

## How to use the 1660 Dressing for PIVs



## **Application**



 Allow all antiseptics and skin protectants to dry completely. Peel liner from dressing and place on sterile field prior to PIV insertion.



2A. Position dressing so that the CHG gel pad covers the catheter insertion site (and suture sites when possible).



2B. Option B — One-handed application technique.

Note that luer connection will be covered during application of dressing.

Multiple techniques



 Place dressing, being careful not to stretch the dressing during application. Apply firm pressure to the entire dressing starting over the gel pad to enhance adhesion.



 Apply pressure to securement border with one hand, while removing paper frame with opposite hand.



 Apply notched tape strip under the extension tubing and overlap back onto the dressing. Remove adhesive-free tabs.

## Monitoring the gel pad



 Document the dressing change information on the label strip. Apply label strip on top of dressing, over catheter lumen(s). Remove adhesive-free tabs. Secure tubing with tape.



The dressing should be replaced if the gel pad remains displaced when pressed with a finger. Change Tegaderm™ CHG Dressings every seven (7) days, when the dressing becomes loose or soiled, if the gel pad is saturated, or in cases where there is swelling, visible drainage, or lost visibility.

## Removal



Using a low and slow removal technique, start removing the dressing from where the catheter or tubing exits the dressing toward the catheter insertion site. Avoid skin trauma by peeling the dressing back, rather than pulling it up from the skin.

When the CHG gel pad is exposed, grasp a corner of the gel pad and the transparent film dressing between thumb and finger. (Continue the low and slow removal method until the dressing is completely removed.)

Apply a few drops of sterile saline or alcohol if needed to facilitate removal of gel pad.



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