

CVAD Assessment and Dressing Management Guide

Aim

A clean, dry, intact, and comfortable dressing that provides catheter safety and securement
CVAD (central venous access device) dressings should be replaced every 7 days or earlier if there is ooze, moisture or the dressing is not intact

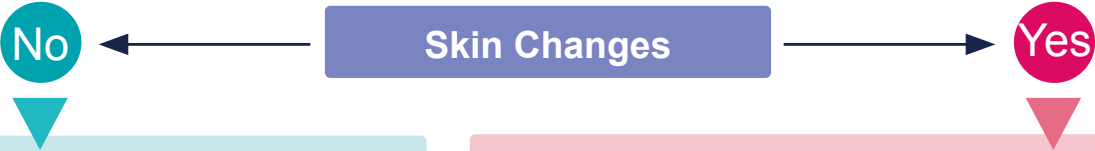
Essential

- Drying time
- Visible exit site
- Catheter securement

Abbreviations

Chlorhexidine Gluconate (CHG)
Transparent Semipermeable (TSM)
Sodium Chloride (NaCl)

Skin and exit site assessment



Standard Care

Skin and exit site assessment

Skin antisepsis: 2% CHG & 70% alcohol swab sticks

Dressing material: 3M™ Tegaderm™ IV advanced 1685 – TSM Dressing

Skin protectant: 3M™ Cavilon™ no sting barrier film wipes

CHG gel dressing 3M™ Tegaderm™ - used in paediatric intensive care unit and may be considered for patients identified as high-risk for CLABSI

Securement:

- Always loop Broviac and Hickman catheters ensuring catheter joint is secured under dressing
- When dressing catheters with SecurAcath ensure the catheter 'wings' are secured under dressing – for dressing guide refer to Starship Clinical Guidelines

! Critical Practice Points

- Allow skin to completely air dry before applying dressing
- Do not stretch dressing over skin when applying
- Use low and slow technique when removing dressing

Skin Changes

Exit site infection: Redness, hardness, tenderness within 2cm of catheter exit site; possible with other signs and symptoms of infection such as fever or purulent fluid; Bacterial swab culture of exit site and blood cultures should be sent

Skin injury: Skin stripping, skin tear, tension blister

Prevention – use adhesive remove wipes, Barrier film - 3M™ Cavilon™ wipes and gentle application of dressing without stretching over skin

Skin irritation: Irritant contact dermatitis or allergic contact dermatitis; may be a component of the antisepsis solution, skin barrier solution or dressing - identify and eliminate cause (See below for management)

Prevention – allow skin to completely air dry before applying dressing to prevent MARS (medical adhesive related skin injury)



Exit site infection



Skin injury



Skin irritation/dermatitis

Discuss any changes with the medical team and vascular access CNS and document on central line insertion and care bundle form

Contact dermatitis

Cause: Irritant, allergic, moisture associated

Signs/symptoms: Redness, shiny, burning, pain, itch, vesicles, or exudate on skin surrounding CVAD exit site

Management:

Rule out infiltration/extravasation and other potential skin conditions
Determine cause and discuss with vascular access CNS

1. Alternative skin antisepsis

- Consider CHG sensitivity and change to Providine-Iodine 10% + skin test patch*
- Always use antisepsis at exit site, NaCl may be used for surrounding skin if severely impaired

2. Alternative dressing materials and skin protection

- If reaction continues following elimination of CHG and skin remains intact, apply alternative TSM dressing Polyskin (Kendall) or IV300® dressing
- Ensure use of 3M™ Cavilon™ no sting barrier film wipes prior to applying dressing

For exudate/broken skin surrounding exit site**

Use a silicone-based absorbent dressing – Mepilex Lite or Biatin

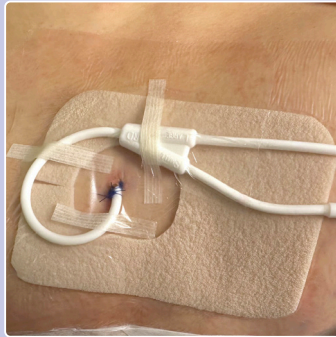
- Discuss dressing options with vascular access CNS

*Skin Patch test

1. Apply product to forearm
2. Monitor for 30 – 60 mins
3. Observe over days for signs of dermatitis

! Critical Practice Points

- Avoid adhesive on broken or excoriated skin
- NaCl and Providine-Iodine require extended drying time
- Eliminate irritant and consider antihistamine to manage itch



****Cut silicone dressing using sterile scissors, apply to damaged skin, ensuring catheter exit site is visible and cover with TSM dressing
Resume TSM dressing once skin is healed**

**Assess skin and exit site each shift. Ensure dressing is clean, dry and intact – replace if needed.
Document all assessments, procedures and interventions on central line insertion and care bundle form**

References:

Broadhurst, D., Moureau, N., & Ullman, A.J. (2017) Management of Central Venous Access Device-Associated Skin Impairment: An Evidence-Based Algorithm. *Journal of Wound, Ostomy and Continence Nurses Society*, 44(3), 211-220.

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