




The SonoStik™ IV Guidewire Introducer



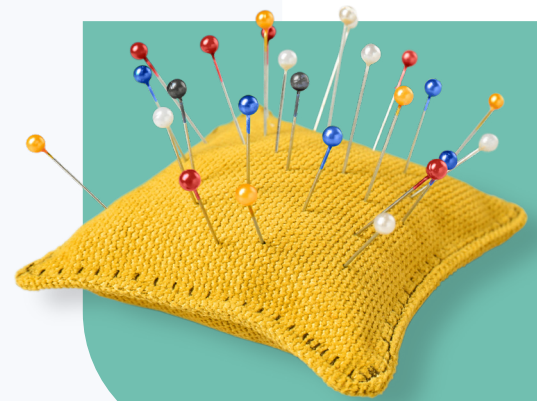
Discover the first single-handed, ultrasound-optimized peripheral venous access device — and start placing more IVs with one quick stick.

510(k) cleared

Solving a persistent clinical challenge

For hospitals, peripheral IV (PIV) catheterization is an essential first step in most patients' care.^{1,2} All too often, **difficult intravenous access (DIVA)** factors turn this critical procedure into a time-consuming, multi-attempt process — one that can have a significant impact on the quality, efficiency, and cost of inpatient outcome.

SonoStik was purpose-built to address this familiar and fast-growing challenge.



DIVA's impact on hospitalized patients

Delayed care

60%

of PIV procedures require multiple attempts and additional time to achieve a secure placement.³

Dissatisfaction

58%

of PIV recipients reported that they were dissatisfied with their IV placement experience.³

Increased risks

15%

of patients experience bloodstream infection after receiving a central line — a common fallback after PIV failure.³



Your toughest sticks, **made easy**

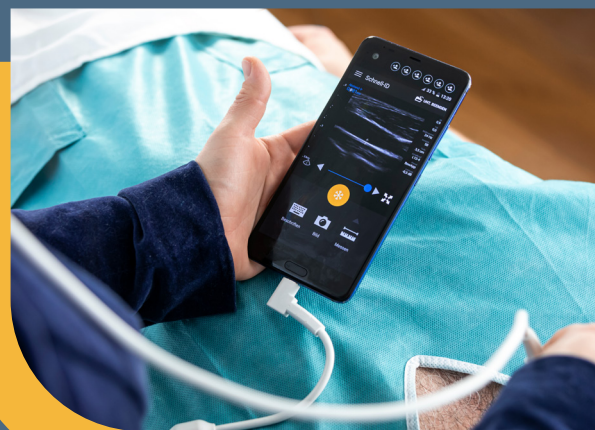
Invented by physicians with deep vascular access experience, **SonoStik** turns even the most challenging peripheral IV placement into a quick, efficient, one-handed procedure.

Its innovative design provides the easy, intuitive control clinicians need to get the first stick more consistently than ever — even with DIVA cases. Keep reading to see how it single-handedly delivers both greater efficiency for providers and a better experience for patients.

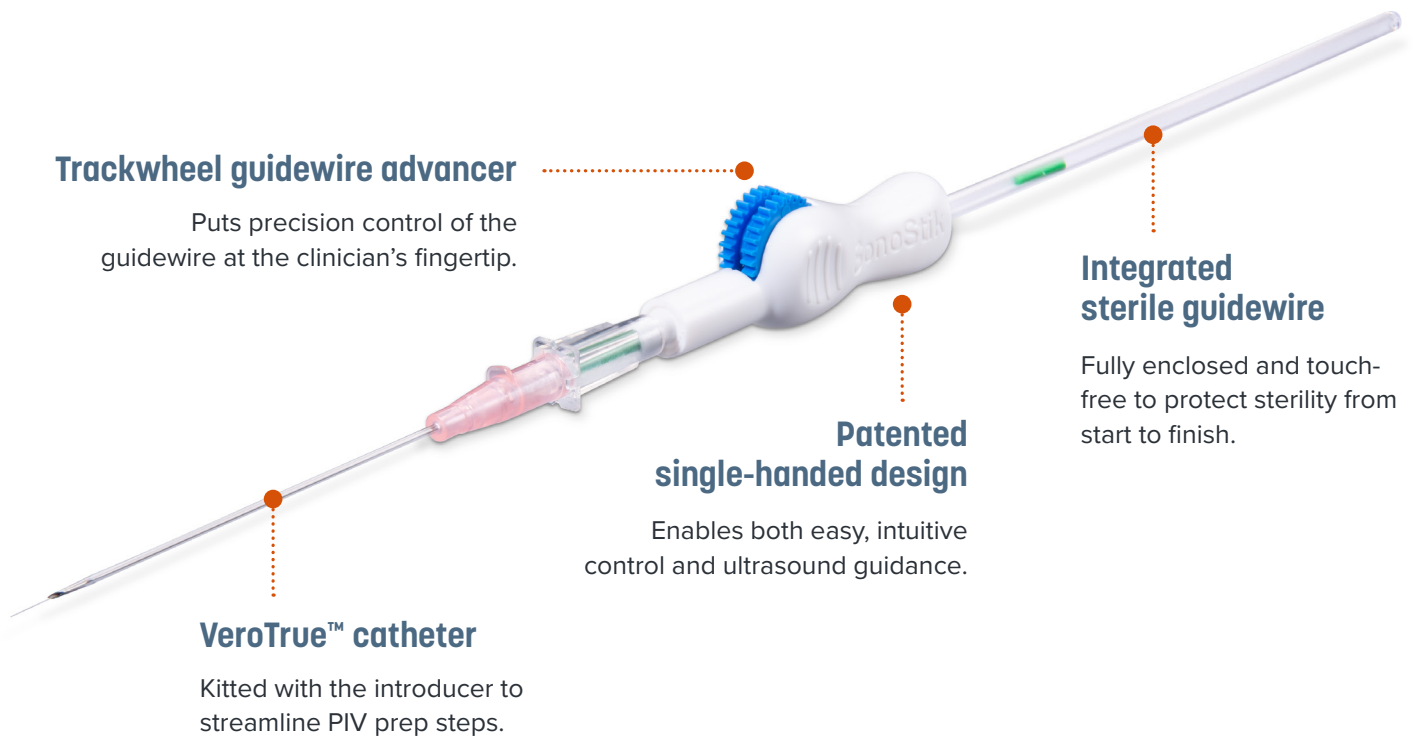


Enabling gold-standard precision for PIV procedures

Ultrasound guidance has set a new standard for PIV success⁴⁻⁶ — one that's more feasible than ever with modern mobile ultrasound devices. SonoStik was purposefully designed to pair with these precision-enhancing technologies.



An all-in-one advance⁷



What SonoStik brings to the bedside



Speed

More right-first-time procedures can help save precious time — and potentially lives.



Comfort

Quick, first-try sticks help start the patient's stay with a more positive care experience.



Simplicity

A single clinician can easily manage the introducer, catheter, and guidewire — all with one hand.



Efficiency

One-person PIV procedures free up clinical resources to deliver more care.

Clinical applications & opportunities

SonoStik can be a valuable resource for multiple departments that depend on quick, efficient PIV placements to advance their clinical workflows.



Emergency care

Keep care moving when every second counts:

- **Simplify a critical first step** in many emergency procedures.
- **Avoid DIVA delays** in potentially life-saving interventions.
- **Streamline PIV placement** even when there's no time to source an ultrasound.

Perioperative care

Reduce DIVA-related holdups in your pre-op plan:

- **Keep surgeries on schedule** by increasing the periop team's efficiency.
- **Maximize OR time** by avoiding a common source of prep delays.

Critical care

Easily transition your patient to a lower-risk PIV line:

- **Replace more central lines** with a device that simplifies PIV placement in DIVA patients.
- **Mitigate a risk factor** for your most critically ill patients.

A unique innovation from a world-class team


With its unique design and single-handed functionality, SonoStik stands apart from conventional venous access devices.

	SonoStik IV Guidewire Introducer	BD AccuCath Ace™	Teleflex Arrow® Endurance™
Indicated for peripheral access	✓	✓	✓
Single-handed use	✓	✗	✗
Optimized for ultrasound	✓	✗	✗
Integrated sterile guidewire	✓	✗	✗

Reimbursement

SonoStik fits seamlessly into hospital billing processes:

- Use of a peripheral vascular access device is considered integral to intravenous infusions and injections.
- SonoStik does not need to be reported separately from the primary procedure (intravenous infusion, injection, etc.).
- Procedure code may also be combined with the CPT code for ultrasound guidance (76937).
- Always list CPT 76937 separately in addition to the primary procedure code, with a permanent recording and reporting of the event.



Meet our clinical & commercial experts

Since our founding in 2013, at the renowned George Washington Hospital, we've grown into an unrivaled group of experienced physicians, innovative engineers, and seasoned executives. Together, we share one vision: advancing vascular access.



Hawaa Almansouri, MD

Co-Founder,
Chairperson of
SonoStik BoD



Neal Sikka, MD

Co-Founder, Chief
Medical Officer



Adam Corman, MD

Co-Founder, Director
of Medical R&D



Gregory J. Schears, MD

Head of Scientific
Advisory Committee



Gary Wakeford

Chief Executive
Officer



Carl Stamp

Commercialization
& Operations



Benjamin Holmes, Ph.D.

Chief Technology
Officer, BoD Member



Peter Harris, MBA

Operations Director

Key company facts

10 years
of innovation

Our device has been continually refined over a decade of rigorous development.

4
US patents

The IP behind our product is robustly and comprehensively protected.

\$4 million
in funding

We've raised seed and series A rounds from a leading family office in the UAE.

510 (k)
in hand

SonoStik has been successfully reviewed and cleared by the FDA.

SonoStik: Start getting more first-try sticks.



Simplify venous access

with a single-handed, all-in-one IV guidewire introducer.



Use ultrasound guidance

to achieve gold-standard precision for more PIV procedures than ever.



Leave patients satisfied

by a quick, less painful IV placement experience.



Keep workflows moving

by streamlining a common source of clinical delays.



Email info@sonostik.com or visit [SonoStik.com](https://www.sonostik.com) to learn more or request a clinical demo.

References: Platt V, Osenkarski S. Improving Vascular Access Outcomes and Enhancing Practice. *J Infus Nurs.* 2018 Nov/Dec;41(6):375-382. doi: 10.1097/NAN.0000000000000304. 2. Helm RE, Klausner JD, Klemperer JD, Flint LM, Huang E. Accepted but unacceptable: peripheral IV catheter failure. *J Infus Nurs.* 2015 May-Jun;38(3):189-203. doi: 10.1097/NAN.0000000000000100. 3. Vital Signs: Central line-associated blood stream infections— US.,2001,2008.2009. *Morb. Mortal Wkly. Rep.* 2011; 60:243-8. 4. Gottlieb M, Sundaram T, Holladay D, Nakitende D. Ultrasound-Guided Peripheral Intravenous Line Placement: A Narrative Review of Evidence-based Best Practices. *West J Emerg Med.* 2017 Oct;18(6):1047-1054. doi: 10.5811/westjem.2017.7.34610. 5. Au AK, Rotte MJ, Grzybowski RJ, Ku BS, Fields JM. Decrease in central venous catheter placement due to use of ultrasound guidance for peripheral intravenous catheters. *Am J Emerg Med.* 2012 Nov;30(9):1950-4. doi: 10.1016/j.ajem.2012.04.016. 6. Duran-Gehring, P, Bryant, L, et al. Ultrasound-Guided Peripheral Intravenous Catheter Training Results in Physician-Level Success for Emergency Department Technicians. *J Ultrasound in Med.* 2016;35:2343-2352. <https://doi.org/10.7863/ultra.15.11059>. 7. SonoStik IV Guidewire Introducer Instructions for Use (IFU).