

Staying current is critical.

Selected highlights from the Infusion Nurses Society 2024 *Infusion Therapy Standards of Practice*.¹

The Infusion Nurses Society (INS) is the global authority in infusion therapy, setting standards for practice. Revised every three years, adherence to the *Infusion Therapy Standards of Practice* promotes and supports consistency in patient care, guides clinical decision-making, and enhances competency.

From this comprehensive document, we've selected a few standards we believe will help you prevent infection, reduce complications and ultimately deliver better patient outcomes.

Prepare

Hand antiseptic

- ▶ “Use an alcohol-based hand rub (ABHR) containing at least 60% ethanol or 70% isopropyl alcohol routinely for hand hygiene.” *Std. 17, pg. S64 (Level I)*
- ▶ “Unless hands are visibly soiled, an ABHR is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water.” *Std. 17, pg. S64 (Level V)*

Hair removal

- ▶ Remove excess hair at the insertion site using single-patient-use scissors or disposable-head surgical clippers. *Std. 31, pg. S106 (Level I)*

Skin antiseptic

- ▶ Perform skin antisepsis using alcoholic chlorhexidine gluconate (CHG) as the preferred antiseptic solution. *Std. 31, pg. S106 (Level I)*
- ▶ Use an alcoholic CHG solution containing at least 2% chlorhexidine gluconate. *Std. 31, pg. S106 (Level I)*

Protect and secure

Antimicrobial dressings

- “Use chlorhexidine gluconate (CHG)-containing dressings to prevent CLABSIs in patients greater than 2 months of age with short-term CVADs, unless contraindicated (e.g., sensitivity or allergy to CHG), including patients with oncohematological disease (see Standard 39, Vascular Access Device Post-Insertion Care).” *Std. 47, S171 (Level I)*
- “Guidelines for oncology patients suggest use of a chlorhexidine-containing dressing around the needle insertion site based on duration of infusions exceeding 4 to 6 hours.” *Std. 47, S171 (Level I) (Level V)*
- “Catheter-related infection reduction has also been observed in both inpatient and outpatient hemodialysis patients with the addition of a CHG-containing dressing.” *Std. 47, S171 (Level III)*
- “Consider the use of chlorhexidine-impregnated dressings for patients with an epidural access device. A significant reduction in epidural skin colonization and catheter tip colonization has been demonstrated with their use.” *Std. 53, S198 (Level I)*
- “Assess the VAD site and surrounding area by palpation and inspection, including catheter pathway, for integrity of skin, dressing, and securement device.” *Std. 39, pg. S132 (Level IV)*

Catheter securement

- “Securement as an adjunct to the primary dressing reduces motion at the insertion site and associated complications. Adequate securement can reduce pain, fear, and anxiety and reduces healthcare costs associated with VAD replacement.” *Std. 36, S120 (Level I)*
- “Evaluate the use of securement options, such as tissue adhesive (TA), in addition to a primary dressing or an integrated securement device (ISD) for enhanced catheter stabilization for peripheral intravenous catheters (PIVCs), particularly in high-risk patients such as those with difficult intravenous access (DIVA) and prolonged catheter dwell.” *Std. 36, S120 (Level II)*

Adjunct securement

- “Evaluate the risk of skin stripping when evaluating use of medical adhesive tape as additional securement and when anchoring tubing.” *Std. 52, pg. S192 (Level IV)*
- “Use a securement product or tape a tension loop of tubing to the patient’s body to reduce the risk of accidental dislodgement.” *Std. 53, pg. S198 (Level V)*
- “If using medical tape for additional securement of add-on devices or portions of catheter beyond the dressing, select the type of tape based on the intended use and patient’s skin condition; use a roll of sterile tape dedicated to a single-patient use.” *Std. 39, S133 (Level IV)*

Antimicrobial port protectors

- Consider passive disinfection by applying a cap or covering containing a disinfectant agent. A systematic review has demonstrated high level of compliance with disinfecting cap use and reductions in central line-associated bloodstream infection (CLABSI) rates and related healthcare costs associated with avoided harm. *Std. 34, pg. S115 (Level II)*
- “Recent research has shown that passive disinfection with 70% IPA caps was associated with reduced phlebitis and infection.” *Std. 34, pg. S116 (Level II)*
- “Compared to active disinfection, passive disinfection has been associated with increased clinician compliance largely due to the continuous dwell nature of the device.” *Std. 34, pg. S116 (Level IV)*
- However, other studies show no difference between passive decontamination with caps and active decontamination with swabs. More high-quality trial research is required. *(Level III)*
- Attach a new, sterile, compatible covering device to protect male luer ends on administration sets if disconnection of infusion administration sets occurs. *Std. 40, pg. S137 (Level V)*

Skin protection

- “Aseptically, apply an alcohol-free skin barrier product that is compatible with the antiseptic solution, enhancing protection for the skin around the VAD insertion site.” *Std. 52, pg. S191 (Level II)*

Where evidence-based practice standards meet innovative solutions.

3M provides 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 and secure

Skin protection



For all patients



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.



Consider for patients having skin damage already



3M™ Cavilon™ Advanced Skin Protectant

A long-lasting barrier that protects the skin for up to 7 days and is breathable, allowing for moisture-vapor transmission that helps keep skin comfortable.

Adjunct securement



3M™ Tube Securement Device

Designed for securement power and skin performance in an easy-to-use solution. Designed to support medical adhesive-related skin injury (MARS) and pressure injury prevention practices.



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 and 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 and catheter securement

40+ years of IV care science and innovation leading to Tegaderm CHG Dressings.

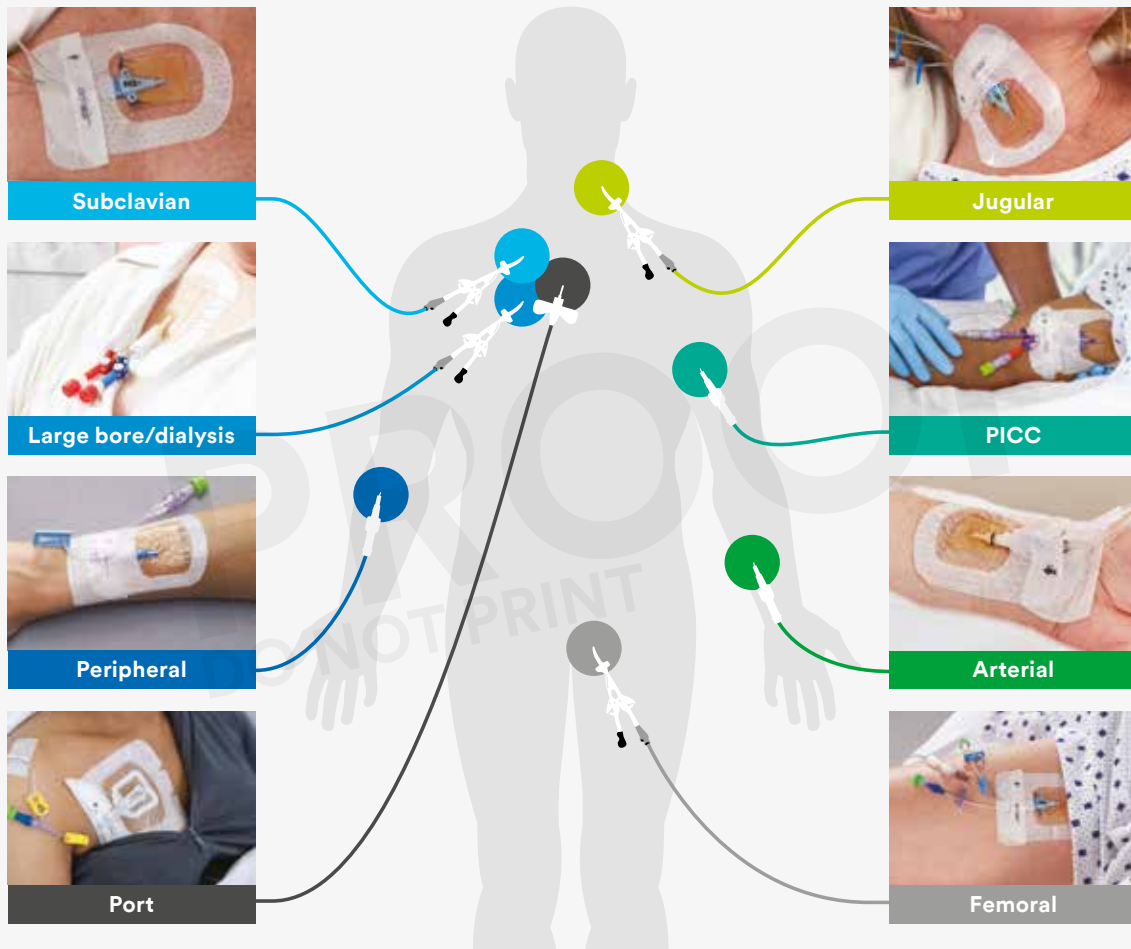
- ▶ Only transparent dressing cleared and clinically proven to reduce catheter-related bloodstream infections (CRBSI)³
- ▶ Transparent dressing and gel pad enable early identification of potential complications at IV site and meet INS recommendations to assess the IV site and surrounding area by visual inspection¹
- ▶ Each Tegaderm CHG Dressing is designed to minimise 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 standardised, correct application⁵
- ▶ Select securement dressings also available without CHG

Antimicrobial protection

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

- ▶ Consistent use of 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 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

Help reduce the risk of complications at all IV access points.



***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.

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1. Nickel B, Gorski L, Kleidon T, Kyes A, DeVries M, Keogh S, Meyer B, Sarver MJ, Crickman R, Ong J, Clare S, Hagle ME. Infusion Therapy Standards of Practice, 9th Edition. *J Infus Nurs*. 2024 Jan-Feb 01;47(1S Suppl 1):S1–S285. doi:10.1097/NAN.000000000000532. PMID: 38211609. © 2024 Infusion Nurses Society (INS). Excerpts used by explicit permission from INS. No endorsement is implied or given.
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 www.accessdata.fda.gov/cdrh_docs/pdf15/K153410.pdf.
4. 3M data on file: EM-05-014359.
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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