The Absorptive Abilities of a CHG Gel Dressing: Can Initial Gauze Dressings be Avoided?

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Methodology

The absorbent CHG TSM dressing (MAP Squared™) CHG, Chlorhexidine Diethanolamine (CHG-DEA) Dressing was used for our vascular access teams for new and established lines. A total of 24 patients were recruited to the study. Of these 24 patients, 6 (25%) were new insertions and 18 (75%) were established lines. The patients had the dressing placed at the time of insertion and the dressing was changed peri-monthly. In cases where the dressing was not changed due to the patient’s inability to get back to the clinic, the dressing was allowed to remain in place for up to three weeks if the patient had no signs of infection.

The dressing was removed if the dressing change was missed and the catheter was not removed after 5 days or if no signs of infection were present. The dressing was assessed daily by the nurse caring for the patient and observations were captured uniformly on a daily evaluation form.

Evaluation Periods

The evaluation was conducted over two time periods. The first period was conducted in the fall of 2008 and included the 73 patients reported in the abstract. The evaluation was continued to include a total of 182 patients and the combined findings are reported in this poster.

Purpose

The new dressing was also rated by the staff on its Overall Adherence and Wear Time, and its Ability to Absorb Fluids. A five-point scale was used to evaluate the staff’s feedback.

Results

Two patients complained of itching, but no skin irritation was observed nor device-related adverse events reported.

References

2. Infusion Nursing Standards of Practice Supplement to Jan/Feb 2006 Vol 29 Issn 1533-1458

Background

Health care professionals caring for catheter insertion/new line benefit from guidance offered by national organizations but must also follow the guidance through their own experience. Such is the case with the choice of dressings following the initial catheter insertion. The Center for Disease Control Guidelines for the prevention of intravascular catheter-related infections (2002) indicate that the choice of a gauze or transparent semi-permeable membrane (TSM) dressing is a matter of personal preference. The guidelines also state that the catheter dressing should be replaced at the time of catheter change unless otherwise indicated. We refer to these guidelines to understand the impact that proper dressing selection can have on infection rates and patient comfort.

Guidelines recommend that dressing be used over the catheter’s port and at the site of insertion on the arm. Many hospital practice protocols have implemented the guidelines in order to prevent “dresser core.” The main dressing is to be used for the first 48 hours following insertion, then a sterile dressing is to be used for the subsequent dressing change in TSM. The dressing change should be performed every 5 days unless otherwise indicated. The dressing is not to be removed due to any dressing changes including the dressing change on the main dressing.

Conclusions

The use of CHG gel TSM was able to replace the initial gauze dressing, as the only dressing needed, on the majority of patients in the population studied.

The CHG gel TSM could not completely replace the need for dressing changes following new insertions requiring some reapplication of some patients.

A larger study needs to be conducted to better determine how frequently the absorbent CHG gel TSM will require replacement and the cost effectiveness in replacing the routine use of gauze after initial insertions. The evaluation was conducted over two periods of time. The first period was conducted in the fall of 2008 and included the 73 patients reported in the abstract. The evaluation was continued to include a total of 182 patients and the combined findings are reported in this poster.

Discussion

Many hospital protocols require that gauze be used universally for the first 24-48 hours after new catheter insertions due to the higher likelihood of bleeding. If the initial dressing dressings are changed we have observed that the gauze dressings may cause skin irritation due to the adhesive. When CHG (0.5%) is used as an initial dressing, it is able to absorb blood and clear the site of blood. The use of CHG gel TSM was able to replace the initial gauze dressing, as the only dressing needed, on the majority of patients in the population studied.

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Two patients complained of itching, but no skin irritation was observed nor device-related adverse events reported.

Discussion

The use of CHG gel TSM was able to replace the initial gauze dressing, as the only dressing needed, on the majority of patients in the population studied. The CHG gel TSM could not completely replace the need for gauze following new insertions requiring some reapplication in a small number of patients.

References

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