

## Central Line Fragile Skin Dressing for EB Patients

### *Main tips:*

- Lots of communication with patient/family
- Gentle, slow movements to avoid any possible skin breakdown.
- Recommend 2 RN dressing change. One RN should complete the dressing change while the other RN stabilizes the central line with a sterile glove on.
- Utilize antiseptic technique & don appropriate PPE. Instruct everyone in the room to wear a mask.
- Central lines may require sutures or a securement device.
- After the dressing is applied, secure the entire dressing by wrapping the extremity with roll gauze. To keep the line secure, visualization of the insert site may not be feasible, therefore the risks vs. benefits of routine visual surveillance must be considered to keep the central line dressing intact.

### *Prep supplies and dressing products before beginning procedure.*

- A silicone-based self-adherent gel dressing is the base of the dressing that will adhere to the patient's skin. Adhesives dressings should not make direct contact with the patient's skin.
- A central line dressing change kit
- Preferred central line dressing
- Silicone-based tape only if needed/requested

## ***Dressing Change***

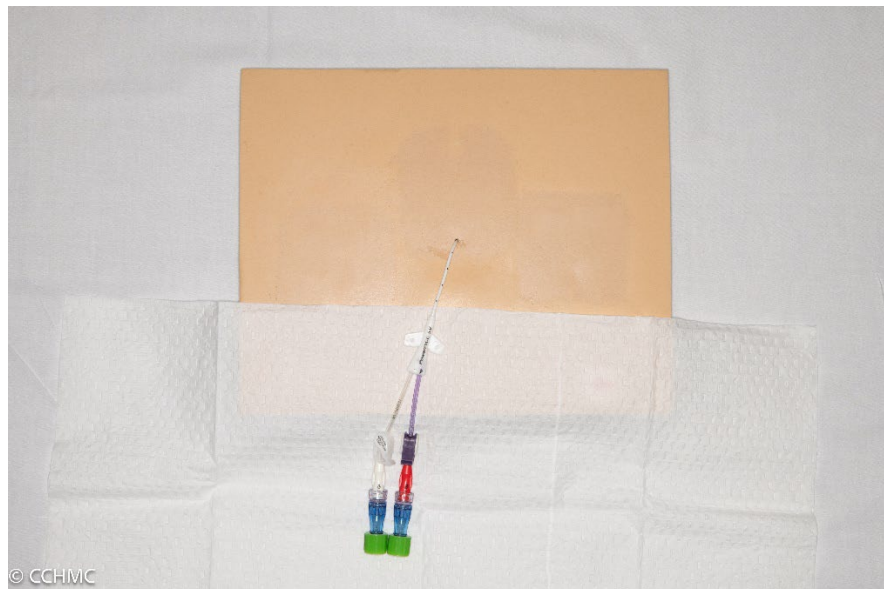
- 1) Using sterile technique, prepare the sterile field with needed supplies.



- 2) Using sterile technique, open the packaging and place the silicone-based self-adherent gel dressing and standard central line dressing onto the sterile field.



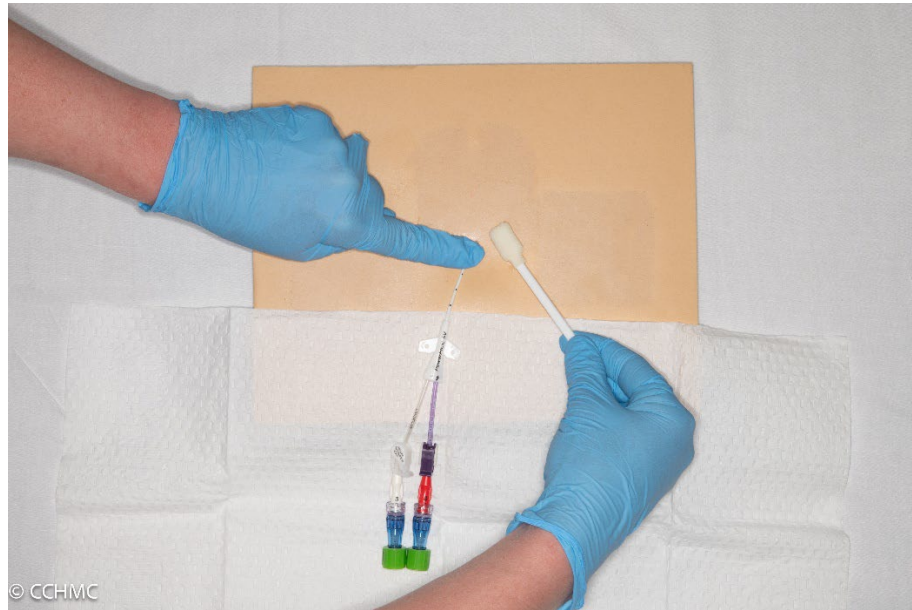
- 3) Place a sterile field underneath the central line.



- 4) Cleanse the central line site w/ a single-use alcohol-based chlorhexidine solution applicator or iodophor (ie. betadine) or 70% alcohol if chlorhexidine is contraindicated. The skin should be dabbed, not rubbed when cleansed. Verify with the patient and/or family if there are antiseptic products that are contraindicated.



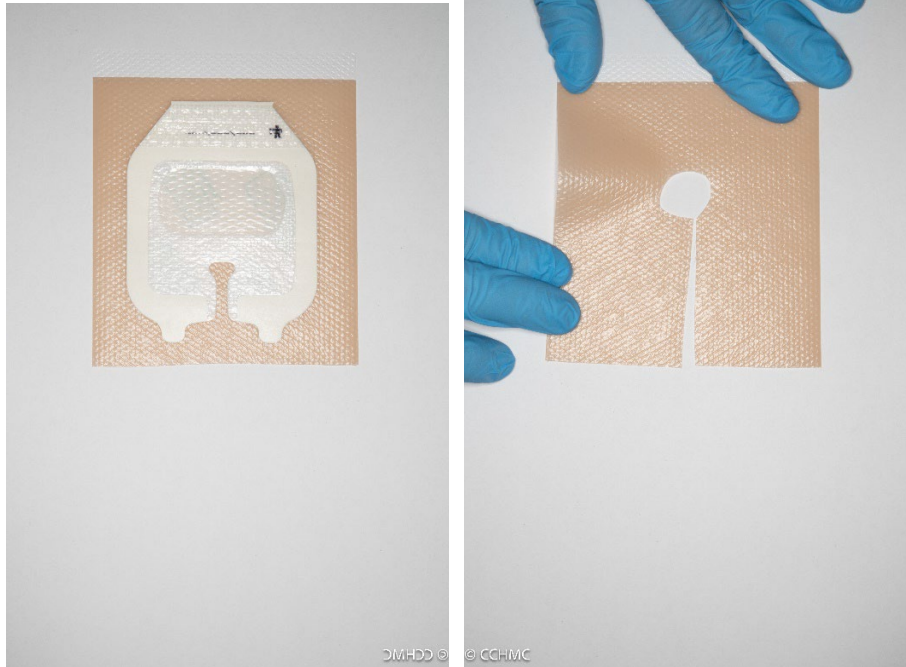
- 5) A sterile alcohol-free skin barrier may be dabbed on the skin at the anticipated dressing site. Verify with the patient and/or family if there are contraindications to skin barriers.



- 6) Using sterile technique, cut the silicone-based self-adherent gel dressing to size, ~ 0.5 cm- 1cm larger than central line dressing. Then cut a slit up the center of the silicone-based self-adherent gel dressing creating a round hole that is slightly larger than the antimicrobial disc, if an antimicrobial disc is used. If an antimicrobial disc is not used, cut the hole in the silicone-based self-adherent gel dressing just large enough for the line to come through.



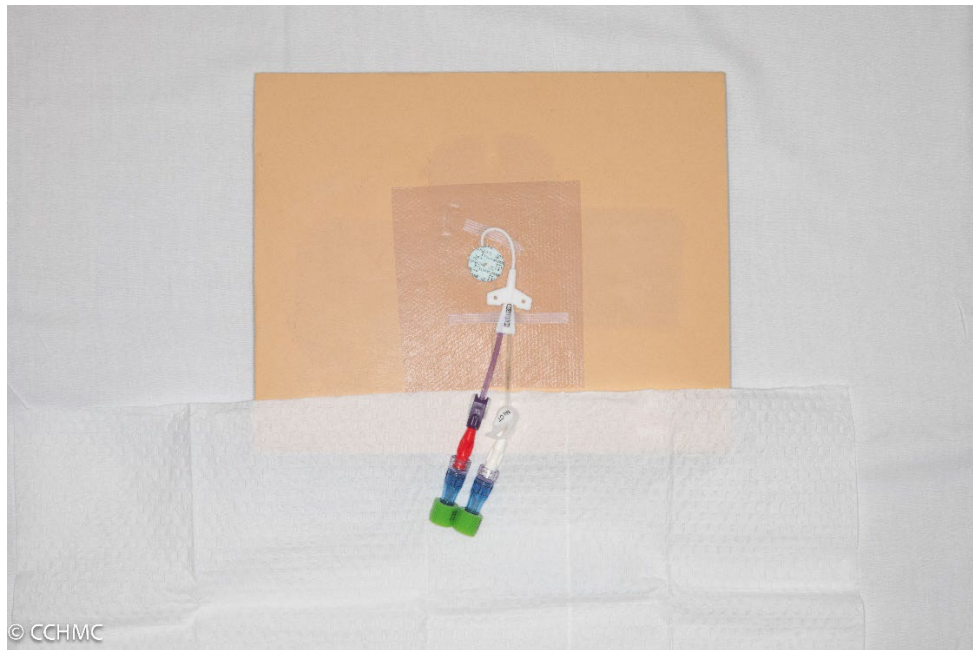




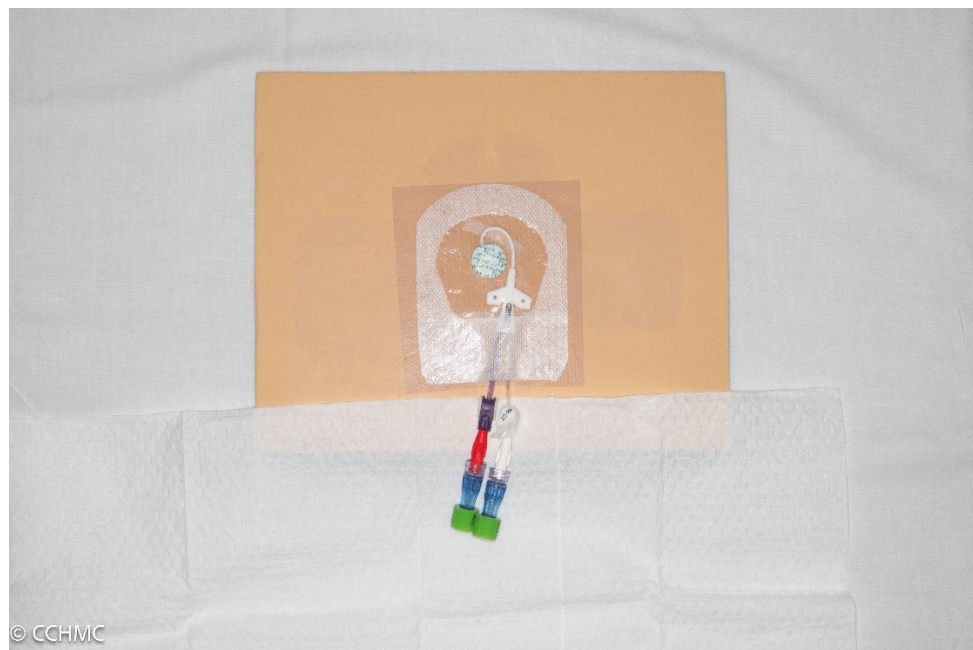
- 7) Apply the silicone-based self-adherent gel dressing over the skin with central line exiting the pre-cut hole in the silicone-based self-adherent gel dressing.



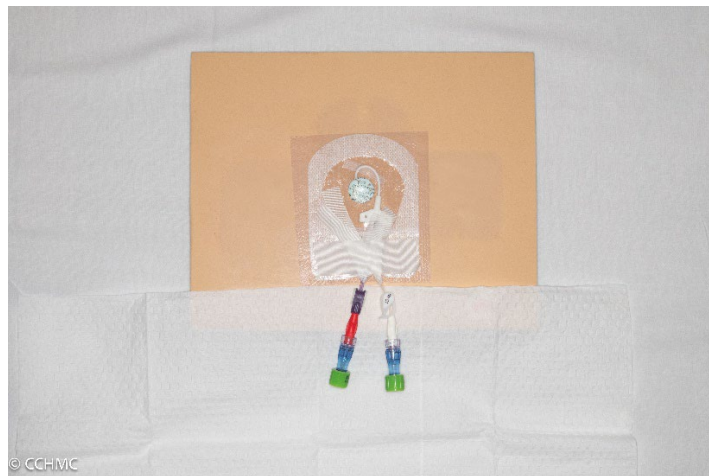
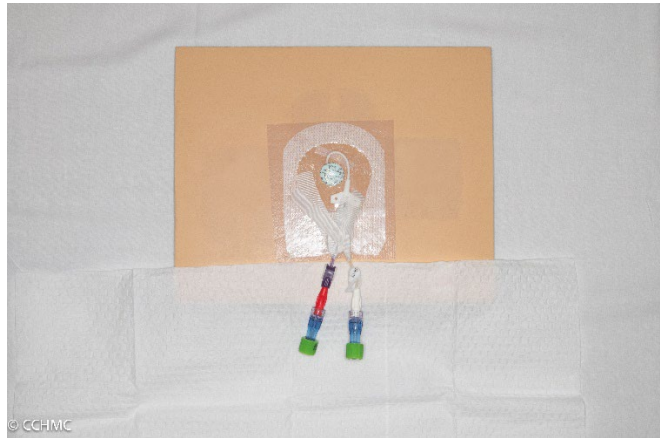
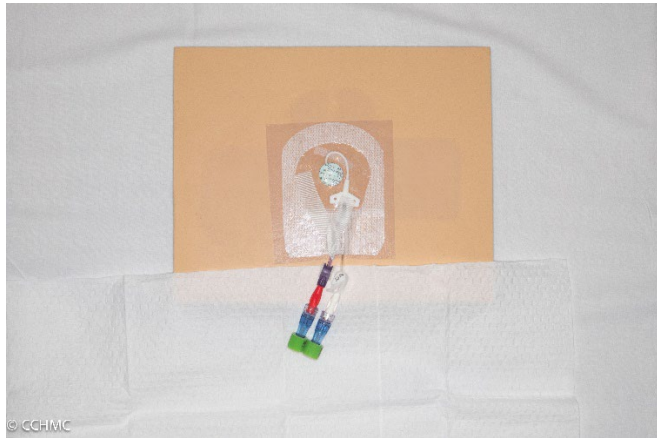
- 8) Apply the antimicrobial disc over the central line insertion site if applicable and secure the line to the silicone-based self-adherent gel dressing with steri-strips, (and securement device if indicated) using caution to not place steri-strips directly on skin.



- 9) Place the central line dressing over the silicone-based self-adherent gel dressing, avoiding direct contact with the skin.



10) Chevron the line to the dressing with tape (avoid contact with the skin).



11) Consider securing all 4 corners of the silicone-based self-adherent gel dressing with silicone-based tape.



