# 3M™ Tegaderm™ CHG Chlorhexidine Gluconate IV Securement Dressing

## Commonly Asked Questions

**Question:**
Does the Tegaderm™ CHG gel pad absorb fluid, such as drainage or blood?

**Answer:**
Yes. Tegaderm™ CHG Dressing absorbs blood, sweat and exudates. As the gel pad absorbs fluid, it swells and becomes larger in size. Drainage should stay contained within the gel, not leak out beyond the gel pad nor obscure visualization of the site. Tegaderm™ CHG dressing is not designed for absorption of large quantities of blood or drainage.

**Question:**
When do I need to change the Tegaderm™ CHG Dressing?

**Answer:**
In accordance with current CDC guidelines, transparent adhesive dressings for Central Venous Catheters (CVCs), including PICCs, should be changed when the integrity of the dressing is compromised or "at least weekly for adults and adolescent patients, depending on the circumstances of the individual patient".

One key benefit of Tegaderm™ CHG Dressing is the ability for visual assessment of the catheter site. The dressing should also be assessed daily as part of care and maintenance of the vascular access device.

Indications to change the dressing are:

a. There is drainage or bleeding visible outside of the gel pad.
b. The dressing becomes loose, soiled or compromised in any way.
c. The insertion site is obscured and no longer visible.
d. If the dressing gel pad appears to be saturated or overly swollen.
   To check for oversaturation, push your finger on the corner of the gel pad, it will not bounce back to the original shape if it has absorbed too much fluid; the indent of your finger will remain after you take your finger away.
e. Every seven (7) days or according to your facility protocol.

**Question:**
Can Tegaderm™ CHG Dressing be left on for 10 days?

**Answer:**
Tegaderm™ CHG dressing has been shown to effectively inhibit re-growth of skin flora on healthy subjects for up to 10 days. However, consistent with current CDC 2002 Guidelines, the dressings should be changed "at least weekly for
adults and adolescent patients, depending on the circumstances of the individual patient”.

**Question:**
Does 25% CHG provide better antisepsis than 2% CHG?

**Answer:**
Studies on skin flora of healthy subjects have shown Tegaderm™ CHG Dressing provides effective antimicrobial action. Tegaderm™ CHG dressing has a lower concentration of CHG by weight than BIOPATCH®. While the relative volume of CHG available on patient skin has not been studied, Tegaderm™ CHG dressing has been demonstrated to be as effective, or better, at reducing skin flora on healthy subjects than BIOPATCH®.

**Question:**
How does chlorhexidine gluconate work in the Tegaderm™ CHG Dressing gel pad?

**Answer:**
CHG is an active antimicrobial component of the Tegaderm™ CHG dressing gel pad. The gel is composed of water, 2% chlorhexidine gluconate and other polymers. The aqueous nature of the gel pad and CHG allow for immediate antimicrobial action upon application to skin.

**Question:**
If we use Tegaderm™ CHG Dressing do we still need to use a skin prep?

**Answer:**
Yes. According to CDC 2002 Guidelines, disinfect clean skin with an appropriate antiseptic before catheter insertion and during dressing changes. A 2% chlorhexidine-based preparation is preferred.

Tegaderm™ CHG dressing is designed to work with any prepping agent. Use of Tegaderm™ CHG dressing has been demonstrated to reduce skin flora counts on healthy subjects to lower levels than can be achieved with skin preps alone. In addition, antimicrobial protection will be provided continuously at the site for up to ten days, whereas no prep claims to have activity past 48 hours. (However, consistent with current CDC 2002 Guidelines, the dressings should be changed “at least weekly for adults and adolescent patients, depending on the circumstances of the individual patient”.)

**Question:**
Can I use Tegaderm™ CHG Dressing together with 3M™ Cavilon™ No Sting Barrier Film?

**Answer:**
Yes. Cavilon™ No Sting Barrier Film is compatible with Tegaderm™ CHG dressing. Sterile Cavilon™ No Sting Barrier Film may be used to prevent adhesive trauma. It should be carefully applied to the skin, avoiding the area
immediately surrounding the insertion site and where the CHG gel pad is placed. Cavilon™ No Sting Barrier Film wand applicators #3343 or #3345 are recommended for IV sites; Cavilon™ No Sting Barrier Film in spray form (3346) should not be used for IV sites.

**Question:**
How can 3M™ Tegaderm™ CHG Dressings be both Occlusive and Breathable?

**Answer:**
Tegaderm™ CHG dressing consists of a gel pad containing CHG integrated with a Tegaderm™ Transparent Film Dressing. Moisture readily passes through the gel to the cover film to be released as vapor. The Tegaderm™ film acts as a selective filter. It is a barrier to external liquids, bacteria, and viruses* and breathable, allowing water vapor, oxygen, and carbon dioxide to be easily exchanged.

*(In vitro testing shows that Tegaderm™ CHG provides a viral barrier from viruses 27 nm in diameter (e.g. HCV) or larger (e.g. HBV and HIV) while the dressing remains intact without leakage.)*

**Question:**
Is Tegaderm™ CHG Dressing waterproof?

**Answer:**
Yes. However, in order to prevent contamination (e.g. catheter hub) during bathing or showering, it is recommended the dressing and catheter hub be protected by covering both with a waterproof material such as 3M™ Tegaderm™ Transparent Film Roll. (A non-adherent layer between Tegaderm™ CHG dressing and Tegaderm™ Transparent Film Roll is required).

**Question:**
What is the best way to remove Tegaderm™ CHG dressing?

**Answer:**
Slowly peel the dressing from the skin, towards the insertion site using the “low and slow” removal method. To facilitate removal of the gel pad from the catheter and manufactured catheter stabilization device, use of a sterile fluid (e.g. saline, alcohol wipe or swab) is recommended. (Note: alcohol should not be used for epidural catheters.) As the gel pad adhesion is released, continue the low and slow removal method. See the Tegaderm™ CHG dressing application and removal videos at www.3m.com/tegadermchg for complete instructions, including tips for removal and when to change the dressing.

**Question:**
Can I use Tegaderm™ CHG Dressing on diaphoretic patients?

**Answer:**
Yes, Tegaderm™ CHG dressing is designed to absorb fluid, however it is not designed to absorb large quantities of fluid. Tegaderm™ CHG dressing maintains antimicrobial effectiveness in the presence of perspiration and other
fluids and will prevent re-growth of skin flora. See question “When do I need to change the Tegaderm™ CHG Dressing” for more information.

**Question:**
Can Tegaderm™ CHG Dressing be used on infants?

**Answer:**
Tegaderm™ CHG dressing is not recommended for use on premature infants or infants under 2 months of age. Tegaderm™ CHG dressing has not been studied on infants. Current literature about the use of CHG on premature infants suggests that use of Tegaderm™ CHG dressing on infants with under-developed skin could result in hypersensitivity or necrosis of the skin.

**Question:**
Can I use this dressing for implanted ports?

**Answer:**
Tegaderm™ CHG dressing is effective where the CHG gel pad is in contact with skin and its surrounding inhibition zone. There have been no specific clinical studies related to the use of this dressing with accessed implanted ports.

**Question:**
What other devices can Tegaderm™ CHG Dressing be used with?

**Answer:**
Tegaderm™ CHG dressing can be used with any device that would benefit from skin flora reduction. Devices at risk for microbial contamination that could benefit from Tegaderm™ CHG dressing include, but are not limited to: any intravenous, intra-arterial, epidural, and hyperdemoclysis therapies, and all dialysis catheters. Tegaderm™ CHG is designed for skin applications and not mucosal use.

**Question:**
Is Tegaderm™ CHG Dressing effective when the gel pad covers the suture wing?

**Answer:**
Tegaderm™ CHG dressing is effective where the CHG gel pad is in contact with the skin and its surrounding inhibition zone. When applied to sutured catheters and sutured devices additional antimicrobial barrier protection is provided to the suture site as well as the insertion site.

**Question:**
Can Tegaderm™ CHG Dressing be safely used with hyperbaric treatments?
Answer:
There have been no specific clinical studies related to the use of Tegaderm™ CHG dressings with hyperbaric treatments.

Question:
Can Tegaderm™ CHG Dressing be used to treat a site infection?

Answer:
Tegaderm™ CHG dressing is not indicated for treatment of a suspected or known site infection.

Question:
Will use of the Tegaderm™ CHG Dressing cause any increase growth of drug resistant organisms?

Answer:
No, chlorhexidine gluconate is an antiseptic which attacks and destroys bacteria by mechanisms which do not result in growth of organisms that are resistant to antibiotics.

Question:
Can the gel pad be cut to create a customized dressing?

Answer:
3M has not studied this application and makes no recommendation.

Question:
Can I use Tegaderm™ CHG Dressing on every patient? Are there any contraindications for use?

Answer:
Do not use this product on patients with known hypersensitivity to chlorhexidine gluconate (CHG). The use of chlorhexidine gluconate containing products has been reported to cause irritations, sensitization, and generalized allergic reactions. Do not use Tegaderm™ CHG dressings on premature infants or infants younger than 2 months of age. Use of this product on premature infants may result in hypersensitivity reactions or necrosis of the skin.
**Question:**
What types of skin reactions can occur with the use of Tegaderm™ CHG Dressing?

**Answer:**
Skin reactions seen with transparent film dressings can often be prevented by appropriate application of skin antiseptics and skin protectants, as well as correct application and removal of the dressing.

Skin irritations can include:
- Contact dermatitis attributed to the transparent film dressing adhesive will present as an irritation appearing under the dressing. If the skin irritation or redness is seen not only under the dressing area but outside of the dressing, the skin reaction may be due to the chemicals in the skin prep or protectant. Failing to let the prep dry completely before covering will increase irritation.
- Skin stripping occurs when medical adhesives are removed incorrectly.
- A tension blister is a skin reaction or injury due to a mechanical force. When a film dressing is stretched into place on the skin, the film dressing has a tendency to move back into its normal shape causing skin blistering.
- Maceration is caused when the skin swells and whitens after prolonged exposure to moisture. This may occur when the dressing has not been protected during bathing or showering, or when the Tegaderm™ CHG gel pad has become oversaturated and left on the skin.

**Question:**
How do I know if a patient has skin maceration?

**Answer:**
The outermost layer of the skin, the stratum corneum, will appear whitish and swollen, and has been softened from absorbing too much water. It is often called “bathtub skin”. Some clinicians have described this as appearing “white; yeasty; or cheesy.”

**Question:**
What should I do if I see skin maceration under the Tegaderm™ CHG Dressing gel pad?

**Answer:**
Clinicians should remove the dressing and allow the site to dry. The maceration usually resolves within a day or so with conservative treatment. Interventions that have been reported to successfully resolve skin maceration:
  a. Remove the Tegaderm™ CHG dressing.
b. Clinicians should be advised to use caution in cleaning the site with CHG or alcohol, as it may cause skin irritation. Cleaning the site with another antiseptic agent, such as alcohol/ povidone iodine or povidone iodine may be preferred.

c. Use gauze and tape or an island dressing to cover the site. Change the dressing every 24-48 hours.

d. Once resolved, some clinicians have been able to resume the use of the Tegaderm™ CHG dressing without further incident.

**Question:**
Are there any specific conditions that can contribute to excess moisture accumulation under the Tegaderm™ CHG Dressing?

**Answer:**
Contributing factors may include:

- **Showering** - If the dressing is not protected adequately or the dressing is not intact, any water that is allowed to leak under the dressing will be absorbed into the gel pad.
- **Diaphoresis** – moisture from diaphoresis or other conditions such as excessive sweat, or third spacing where the patient exhibits signs of extracellular fluids, will be absorbed into the gel pad.
- **Highly exudative sites** - The gel pad will absorb drainage, but is not designed to absorb large quantities of fluid.

The Tegaderm™ CHG dressing should be changed if the gel pad becomes overly swollen (see question “When do I need to change the Tegaderm™ CHG Dressing?”)