

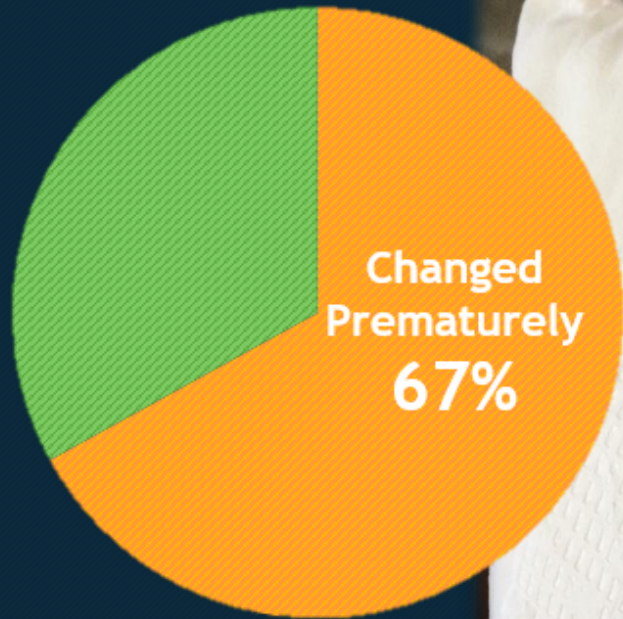
Reducing CLABSI - Dressing Disruption and Catheter Migration

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CVC Dressing Changes



3X

Increased Infection Risk:

- Risk of CRBSI increased by more than 3-fold after the second dressing disruption

12X

Increased Infection Risk:

- Risk of CRBSI increased by more than 12-fold after the final dressing disruption

Limited Dressing Durability

Dressing Type	Dressings removed for any reason, n=1229	
	Number of dressings observed	Dressing duration (hrs) median [IQR]
Opsite IV 3000	310	43.5 [21–78]
Tegaderm	237	46.0 [22–85]
IV Advanced	262	40.5 [20–85]
Sorbaview	116	68.5 [32–105]
Unrecorded	304	



- Commercially available CVC dressings have surprisingly limited durability
- 1,229 dressings were observed in 5 critical care units over 12 months
- **75%** lasted less than 48 hours
- Best dressing lasted 68.5 hours
- Only **3%** lasted the full 7 days



Vascular Access Dressing Adherence Point Prevalence Assessment

Date: 01/22 Unit: ICU

Dressings Observed						Dressing Assessment								Skin Condition		
Dressing No.	Patient No.	Dressing Change Date	VAD Type	Insertion Site	# Lumens	Adherent (Cath. site Not exposed)	Non-adherent (Cath. site exposed)			Moisture Presence				Enter Value(s) for one column only. Non-intact column may have multiple values. See page 2 for numeric key.		
Use one line for each dressing observed. Use appropriate abbreviations as indicated on reverse side. See page 2 for abbreviation tables.						Check Only One				Check Dry or Compromised				Dry, Intact 1	Non-intact (Enter all that apply) 2, 3a, 3b, 3c, 4, 5	
						Intact	Edges Lifting/ Reinforced	Partially Detached	Totally Detached	Dry	Compromised (Check All That Apply)					
											Wet	Diaphoretic	Leaking at Site			Bleeding
1	1	01/19	CVC	IJ	3			X				X				2
2	2	01/19	PICC	UE	2		X					X				2
3	3	01/20	CVC	IJ	3		X							X		4
4	4	01/19	PICC	UE	2		X					X				2
5	5	01/19	CVC	IJ	2			X					X			2
6	6	01/21	PICC	UE	1	X				X					1	
7	7	01/19	CVC	IJ	3			X		X					1	
8	8	01/18	CVC	SCV	2			X		X					1	
9	9	01/21	CVC	IJ	3	X						X				2
10	10	01/20	CVC	IJ	3		X			X					1	
11	11	01/19	PICC	UE	2	X				X					1	
12	12	01/20	PICC	UE	2	X				X					1	
13	13	01/21	CVC	IJ	3	X								X		2
14	14	01/21	PICC	UE	2	X				X					1	
15	15		CVC	IJ	3				X		X					4
Subtotals						6	4	4	1	7	1	4	1	2	7	8
Totals						10		5		7	1	4	1	2	7	8



Vascular Access Dressing Adherence Point Prevalence: General Hospital

Date Completed: 01/22

Total VADs Assessed: 15

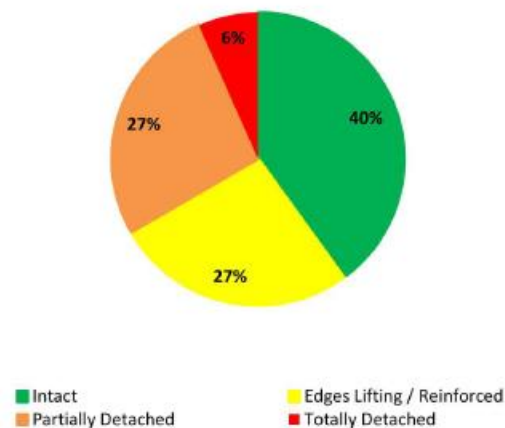
Unit(s): ICU

Summary of Infection Risk, Nurse Efficiency & Financial Analysis:

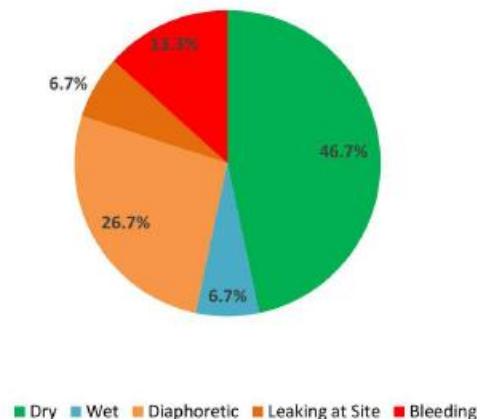
- 33% of observed dressings were Non-Adherent (Partially or Totally Detached) and are a risk factor for infection. (Timsit)
- 60% of dressings were Non-Intact and therefore should be prematurely changed resulting in material product waste. (CDC, Infusion Therapy Standards)
- 121.5 Minutes of lost productivity spent changing dressings prematurely. (Richardson; 13.5 min per average dressing change)

Assessment Results:

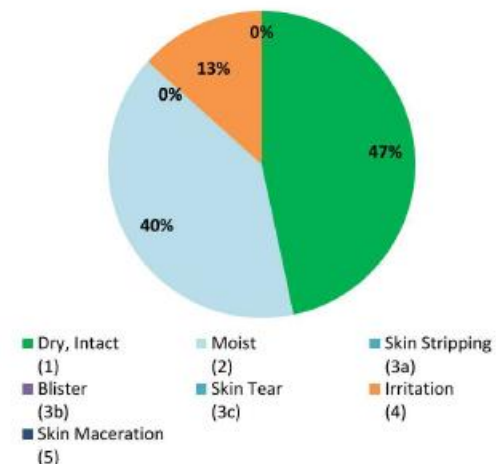
Dressing Adherence



Moisture Presence



Skin Condition



Methodology:

Catheter-related bloodstream infections (CRBSIs) are a serious complication related to vascular access and are associated with increased hospital length of stay, mortality, and costs. Recent data suggests that dressing disruptions are a major risk factor for catheter-related infections. Prevalence of dressing disruptions at the facility was unknown. As such, a Vascular Access Dressing Adherence Point Prevalence Assessment was conducted. Three key assessments were made:

- Dressing Adherence: Dressing was assessed to ensure insertion site is protected. Dressings are considered "Non-Adherent" if the dressing is missing or partially detached and the insertion site is exposed.
- Dressings Compromised by Moisture Presence: The dressing and insertion site is compromised if there is any moisture under the dressing. Strain at which skin breaks is 4X weaker with excess moisture than with dry skin.
- Skin Condition: Repeated application and removal of dressings, stabilization devices, and tape can result in skin damage. The skin under the dressing site was evaluated to determine if it was intact, moist, had skin stripping, a blister, a skin tear, irritation, or skin maceration.

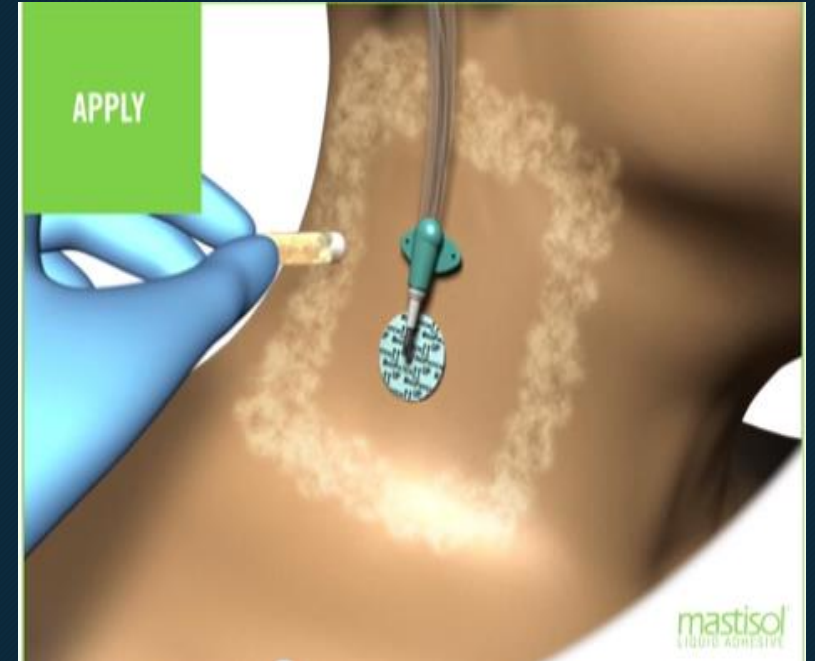


mastisol[®]
LIQUID ADHESIVE

Mastisol® Liquid Adhesive

Mastisol is a non-water soluble, liquid adhesive used to secure dressings, tapes, and devices.

- Non-water soluble
- CHG-compatible
- Sterile vial
- 2024 INS Standards
- Creates occlusive barrier
- Reduces risk of infection



mastisol®
LIQUID ADHESIVE

Detachol® Adhesive Remover

Detachol is a non-irritating adhesive remover that makes dressing and device removal safer for your patients.

- No alcohol or acetone
- CHG-compatible
- Sterile vial
- Does not leave oily residue
- Single-use vials to reduce cross contamination
- Removes adhesive residue that may harbor bacteria



detachol[®]
ADHESIVE REMOVER



detachol[®]
ADHESIVE REMOVER

Standardization

Make It Easy To Do the Right Thing



Convenient • Compliant • Cost Effective



mastisol
LIQUID ADHESIVE



Request more information

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Features & Benefits

- Significantly reduces the risk of CLABSI
- Dramatically decreases catheter dislodgment
- Prevents catheter movement
- No sutures needed
- No adhesives needed
- Never changed - remains in place for the life of the line
- Works with venous access and general/abscess drainage catheters
- Range of sizes: 3-12 French

PICC lines, central lines, midlines, drains

Improves efficiency

Allows 360 degree site cleaning

Eliminates costly suture needle stick risk

Neonates through geriatric

Lowers total cost of patient care

Recommended in 2024 INS Standards



References

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