;

2. The test material was poured or placed on the top of the evenly spread blood;
3. Moderate manual pressure was placed on top of the test material for 90 seconds;
4. Using a spatula, the blood seal formed by action of blood and the test material was tested for adhesion and strength by scrapping with a spatula.

The results showed that the free powder created an uneven blood seal with moderate adhesion and upon scrapping, provided moderate strength in terms of the lifted seal. The excess portion of the unused free powder had been exposed to and deactivated in the atmosphere and has lost most of its capacity for further use. On the other hand, the 20mm diameter tablet broke open into two parts, the first part revealed a thicker blood seal with excellent adhesion and strength and, the second part having a significant portion of the tablet unused and intact. The second portion constituting the used tablet remains as a reservoir to stop bleeding and absorption of exudates.

#### Example 6

##### Hemostasis Comparison Powder vs. Solid Tablet

Referring to Figure 49, the 20mm diameter tablet and the free powder prepared from the same composition consisting of 1:7 potassium ferrate: hydrogen resin were tested for hemostasis efficacy using a low pressure gravity flow system. The results showed that for a low pressure gravity flow system, there were no impact on hemostasis efficacy by mechanically compressing the powder versus using the powder itself. In the next example, testing at high pneumatic pressure distinctly demonstrate that the tablet surprisingly outperforms the free powder.

A 60 ml syringe is filled with approximately 25 ml of blood. The test block formed from a 1.5" clear acrylic block. Assuming the entry hole designed to fit a barbed fitting to connect to ¼" flexible vinyl tubing and a 1/8" diameter outlet hole. The syringe is elevated to 30cm above the top of the test block, creating a pressure of 30cm water which equated to 20mm Hg (mercury).

The valve was opened and the blood was allowed to surface. The valve was closed and the blood was spread over an area approximately 0.5" from the outlet. The test material was placed over the blood covering the outlet hole. Contact pressure was held with a 100 gram mass for 60 seconds. After the 60 seconds the 100 gram mass

was removed and the valve was opened for 30 seconds. If no blood exits the hole sealing of the hole occurred and the test sample passed the test.

As shown in Table 1 below, both the powder (N=5) and the Tablet (Tablet) (N=10) passed all testing.

Table 1  
Hemostasis comparison powder to tablet

	Powder	Solid Tablet
1	Pass	Pass
2	Pass	Pass
3	Pass	Pass
4	Pass	Pass
5	Pass	Pass
6	-	Pass
7	-	Pass
8	-	Pass
9	-	Pass
10	-	Pass

#### Example 7

##### Sealing Test

##### Powder vs. Solid Tablet

The 20mm diameter tablet and the free powder prepared from the same composition consisting of 1:7 potassium ferrate: hydrogen resin, were tested for hemostasis efficacy using a high pneumatic pressure system as detailed below in the study design and experiment. The apparatus is schematically represented in Figure 50. The results indicated that the tablet was unexpectedly superior to the free powder in hemostasis efficacy during high pneumatic pressure testing. The tablet creates a significantly stronger seal capable of stopping higher pressure bleeding than the free powder that defies expectation. This surprising finding implies that the uniform surface of the tablet enables a much greater manual pressure to be exerted on the blood than the free powder which provides a non-uniform and irreproducible force on the blood. Furthermore, the dense nature of the tablet surface in contact with the blood and the huge reservoir of the composition concentrated in the tablet enable rapid dehydration and significantly better adhesion than for the loose and low density powder. The much

greater surface area of the loose powder would lead to the expectation that the powder would perform significantly better than the tablet where less surface is in contact with the blood.

In this test, a test block is created from a 1.5" clear acrylic block. The test block has an entry hole designed to fit a barbed fitting to connect to ¼" flexible vinyl tubing and a 1/8" diameter outlet hole. The first step is to pull back the syringe plunger, power up the manometer and set the manometer to record the maximum value. The syringe plunger is compressed to pressurize the system until the blood seal fails. The manometer records the maximum pressure created just prior to the seal failure. Next blood is placed around the 1/8" outlet hole. The tablet is then placed over the blood. Care is taken to ensure that the blood completely encircles the hole, and that the tablet completely covers the hole as well. A gloved finger is used to apply slight manual pressure to the tablet. The pressure forces the liquid blood from beneath the tablet. The tablet is allowed to set for ~15 seconds and then the plunger is compressed.

During the first attempt, the maximum reading on the manometer reached 408mm Hg and the tubing dislodged from the syringe. A zip tie was used to prevent future failures, and a pressure of 500mm Hg was set at an end point.

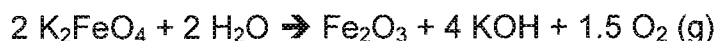
The tablet was tested 15 times and all consistently reached the end point of 500mm Hg without failure of the seal. In contrast, the free powder only reached an end point of 100mm Hg demonstrating the superior and unexpected performance of the tablet.

Comparatively loose powder reached an average hold pressure of 310mm Hg in the same test. A small foil disk was used to prevent the powder from filling and occluding the hold in the loose powder testing. The powder also required a 75g mass to maintain the seal integrity. Surprisingly the solid preformed better than did the loose powder with no addition mass holding the solid in place above the simulated wound.

#### Example 8

##### Oxygen Generation

Upon wetting potassium ferrate decomposes. Upon decomposition potassium ferrate released oxygen gas:





A test is designed to measure the amount of oxygen generated by a mass of PRO QR powder vs. a similar mass of powder compressed into a solid tablet upon wetting. For this test 45K psi was applied to 2-3 grams of powder in a 20mm diameter tablet die using a lab press. In manufacturing typically 29K psi will be required to produce a 20mm diameter tablet. This test is using excessive force to further exacerbate any potential for decomposition of potassium ferrate due to mechanical compression of the powder.

This test concluded that upon wetting powder will liberate 3.90ml of oxygen gas per gram of powder, and powder compressed into a tablet will liberate 4.05ml of oxygen gas per gram of powder. The percent difference between the oxygen collected in the test for the powder vs. the tablet is 3.77%. This difference is with the 5% coefficient of variance which is used to indicate a good analytical test. Therefore the results are nearly equal and it can be concluded compressing the powder into a tablet does not cause degradation of the potassium ferrate.

In this experiment, a sample of the powder or tablet is placed in a small dry bottle. The bottle is sealed creating a closed system where any gas generated is forced to exit thru a small tube. This outlet of the exit tube is set up to bubble gas into a partially submerged inverted filled graduated cylinder (filled with water). As the gas bubbles into the graduated cylinder it displaces an equal volume of water. This allows for the evolved gas to be measured.

As the powder or tablet is wetted, the potassium ferrate decomposed releasing oxygen. The test material is placed in the dry bottle in the closed system. A syringe is used to inject water into the bottle. In this test, 15ml of water was injected each time. This volume of water was accounted for in the calculations. Also the graduated cylinder was replaced with a 50ml burette for more accurate reading of the results. The starting point for the gas measurements was the displacement point created by injecting 15ml of water into the empty bottle in the closed system.

#### Example 9

##### Disc Disintegration Test

This test is designed to determine the time for the hemostatic tablet to physically break down into the components in water. The tablet is composed of manually compressed powder composed of a hydrophilic polymer that swells as it absorbs water

and potassium ferrate. As the polymer wets and swells it causes disintegration of the tablet. This wetting rate is dependent upon the pressure at which the tablet is pressed.

In this experiment, water is flowed across the tablet in a tube. A screen with approximately 2mm openings is used to support the tablet in a 2.9cm diameter tube. A siphon break is elevated to maintain a liquid level 2-3 inches above the screen. The flow rate for the test was 562 ml/min. The end point is when there is no longer any material above the screen.

The pump is turned on. The disc is dropped into the tube with the water running and a stopwatch is started. The disc is observed and, when there is no longer any material above the screen the time recorded.

Nine (9) tablets were produced on a lab press using a 20mm die and varying amount of force. The machine made sample was produced on a Stokes single lane tablet press. That machine made samples of average weight of 1,500mg for the Lab Press. Fifteen (15) samples were produced on the Stokes single lane disc press. Average Mass of 750mg. All tablets tested had a similar thickness of near 1/8".

Disintegration rate is shown to be linear with respect to press pressure for tablets between 8K (disintegration time: 40 seconds) and 45K psi (disintegration time: 180 seconds) for a 20mm diameter round tablet. Therefore, wetting or disintegration rate is a relationship of the closeness of particles and capillary action to wet the "next" layer of material and minimum preferred disintegration time of 40 seconds is achieved at 8K psi formation pressure.

While a number of exemplary aspects and embodiments have been discussed above, those of skill in the art will recognize certain modifications, permutations and additions and subcombinations thereof. It is therefore intended that the following appended claims and claims hereinafter introduced are interpreted to include all such modifications, permutations, additions and subcombinations that are within their true spirit and scope.

## CLAIM OR CLAIMS

1. A hemostatic device for arresting the flow of blood from a bleeding wound comprising:

a tablet formed by compression from a mixture of an insoluble cation exchange material and a substantially anhydrous salt ferrate;  
one surface of said tablet defining a skin contact surface.

2. A hemostatic device as set forth in Claim 1 wherein:  
a portion of said cation exchange material is in whole bead form in a size range of 80 to 500 microns prior to said tablet being formed;  
said salt ferrate is in powder form in a size range of up to about 100 microns prior to said tablet being formed.

3. A hemostatic device as set forth in Claim 2 wherein:  
a portion of up to 40% of said beads are fractured.

4. A hemostatic device as set forth in Claim 1 wherein:  
a density of said tablet is in the range of at least 1.07 ml/g.

5. A hemostatic device as set forth in Claim 1 wherein:  
said tablet is capable of liberating oxygen, upon submerging said tablet in water, in an amount generally equal in volume to the amount of oxygen liberated by an equal volume of said mixture in powder form prior to said tablet being formed.

6. A hemostatic device as set forth in Claim 1 wherein:  
said tablet has a disintegration rate, when bathed in flowing water thereover, of at least 60 seconds.

7. A hemostatic device as set forth in Claim 1 wherein:  
said tablet has a minimum thickness of 0.5mm.

8. A hemostatic device as set forth in Claim 1 wherein:  
said tablet includes a slot extending inwardly from a perimeter of said tablet, said slot sized to slidably engage around a catheter.

9. A hemostatic device as set forth in Claim 1 wherein:  
said tablet is formed of two separate unequal sized body segments, one  
said body segment including a wedge-shaped opening into which the  
other said body segment fits, said segments together defining an  
access hole for receiving a catheter therethrough.
10. A hemostatic device as set forth in Claim 1 wherein:  
said tablet is formed of two body halves connected together along a fracture  
line wherein said tablet may be easily broken along said fracture line  
to fit against curved skin adjacent a wound.
11. A hemostatic device as set forth in Claim 1 wherein:  
said skin contact surface of said tablet is convex.
12. A hemostatic device as set forth in Claim 1 wherein:  
said skin contact surface of said tablet is concaved.
13. A hemostatic device as set forth in Claim 12, further comprising:  
a reinforcing backing layer attached to and covering one surface of said  
tablet.
14. A hemostatic device as set forth in Claim 13 wherein:  
said tablet has a convex curvilinear skin contact surface and said  
reinforcing backing layer is attached to an outer curvilinear surface of  
said tablet.
15. A hemostatic device as set forth in Claim 13 wherein:  
said tablet has a concave curvilinear skin contact surface and said  
reinforcing backing layer is attached to an inner curvilinear surface of  
said tablet.
16. A hemostatic device as set forth in Claim 1, further comprising:  
an antimicrobial agent added to said mixture.
17. A hemostatic device as set forth in Claim 1 wherein:  
an elongated strip of flexible adhesive carrier having an adhesive surface to  
which said tablet is attached, said adhesive surface attachable  
against skin to hold said skin contact surface against the bleeding  
wound.

18. A hemostatic device as set forth in Claim 17 wherein:  
a plurality of closely spaced small said tablets are arranged in a line along the length of said carrier, said line of tablets capable of being aligned and held by said carrier atop an elongated open or sutured wound.
19. A hemostatic device as set forth in Claim 1, further comprising:  
an elongated rigid, semi-rigid or flexible handle attached to said tablet, said tablet being in a regular or irregular three-dimensional form having a uniform or varying cross section.
20. A hemostatic device as set forth in Claim 1, further comprising:  
reinforcing fibers added to, and uniformly blended with, said mixture prior to tablet formation.
21. A hemostatic device as set forth in Claim 1, further comprising:  
a three-dimensional pliable, inert carrier having an outer surface onto which a plurality of small said tablets are attached.
22. A hemostatic device as set forth in Claim 1, further comprising:  
granular or powdered magnetite added to said mixture prior to tablet formation to facilitate tablet pressure formation and tablet manipulation with a magnet device.
23. A method of arresting the flow of blood from a bleeding wound comprising the steps of:  
providing a tablet prepared from a powderous mixture of an insoluble cation ion exchange material and a substantially anhydrous salt ferrate which will hydrate in the presence of blood thereby promoting clotting of the blood;  
placing the tablet on the bleeding or exudating wound, and applying pressure on the distal side of the tablet for a time sufficient to clot the blood to arrest substantial further blood flow from the wound.
24. The method of claim 23, wherein:  
said insoluble cation ion exchange material is the hydrogen form of a cation exchange resin.

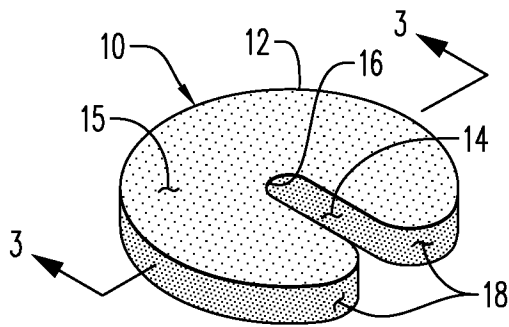
25. The method of claim 24, wherein:  
said powdrous mixture used to form the tablet includes an antimicrobial agent.
26. A hemostatic tablet adapted to be applied directly atop a bleeding wound comprising:  
an effective amount of an insoluble cation exchange material combined with an effective amount of salt ferrate;  
said salt ferrate promoting blood clotting at the wound, said cation exchange material forming a protective cover over the wound;  
said hemostatic tablet forming a ready and strong seal over the bleeding wound after pressure is applied on the distal side of the tablet for a suitable time, an unused or unreacted portion of the tablet, after the seal is formed, constituting a reservoir for persistent and long lasting protection against further bleeding/exudation.
27. A hemostatic device for arresting the flow of blood from a bleeding wound comprising:  
a tablet formed by compression from insoluble cation exchange material, a portion of at least 40% of said beads being fractured;  
one surface of said tablet defining a skin contact surface.
28. A hemostatic device as set forth in Claim 27 wherein:  
a portion of said cation exchange material is in whole bead form in a size range of 80 to 500 microns prior to said tablet being formed.
29. A hemostatic tablet adapted to be applied directly atop a bleeding wound comprising:  
an effective amount of an insoluble cation exchange material combined with an effective amount of salt ferrate;  
said salt ferrate promoting blood clotting at the wound, said cation exchange material forming a protective cover over the wound;

said hemostatic tablet forming a seal over the bleeding wound after pressure is applied on the distal side of the tablet, an unused or unreacted portion of the tablet, after the seal is formed, constituting a reservoir for persistent and long lasting protection against further bleeding/exudation;

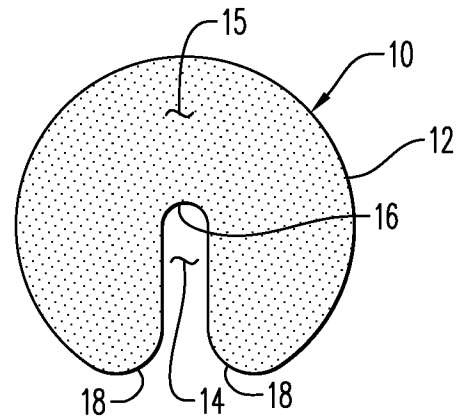
a portion of said cation exchange material is in whole bead form in a size range of 80 to 500 microns prior to said tablet being formed;

said salt ferrate is in powder form in a size range of up to about 100 microns prior to said tablet being formed;

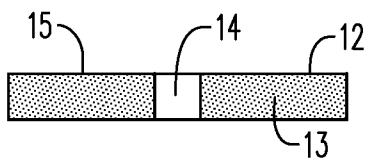
a portion of up to 40% of said beads being fractured.



**FIG. 1**

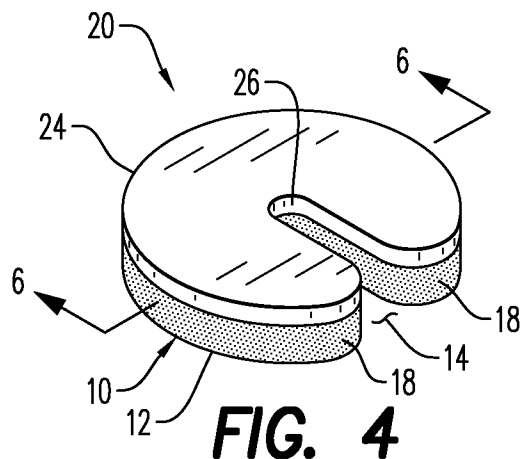
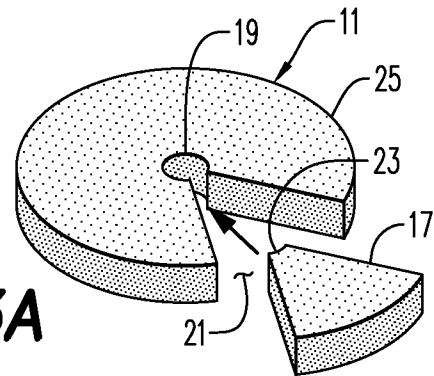


**FIG. 2**

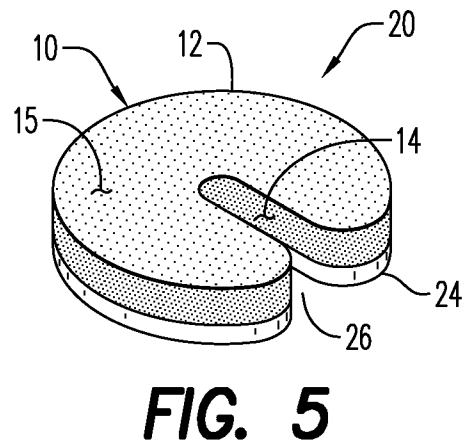


**FIG. 3**

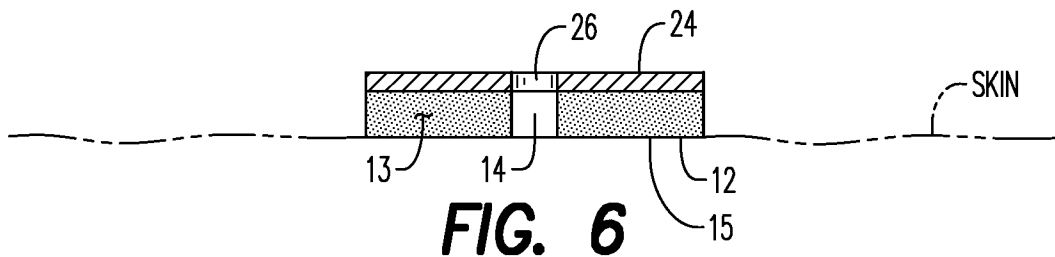
**FIG. 3A**



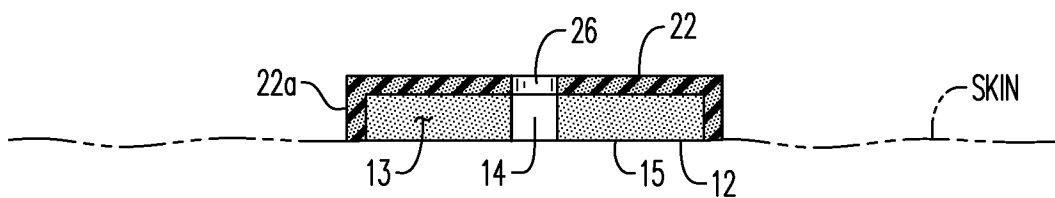
**FIG. 4**



**FIG. 5**



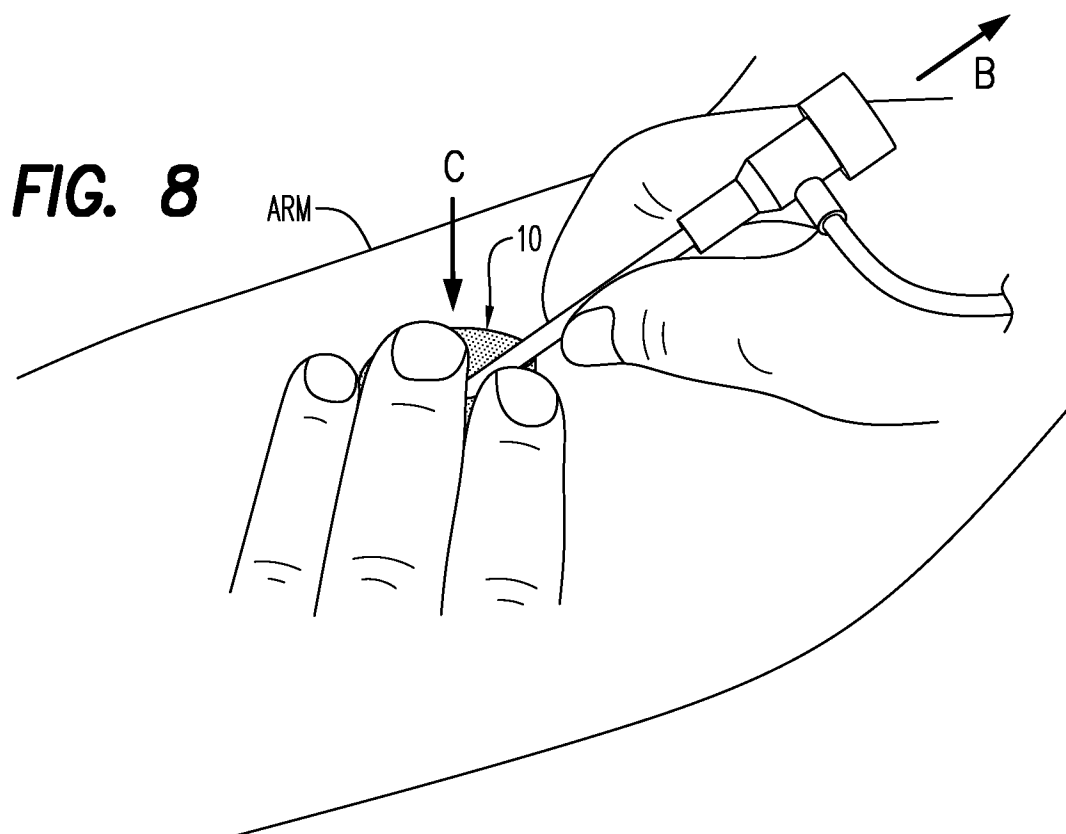
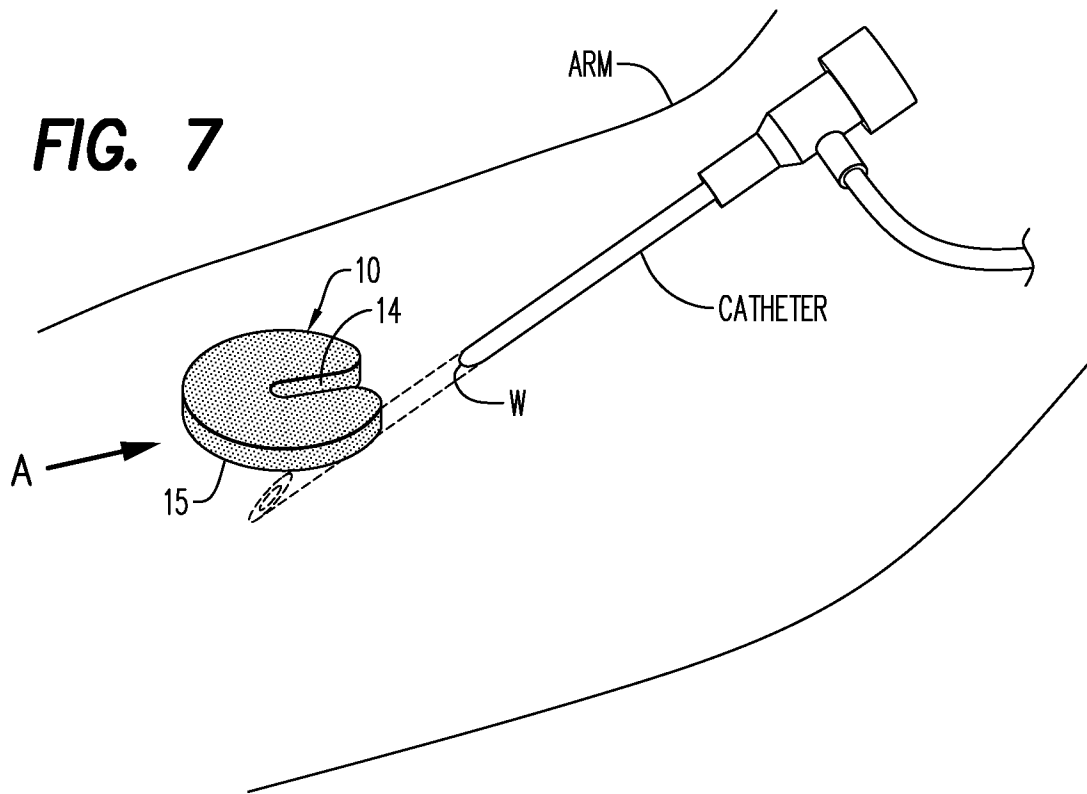
**FIG. 6**



**FIG. 6A**

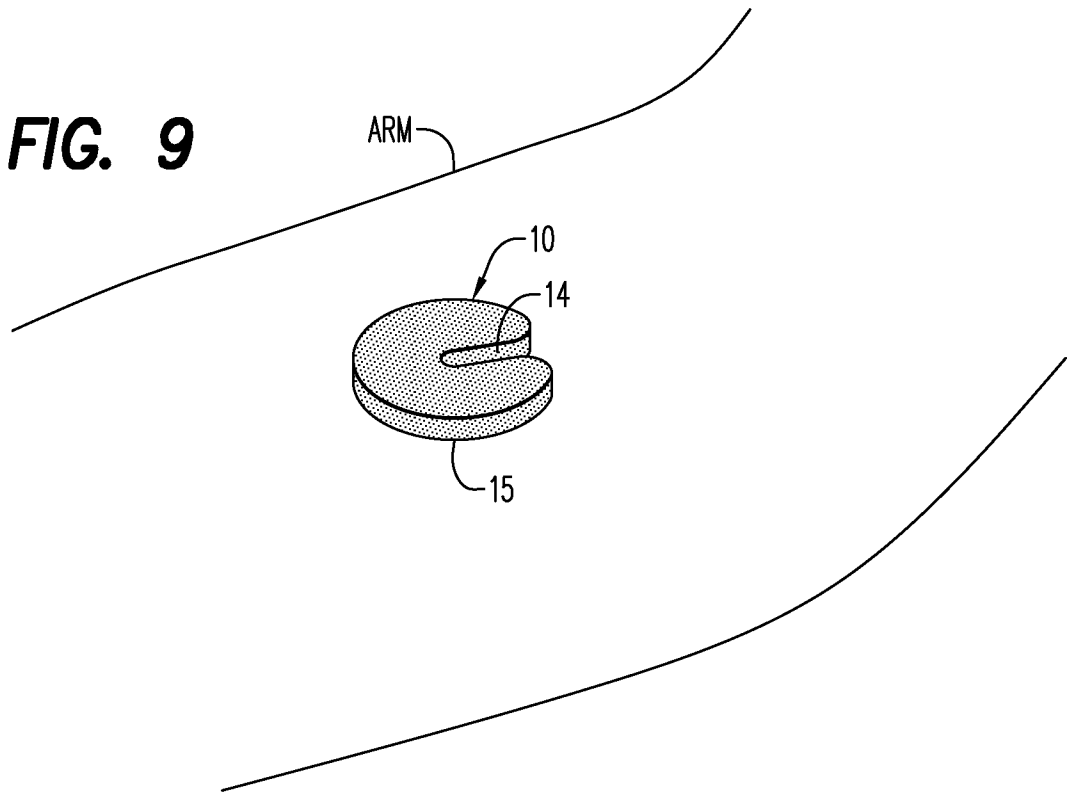


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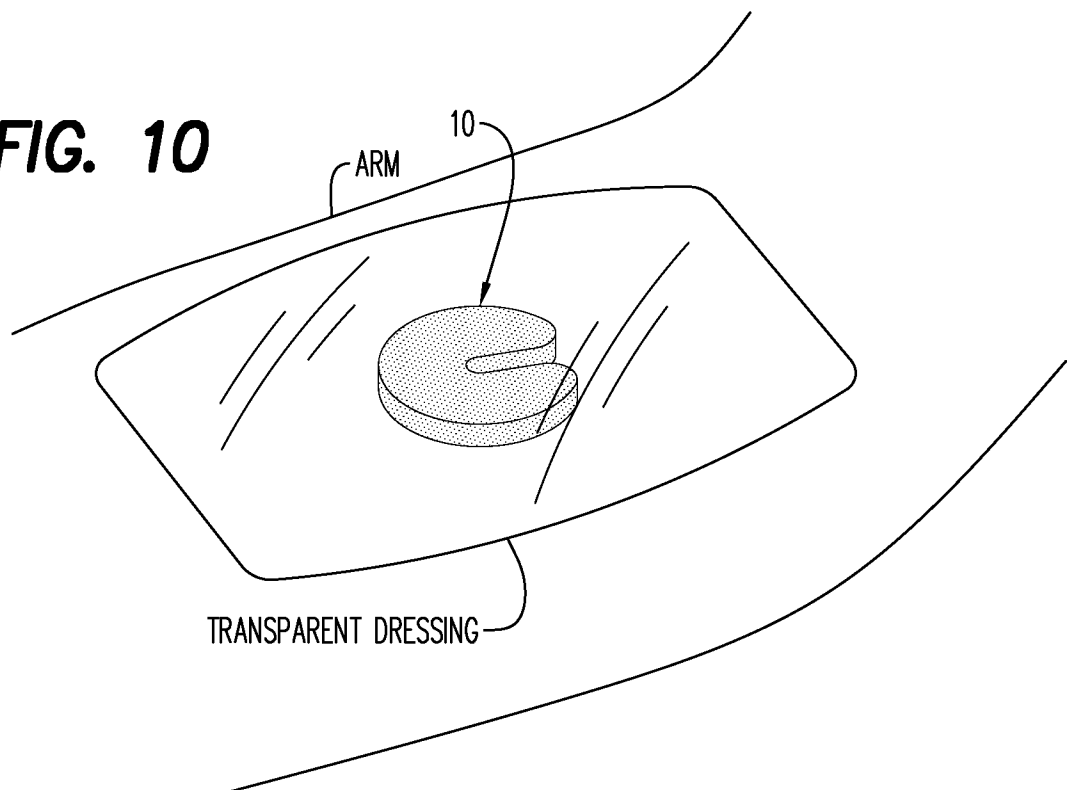


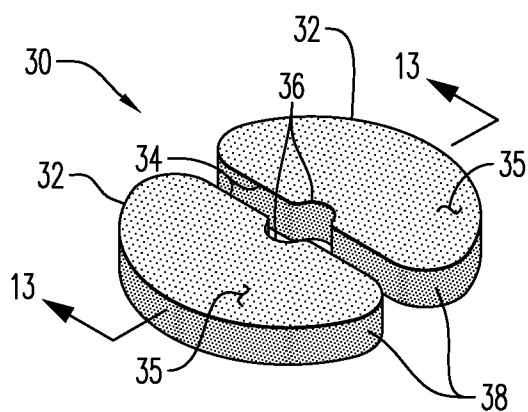
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**FIG. 9**

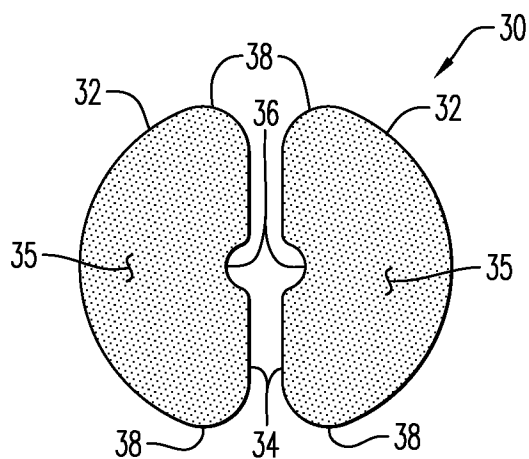


**FIG. 10**

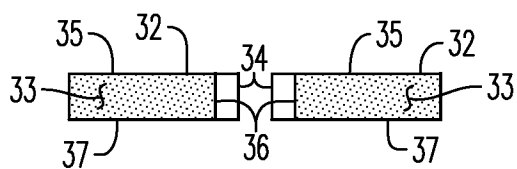




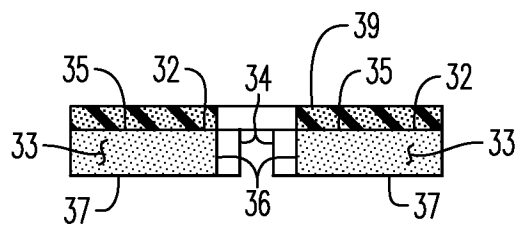
**FIG. 11**



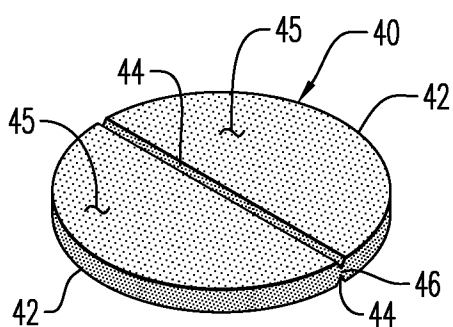
**FIG. 12**



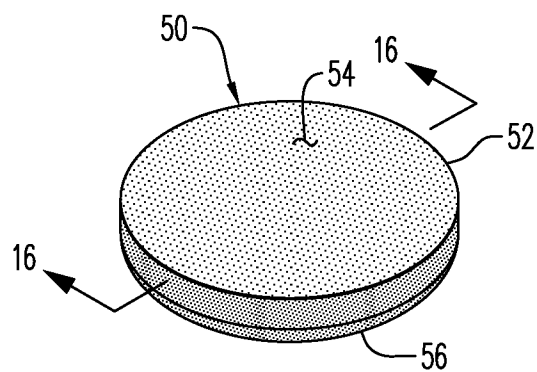
**FIG. 13**



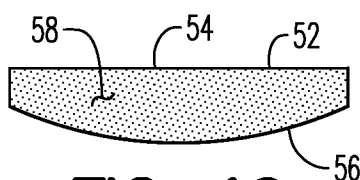
**FIG. 13A**



**FIG. 14**

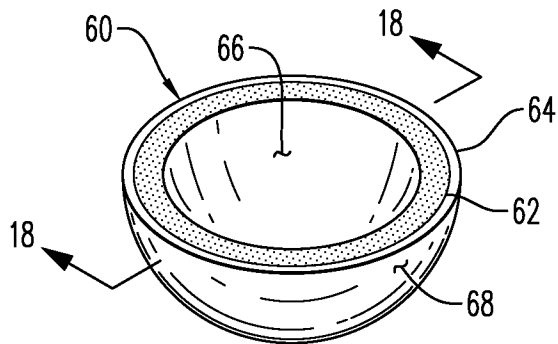


**FIG. 15**

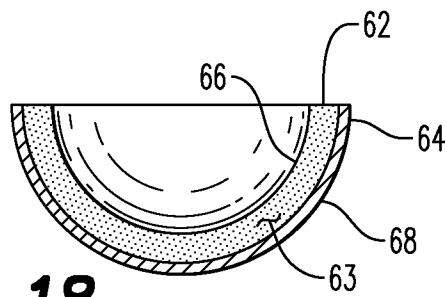


**FIG. 16**

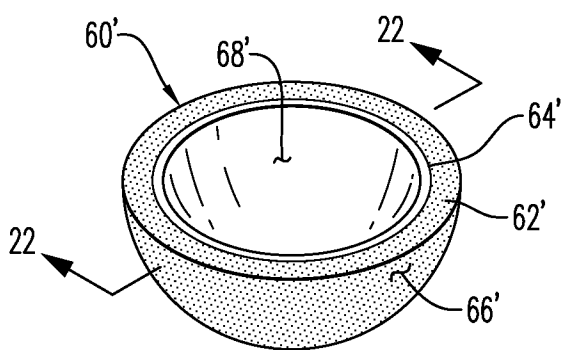
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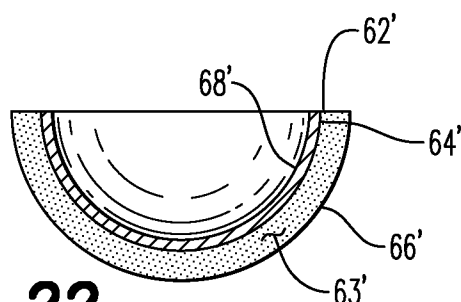
**FIG. 17**



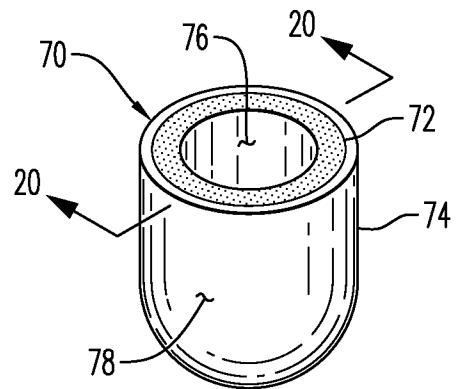
**FIG. 18**



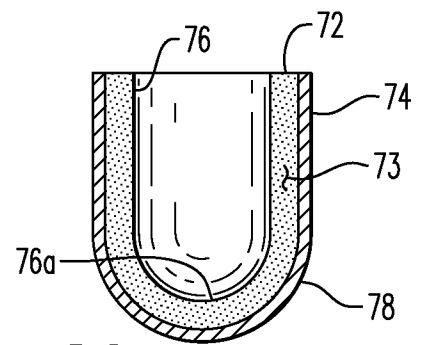
**FIG. 21**



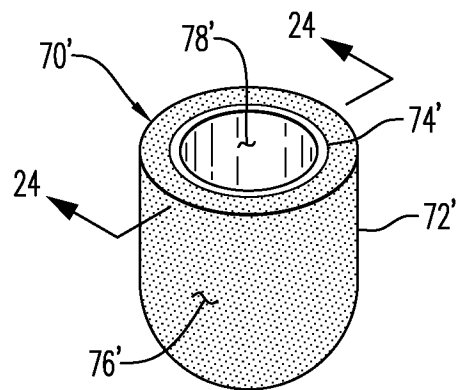
**FIG. 22**



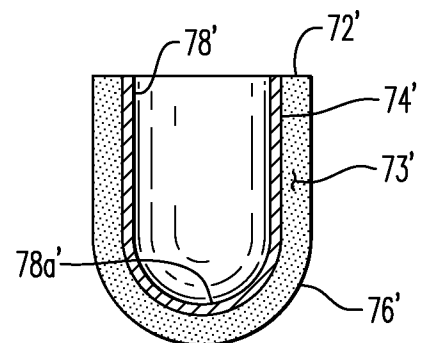
**FIG. 19**



**FIG. 20**

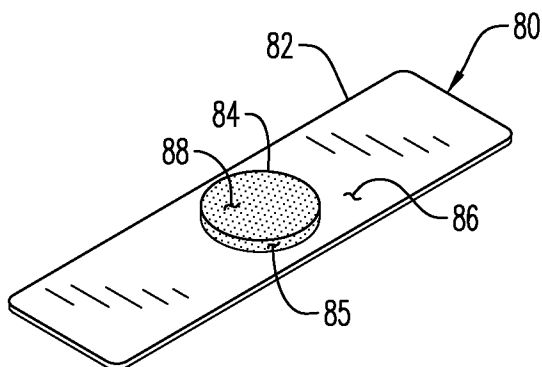


**FIG. 23**

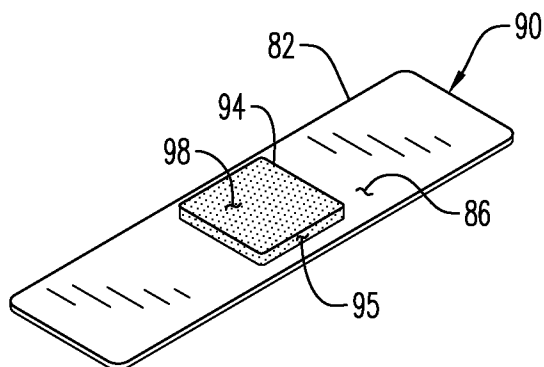


**FIG. 24**

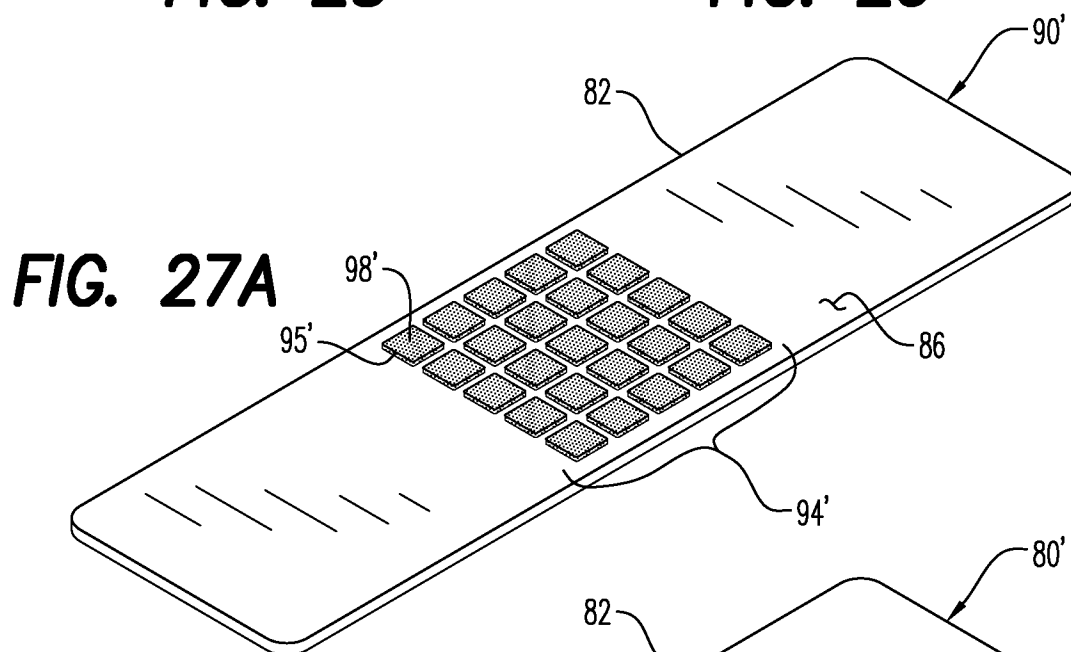
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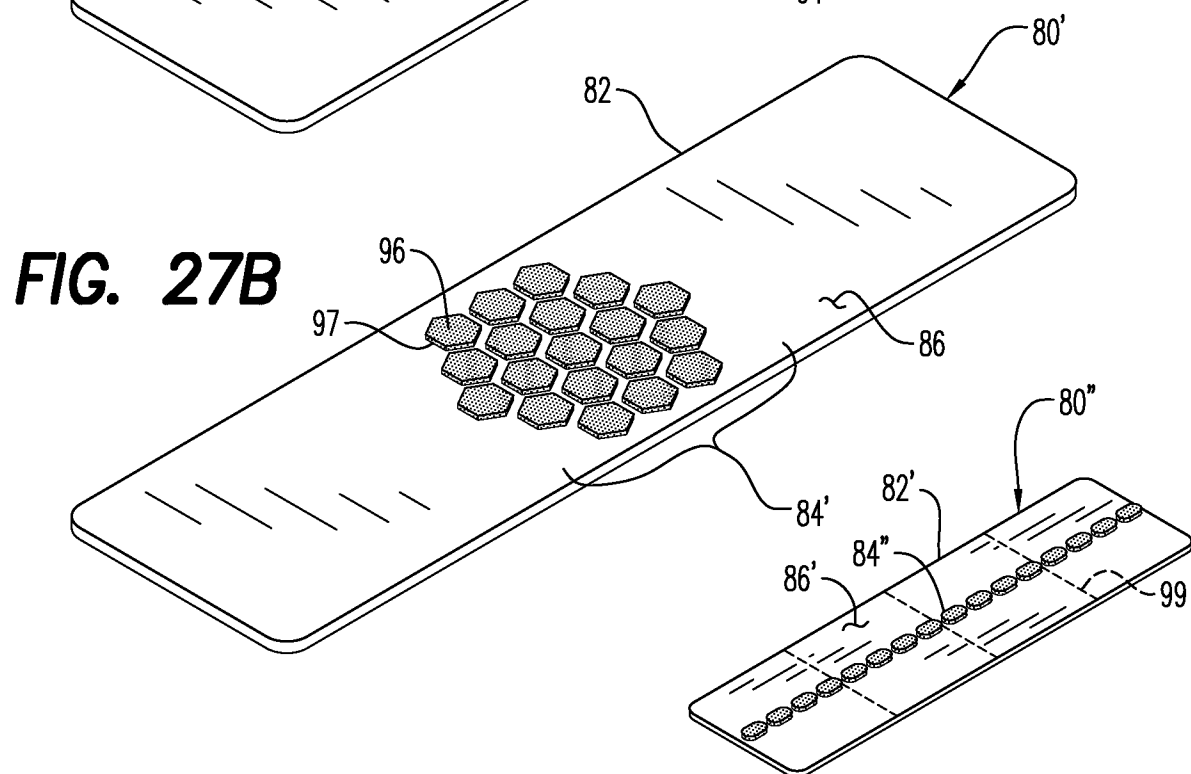
**FIG. 25**



**FIG. 26**

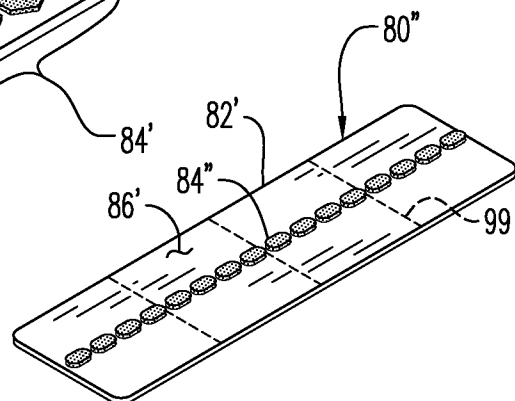


**FIG. 27A**

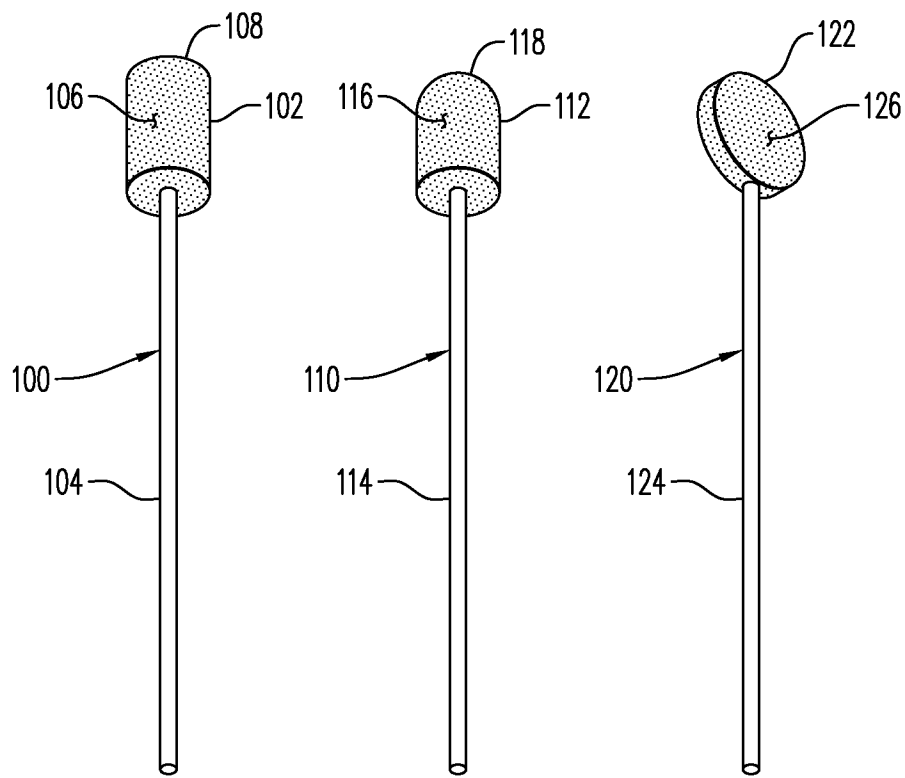


**FIG. 27B**

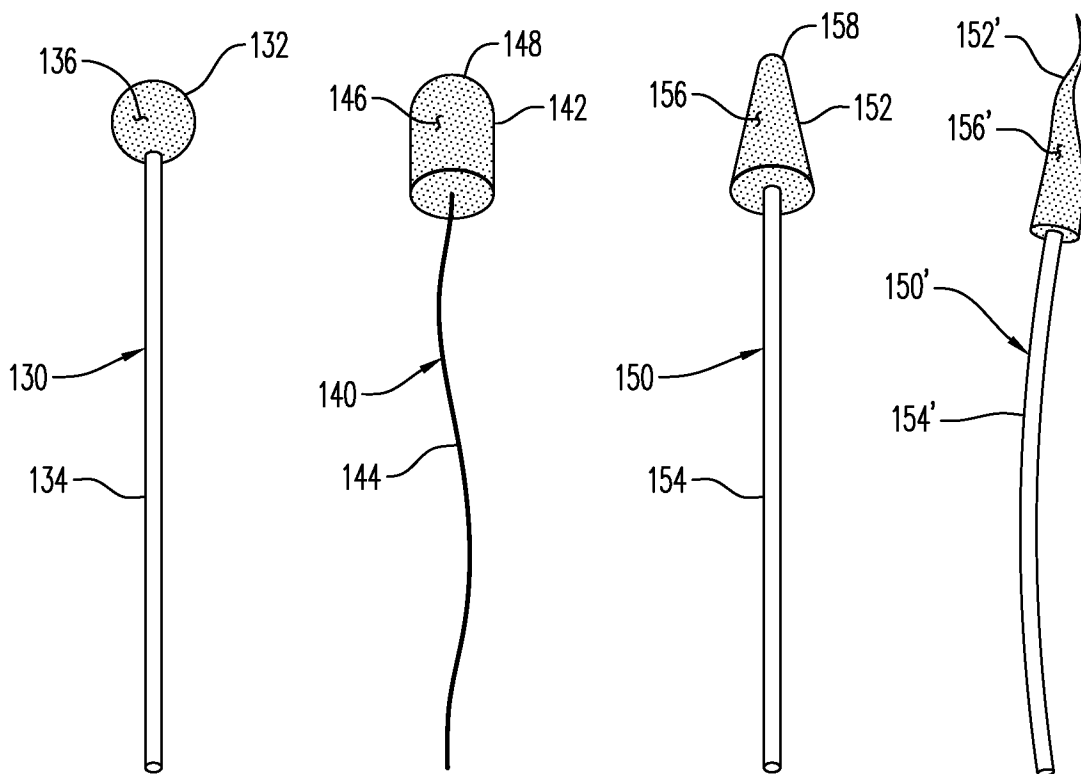
**FIG. 27C**



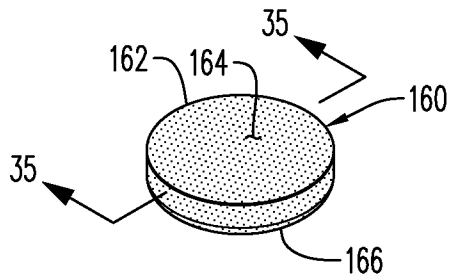
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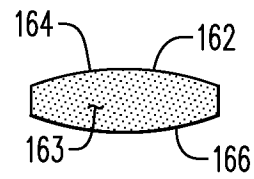
**FIG. 28 FIG. 29 FIG. 30**



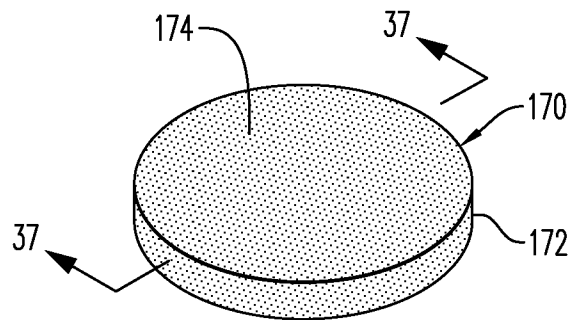
**FIG. 31 FIG. 32 FIG. 33 FIG. 33A**



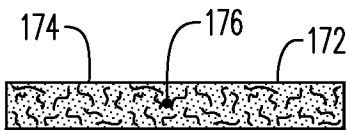
**FIG. 34**



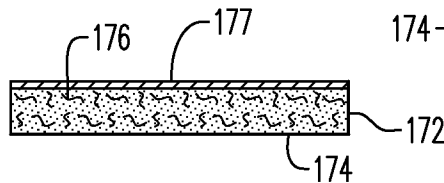
**FIG. 35**



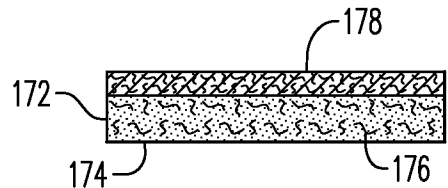
**FIG. 36**



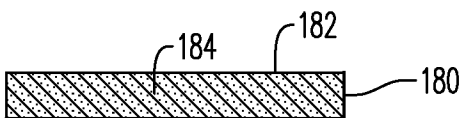
**FIG. 37**



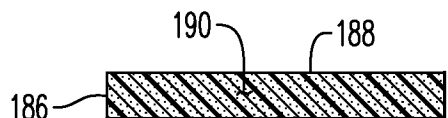
**FIG. 37A**



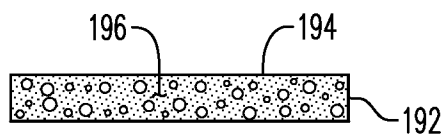
**FIG. 37B**



**FIG. 37C**

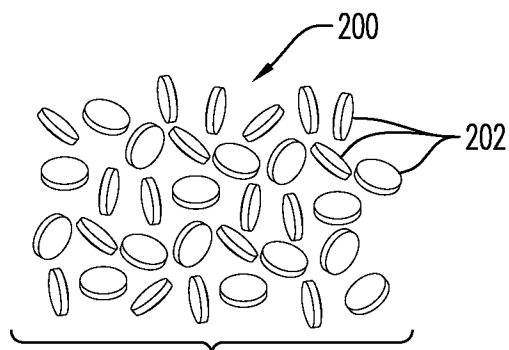


**FIG. 37D**

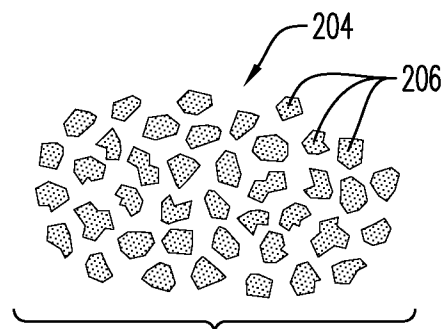


**FIG. 37E**

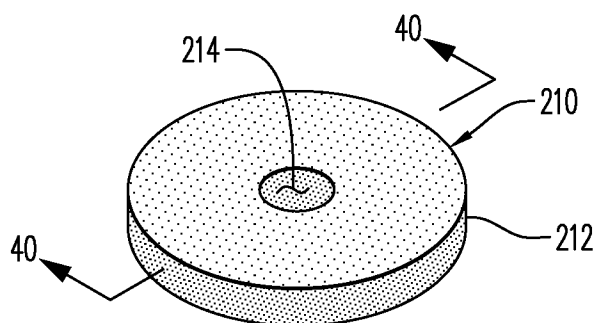
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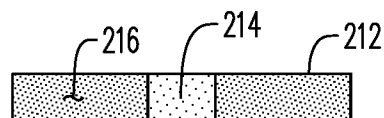
**FIG. 38A**



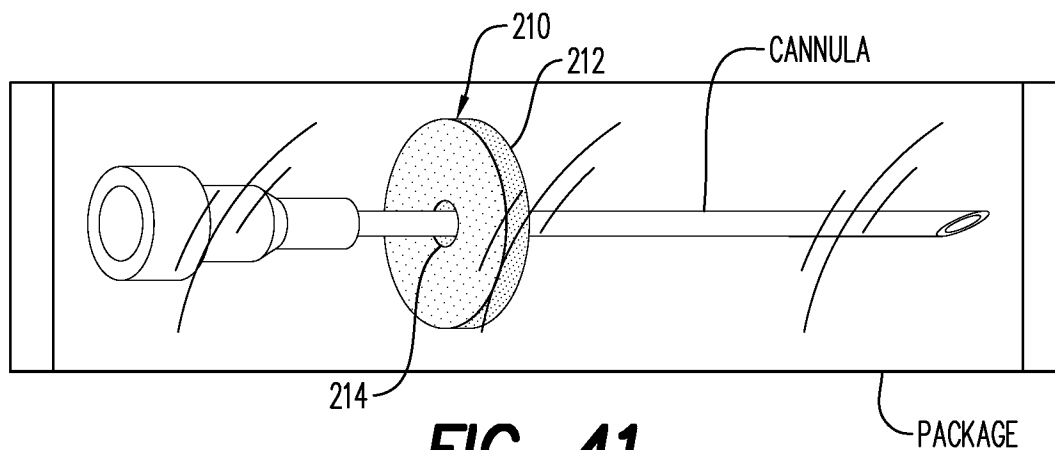
**FIG. 38B**



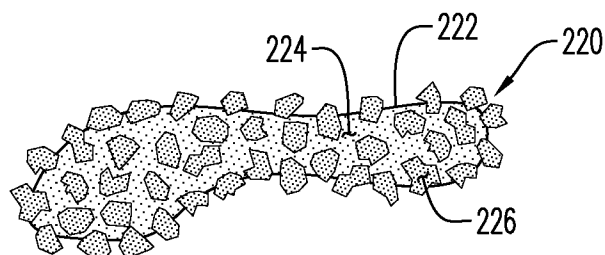
**FIG. 39**



**FIG. 40**



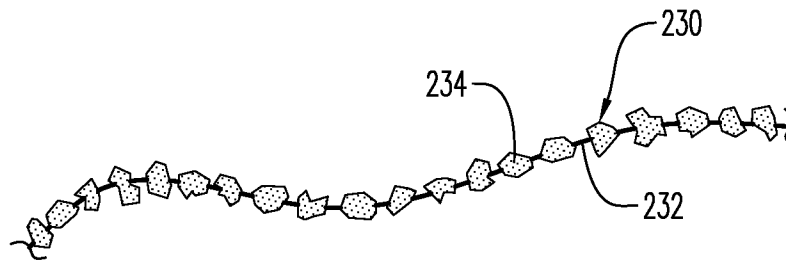
**FIG. 41**



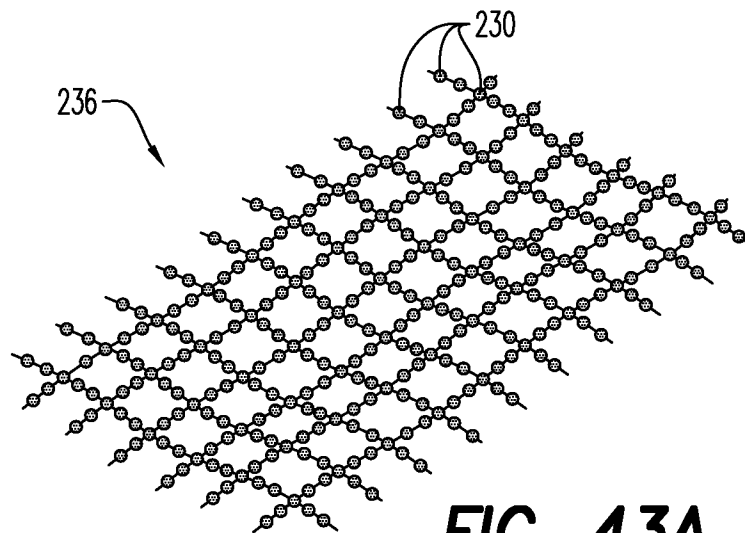
**FIG. 42**



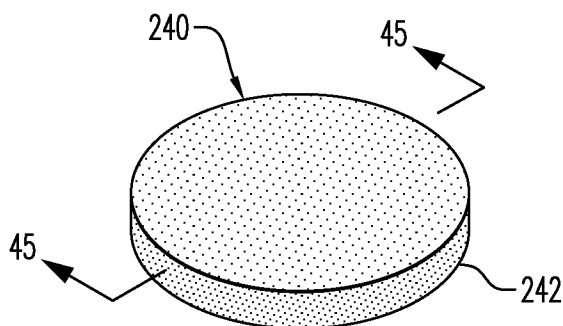
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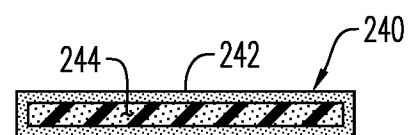
**FIG. 43**



**FIG. 43A**

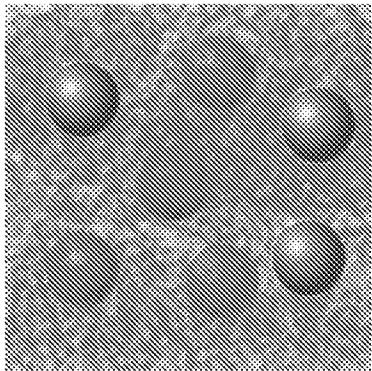
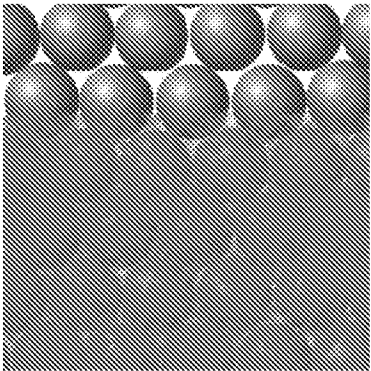
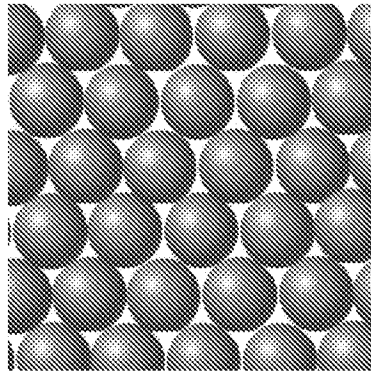
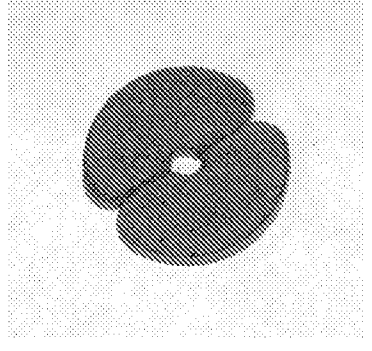
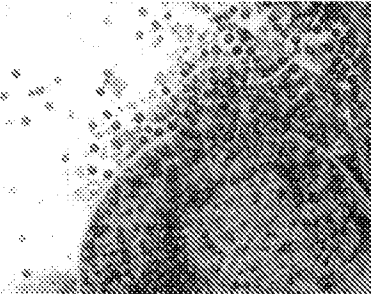
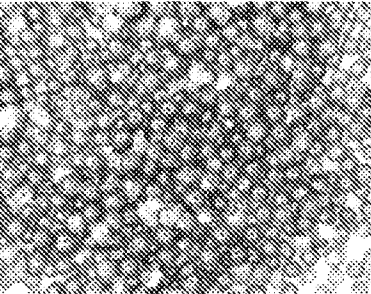


**FIG. 44**



**FIG. 45**


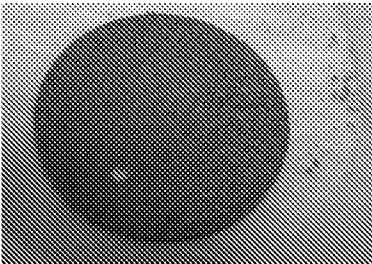
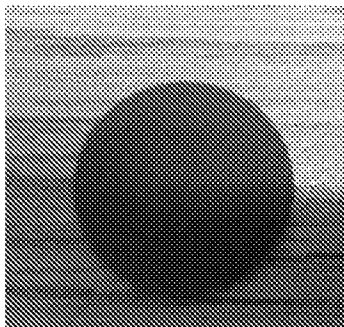
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# 1	# 2	# 3
PERCENTAGE WHOLE BEADS 0 TO 60% PERCENTAGE FRAGMENTS 40 TO 100%	PERCENTAGE WHOLE BEADS 61 TO 89% PERCENTAGE FRAGMENTS 39 TO 11%	PERCENTAGE WHOLE BEADS 90 TO 100% PERCENTAGE FRAGMENTS 0 TO 10%
THESE RATIOS FORM COMPLETE TABLETS WITH GOOD INTEGRITY.	THESE RATIOS FORM TABLETS, BUT DUE TO SETTLING AND SEPARATION OF THE PARTICLES IN THE DIE, THERE ARE NOT SUFFICIENT FRAGMENTS TO FORM A STRONG COMPLETE TABLET. THE EXPOSED WHOLE BEADS EASILY FALL FROM THE TABLET	THESE RATIOS ARE NOT SUFFICIENT TO FORM A TABLET. AFTER COMPRESSING THE SPHERES SIMPLY FALL APART.
		
THIS PHOTO IS OF TWO 1/2 TABLETS WITH GOOD INTEGRITY.	COMPLETE EXPOSED WHOLE BEADS ARE NO LONGER ADHERED FIRMLY TO TABLET.	COMPRESSED WHOLE BEADS WILL NOT HOLD SHAPE ONCE REMOVED FROM THE TABLET DIE.
		

**FIG. 46**

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THICKNESS STUDY: THESE TABLETS WERE 20mm IN DIAMETER

	MASS OF POWDER	PSI	THICKNESS (mm)	PHOTO
1	0.1087 GRAMS OF BIOLIFE POWDER  DESCRIPTION: FALLS APART	29k	0.426	
2	0.2028 GRAMS OF BIOLIFE POWDER  DESCRIPTION: TABLET FORMED BUT FRAGILE AND UNSTABLE	29k	0.535	
3	0.2031 GRAMS OF BIOLIFE POWDER  DESCRIPTION: TABLET FORMED SURPRISING STRENGTH	45k	0.531	

**FIG. 47**

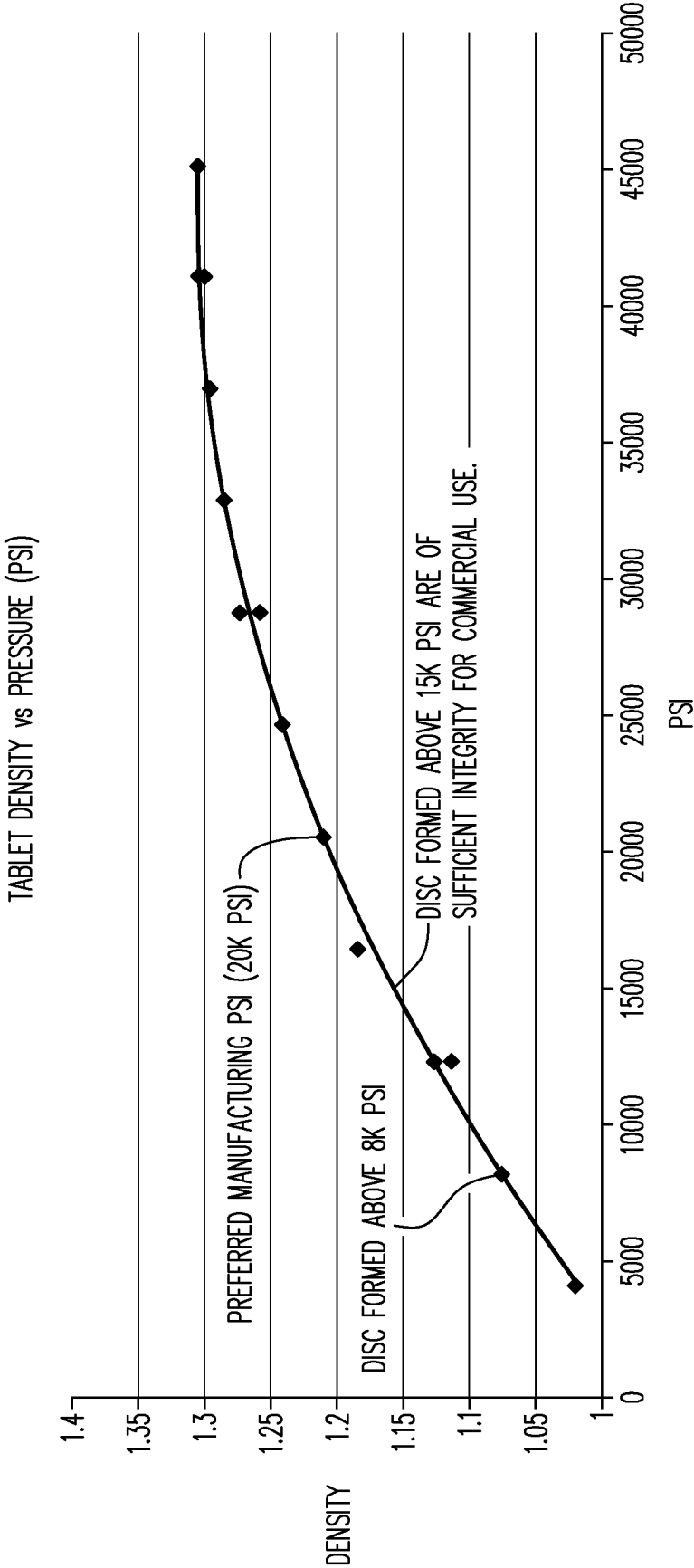
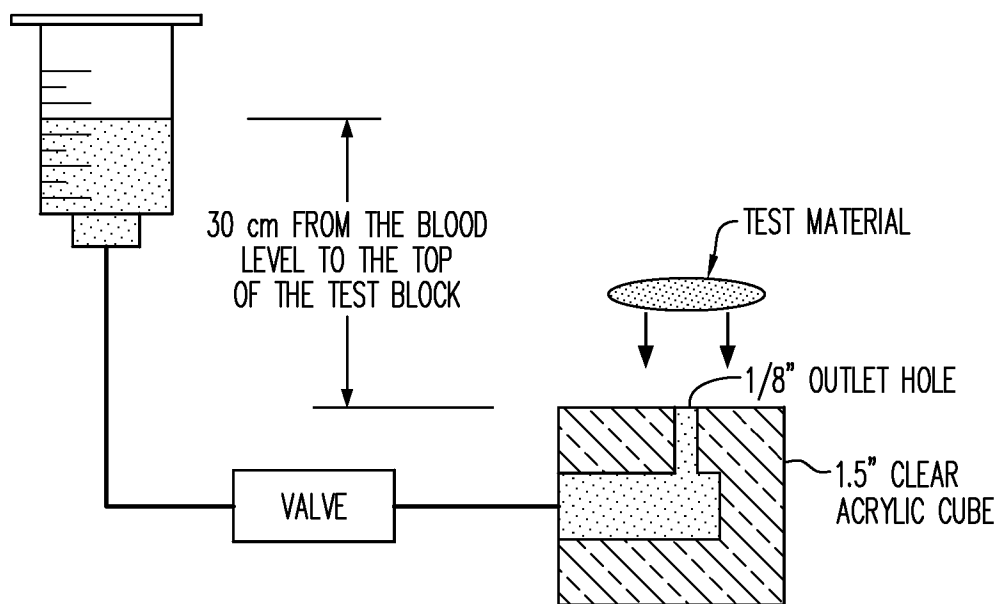
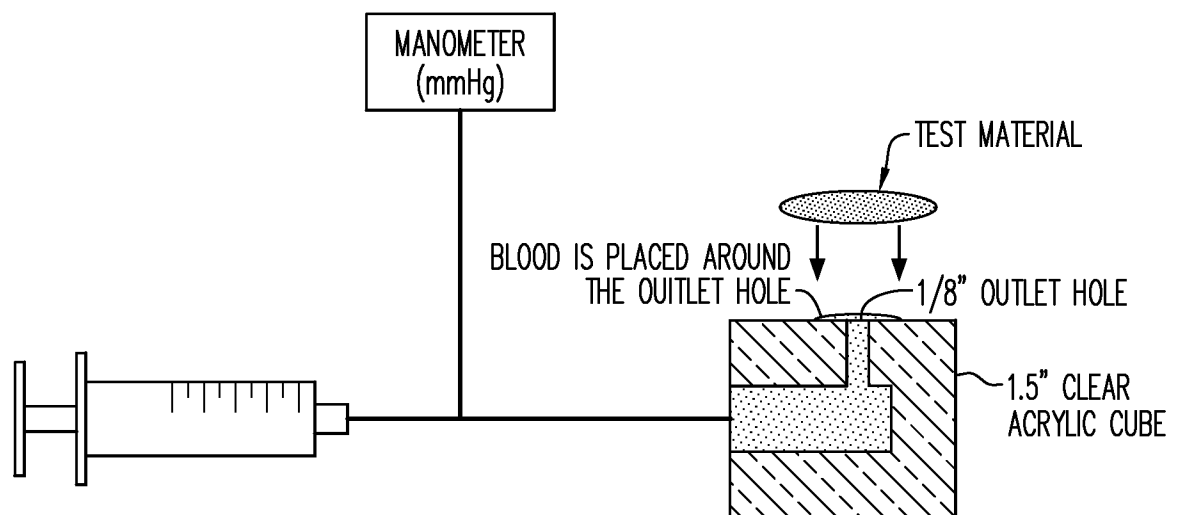


FIG. 48

**FIG. 49**

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**FIG. 50**

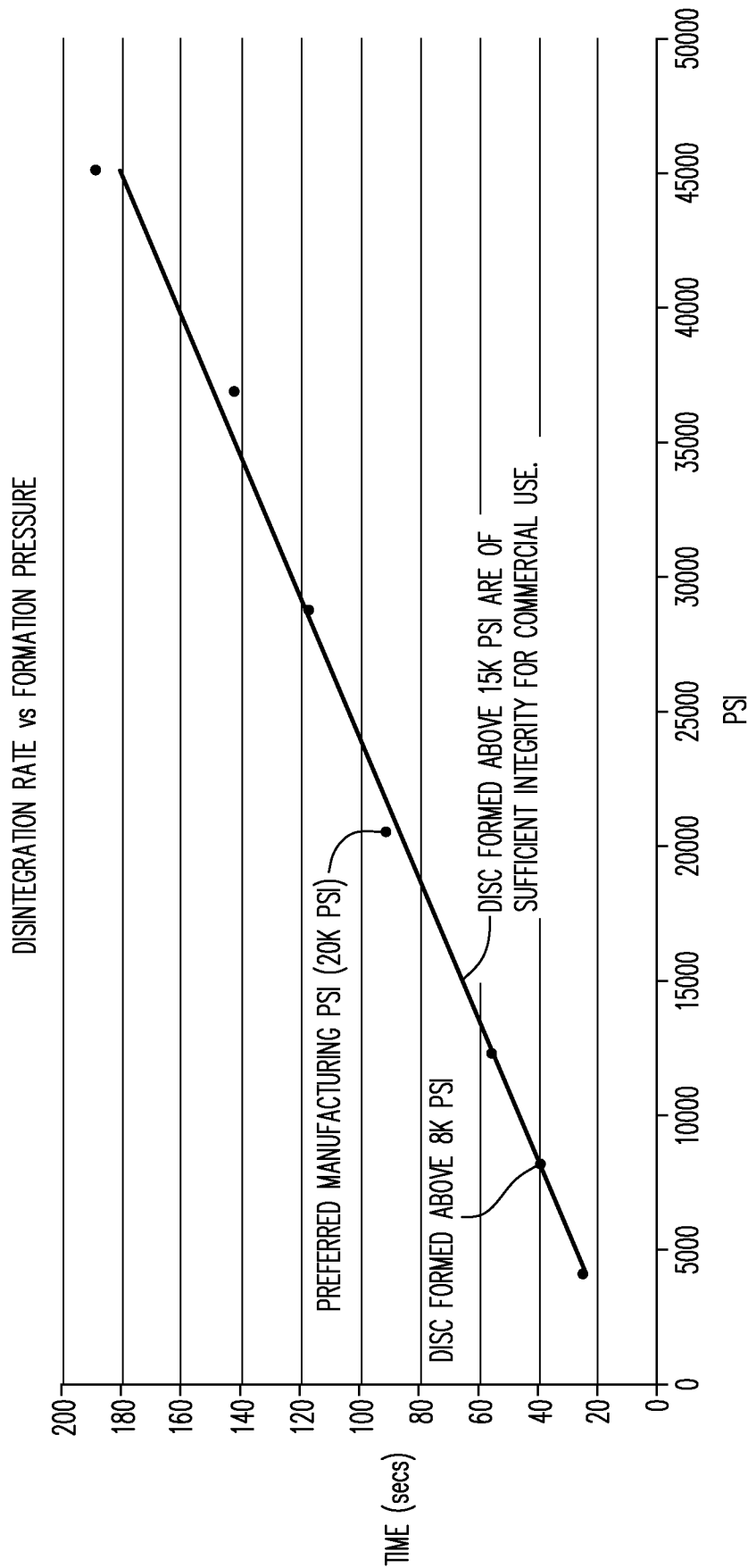
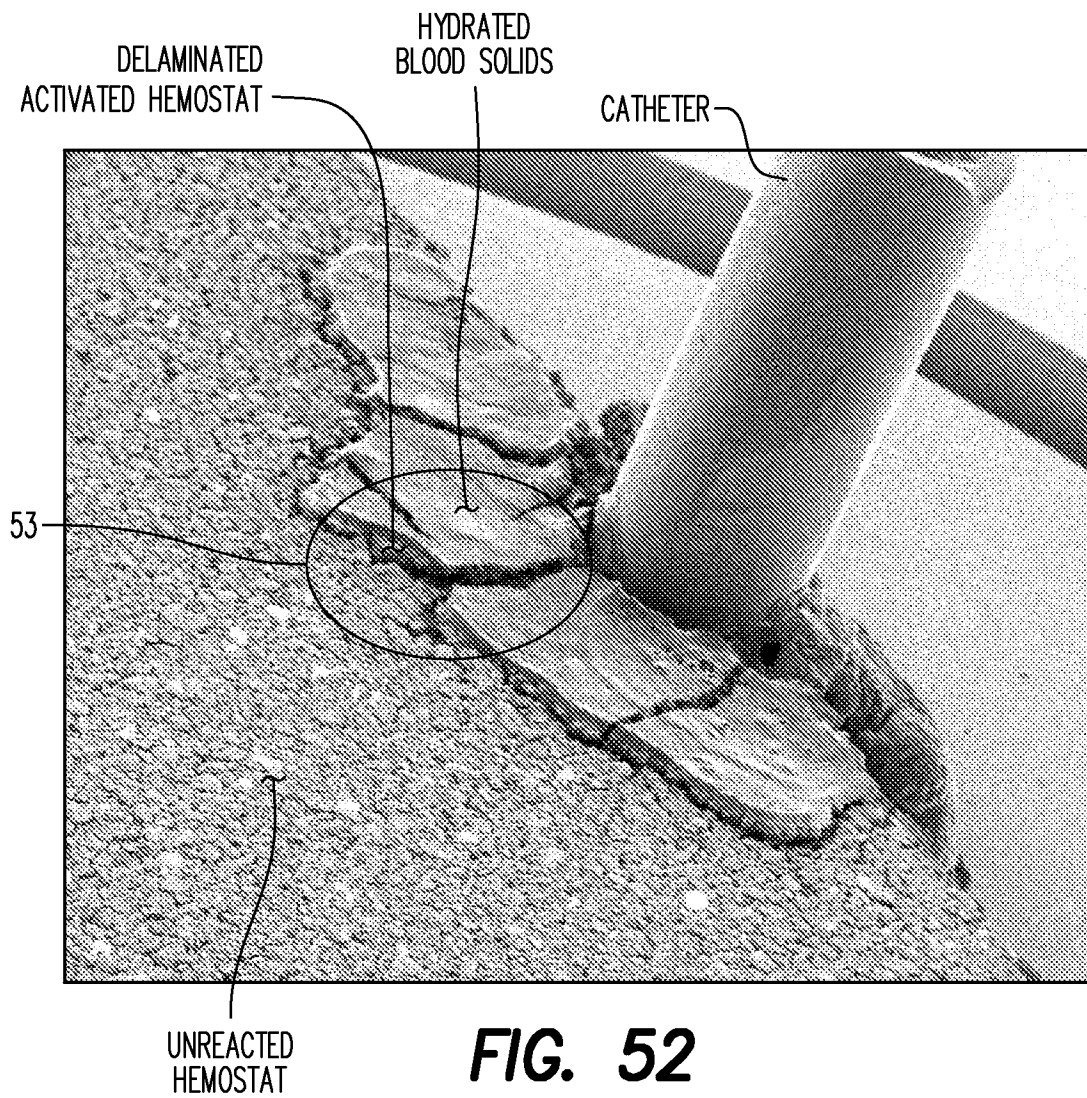
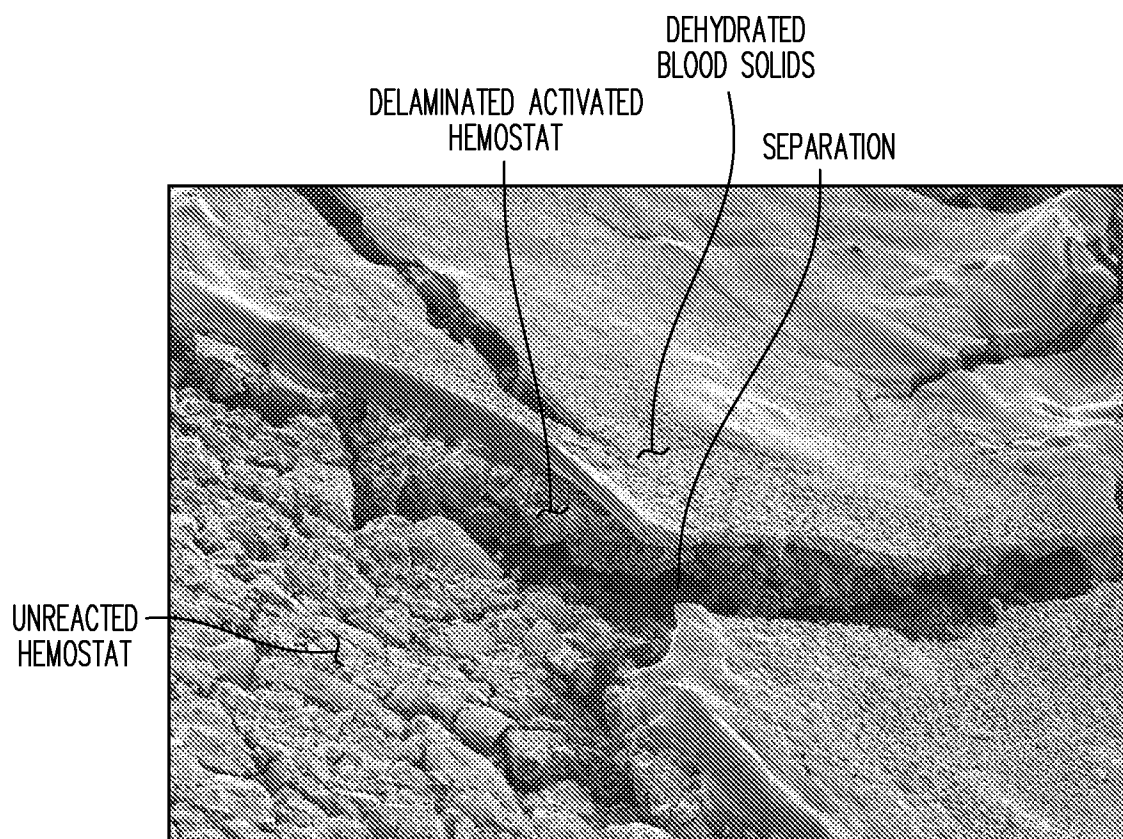


FIG. 51

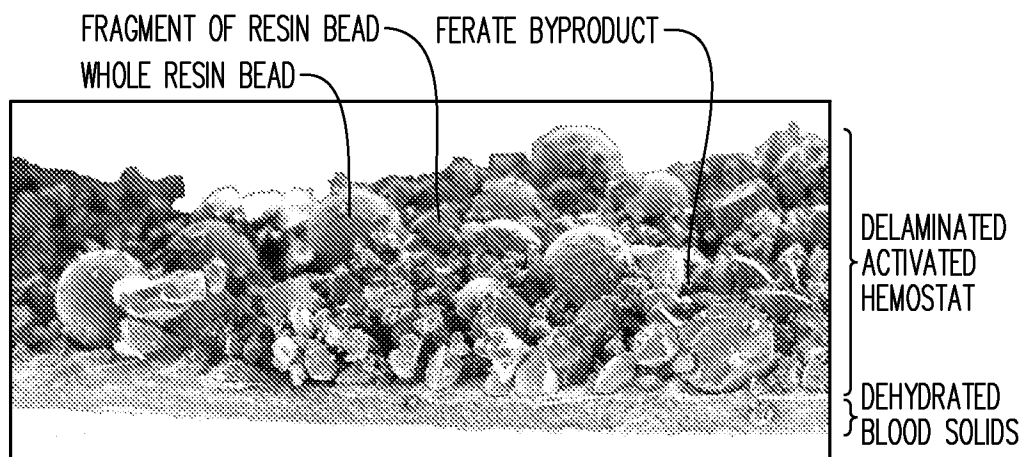




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**FIG. 53**



**FIG. 54**