HemoCue® WBC System
The Right Care Faster
The HemoCue® WBC System

**Point-of-Care confidence**

When a patient presents with a suspected infection or acute nonspecific fever, every minute can make a difference. The HemoCue® WBC System provides quantitative analysis of total white blood cell counts in about three minutes—delivering clear, clinical results so you can deliver appropriate care to your patients right away.

**More efficient evaluation and treatment**

In combination with a careful clinical assessment, this simple Point-of-Care test during the patient consultation provides critical information to support clinical decision-making and more effective treatment.¹²

Patient presents with acute symptoms that may require immediate action:

- **History & examination**
- **Clinical impression unresolved**
- **WBC test performed in office**

**RESULTS**

- **Low WBC count** may indicate viral infection; antibiotic generally not prescribed
- **High WBC count** may indicate bacterial infection; antibiotic generally prescribed

Diagram above is adapted with permission from Casey JR, et al.² and is intended for illustrative purposes only. Physicians should apply their medical training, clinical experience, and judgment in the evaluation of individual patients and should not rely on this diagram for diagnostic purposes or medical decision-making.

A similar process flow is apparent where the Rochester Criteria for febrile infants is applied as presented by Jaskiewicz J et al. *Pediatrics*. 1994; 94:390-396.³

**Target antibiotic treatment to patients most likely to benefit from it**

Use of WBC counts significantly decreased the amount of antibiotics prescribed in a study of more than 700 children with upper respiratory infections and nonspecific febrile illness. Approximately half of the children presented with symptoms that would typically suggest the need for antibiotic treatment: temperature above 101°F and appearance of illness.

Approximately 96 percent of the children had a WBC count of less than 15,000/mm³, and therefore did not require antibiotics. The remaining 4 percent of patients with a WBC count higher than 15,000/mm³ needed and were prescribed antibiotics. This approach resulted in infrequent return visits during the two-week period that followed, and no child with a significant bacterial infection was missed.²
Cleared for moderately complex testing of white blood cell count in the range of 0.3-30.0 \times 10^9/L

- Capillary or venous blood can be used—10 μL sample size
- Simple operation
- No calibration or instrument adjustment required
- Portable—AC adapter or battery operated

Using HemoCue’s proven and convenient microcuvette technology, the HemoCue® WBC System is ideal for office and clinic environments:

- 3 simple steps
  - Load Device
  - Take Sample
  - Read Result

Take Advantage of Complete Solutions and Support

More than an excellent product, HemoCue offers personalized education and training and an unmatched service and support infrastructure to meet your needs and those of your patients.

**Accurate Products**

We strive to make intricate technology simple to use, without compromising accuracy. HemoCue’s advanced WBC technology is based on imaging techniques resembling manual microscopy counting. We just simplify, downsize, and speed up the process—giving you results in just minutes with absolute lab accuracy so you can have confidence in providing the right care faster.

**Knowledge**

A vital part of ensuring accurate results is giving healthcare professionals easy access to training and education. That’s why we’ve poured our 30 years of experience and knowledge into our HemoCue Learning Center so you can have quick access to essential training and current best practices.

**Service**

We’ve built a stable infrastructure to ensure you have what you need when you need it. From our worldwide supply network to local representatives, along with our unmatched HemoCue Solution Center, we provide support and delivery assurance.
REFERENCES:

