

2021 Updates to the Infusion Nurses Society *Infusion Therapy Standards of Practice*

Review selected points from the new standards and practice recommendations.¹

Prepare

Hair Removal

- Remove excess hair at the insertion site using single-patient use scissors or disposable-head surgical clippers. *Std. 33, pg. S96 (Level I)*
- Do not shave as this may increase the risk of infection. *Std 42, pg. S120*

Protect & Secure

Skin Protection

- Protect at-risk skin from irritation and breakdown with a sterile, alcohol-free skin barrier that is compatible with the antiseptic solution and when using an adhesive-based securement method. *Std. 42, pg. S120 (Level II)*

Antimicrobial Dressings

- Use chlorhexidine-impregnated dressings for all patients 18 years and older with short-term, nontunneled central vascular access devices (CVADs). Use for arterial catheters and other CVADs when other catheter-associated bloodstream infection (CABSI) prevention strategies are not effective. *Std. 50, pg. S154 (Level I)*
- With oncology patients, use a chlorhexidine-impregnated dressing around the needle insertion site for infusions exceeding 4-6 hours. *Std. 28, pg. S87 (Level V)*
- Consider use of chlorhexidine-impregnated dressings with epidural access devices as significant skin colonization and catheter colonization has been demonstrated with their use. *Std. 56, pg. S172 (Level I)*
- Assess VAD site and surrounding area to monitor skin, dressing and securement device integrity by inspection, and use palpation through the intact dressing to assess complications. *Std. 42, pg. S119 (Level V)*
- With hemodialysis, consider the use of a chlorhexidine-impregnated dressing to help reduce infection risk. *Std. 29, pg. S89 (Level IV)*
- For premature neonates, CHG-impregnated dressings are not recommended to protect the site of short-term, nontunneled CVADs due to the risk of serious adverse skin reactions. *Std 42, Pg. S120*

Catheter Securement

- Use a sterile dressing, combined with or integrated with a securement device, on all peripheral and CVADs to protect the site, provide securement and a microbial barrier, and to promote skin health. *Std. 42, pg. S119*
- Do not use a primary dressing as the sole securement method to stabilize and secure VADs. Inadequate securement can cause unintentional dislodgement and complications requiring premature removal. *Std 38, pg. S109*

Adjunct Securement

- If using medical tape for additional securement, select a tape based on the intended use and patient's skin condition. Use a roll dedicated to a single patient. *Std. 42, pg. S121 (Level IV)*

Antimicrobial Port Protectors

- Perform passive disinfection by applying a cap or covering containing a disinfection agent. Disinfection caps create a physical barrier to contamination between uses. *Std. 36, pg. S105 (Level I)*
- Active disinfection with swab pads containing 70% isopropyl alcohol are likely the least effective approach in needleless connector disinfection. *Std. 36, pg. S105*
- Active disinfection with alcoholic CHG swab pads, and passive disinfection with caps containing 70% isopropyl alcohol, were associated with lower rates of CABSI. *Std. 36, pg. S105*
- Attach a new, sterile, compatible covering device to the male luer end of the administrative set after each intermittent use. *Std. 43, pg. S124 (Level IV)*

3M. Where evidence-based practice standards meet innovative solutions.

The Infusion Nurses Society (INS) is the global authority in infusion therapy, setting stringent evidence-based standards for practice. At 3M, we provide a broad portfolio of solutions that help clinicians meet these standards, enabling you to provide the best possible care.

Prepare

Hair Removal



3M™ Surgical Clipper with Pivoting Head

Single-use clipper blades that conform to the contours of a patient's body.

Protect & Secure

Skin Protection



3M™ Cavilon™ No Sting Barrier Film

A CHG-compatible² alcohol-free skin barrier proven to help protect skin from adhesive skin damage. Easy-to-open, peel-down packaging allows for aseptic delivery.

Adjunct Securement



3M™ Micropore™ S Surgical Tape

An effective yet gentle multi-purpose tape that is suitable for secondary securement on all patients, including those with at-risk skin. Available in individually-packaged single-use length rolls.

Protect & Secure

3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressings* and 3M™ Curoso™ Disinfecting Port Protectors** help protect and secure all lines, all the time from extraluminal and intraluminal contamination risk.

CHG Dressings & Catheter Securement

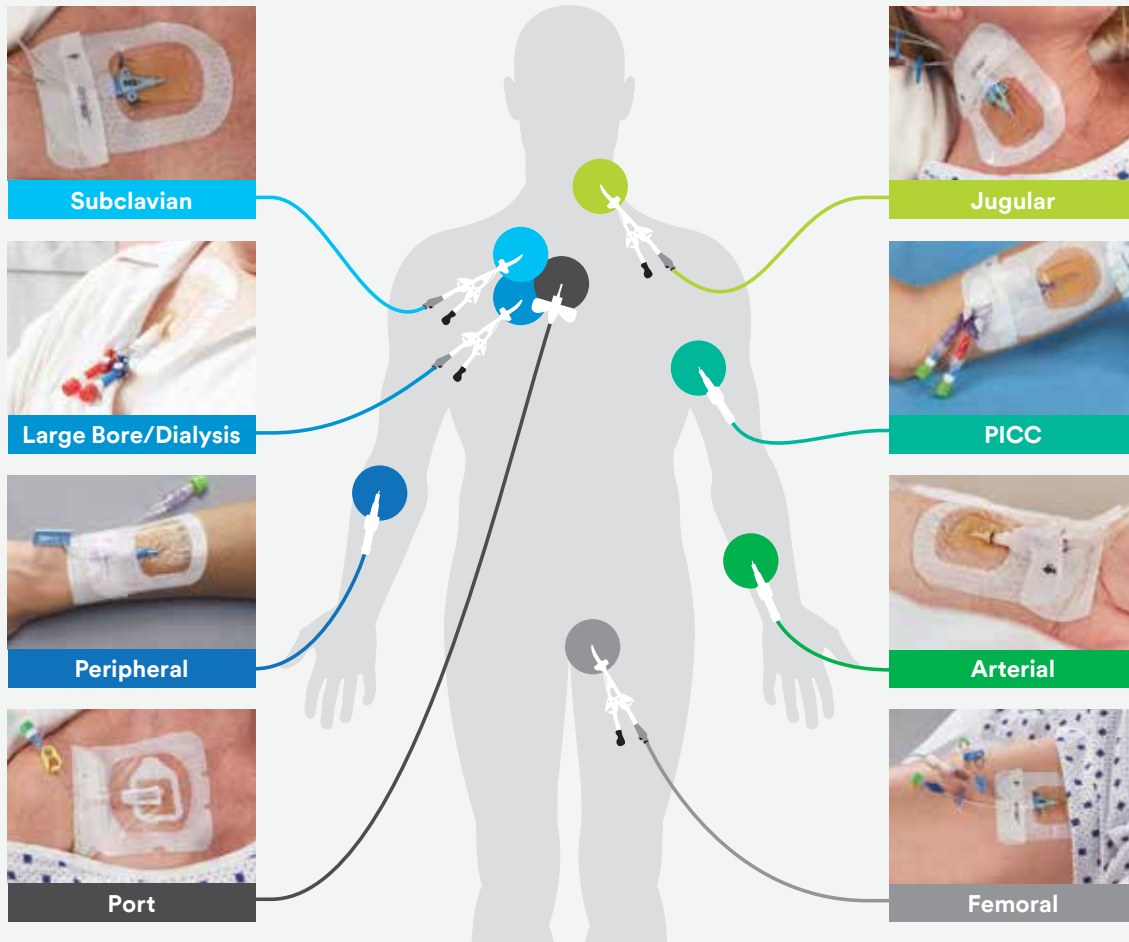
3M™ Tegaderm™ CHG Dressings: The power of 35 years of IV care science and innovation.

- Cleared and clinically proven to reduce catheter-related bloodstream infections (CRBSI)³
- Transparent dressing and gel pad enable early identification of potential complications at IV site and meet INS recommendations to assess the IV site and surrounding area by visual inspection¹
- Each 3M™ Tegaderm™ CHG Dressing is designed to minimize catheter movement and dislodgement⁴ and meets the INS definition of an integrated securement device (ISD) or adhesive securement device (ASD)¹
- Integrated CHG gel pad and dressing design helps ensure standardized, correct application⁵
- Select securement dressings also available without CHG.

Antimicrobial Protection

3M™ Curoso™ Disinfecting Port Protectors are the only brand to offer effective passive disinfection for all IV access points.

- Consistent use of 3M™ Curoso™ Disinfecting Caps for Needleless Connectors was associated with decreased central line-associated bloodstream infections (CLABSI)⁶
- Effective disinfection of needleless connectors and male luers on peripheral lines has been associated with a significant decrease in peripheral line-associated bloodstream infections (PLABSI)⁷
- Each 3M™ Curoso™ Disinfecting Cap contains 70% isopropyl alcohol (IPA) that disinfects the surface of the IV access point in one minute
- Protects IV access points for up to 7 days if not removed
- Disinfecting cap strips can hang on IV poles, positioning them for convenient, bedside availability
- Features a luer-lock design



***Important Safety Information for 3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressing.** Do not use 3M™ Tegaderm™ CHG I.V. Securement Dressing on premature infants or infants younger than two months of age. Use of this product on premature infants may result in hypersensitivity reactions or necrosis of the skin. The safety and effectiveness of 3M™ Tegaderm™ CHG I.V. Securement Dressing has not been established in children under 18 years of age. For full prescribing information, see the Instructions for Use (IFU).

****For full prescribing information, see the Instructions for Use (IFU). Rx only.**

Advancing Practice

When information and recommendations are changing rapidly, it can be difficult to keep up with the latest standards and ensure that staff is trained appropriately.

The 3M™ Peak™ Clinical Outcomes Program is a collaborative approach to successfully implement and sustain your clinical outcomes for IV care best practices.

How the Peak Program works:



Identify

Identify the areas where you have the biggest opportunity to drive impact at your facility.



Learn

Learn about industry best practices, clinical evidence, and new ways to improve outcomes.



Improve

Improve or implement new work processes and protocols through a variety of tools and approaches.



Maintain

Maintain the progress you've made and continue to keep staff educated and engaged.

To learn more, visit [3M.com/IVProtect](https://www.3M.com/IVProtect) or connect with your 3M Account Manager.

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2. 3M data on file: EM-05-005732 and EM-05-002049
3. U.S. Food and Drug Administration, Department of Health & Human Services. 3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressing 510(k) K153410 approval letter, May 15, 2017. Retrieved June 18, 2020 from https://www.accessdata.fda.gov/cdrh_docs/pdf15/K153410.pdf.
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5. Kohan CA, Boyce JM. A Different Experience with Two Different Chlorhexidine Gluconate Dressings for Use on Central Venous Devices. Am J Infect Control. 2013;41(6):S142-S143
6. Merrill KC, Sumner S, Linford L, Taylor C, and Macintosh C. Impact of universal disinfectant cap implementation on central line-associated bloodstream infections. American Journal of Infection Control 42 (2014) 1274-7.
7. Duncan M, Warden P, Bernatchez B, and Morse D. A Bundled Approach to Decrease Primary Bloodstream Infections Related to Peripheral Intravenous Catheters. 2018, Journal of the Association of Vascular Access, 23(1), 15-22.



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NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application.

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