

PVAD Short dressing change

Female1: Here we are again, Renee. So what are we doing today?

Female2: Today we're going to change a dressing on a PVAD short IV cannula.

F1: And how do we know when it's time to do that?

F2: Well, you change it every time you would change your site and current best practice is that we're supposed to be changing PVAD short sites every 72 hours. You would also change it if there's evidence of moisture underneath there, maybe the IV is leaking. Or if there's lots of secretions under there. Maybe there's a lot of blood that can serve as a basis for growth for microorganisms.

F1: And so is this a sterile procedure?

F2: You use your principles of asepsis. I'm not going to use sterile gloves, but I'm going to use a no-touch technique because I don't want to introduce any microorganisms into the patient.

F1: And so what do we need to collect for to do this?

F2: Well, we should always use some clean gloves. We use some chlorhexidine, it's 2 percent chlorhexidine with 70 percent alcohol is the current best practice for cleansing skin around IV insertion sites. And we need a special transparent semipermeable dressing. It could be something-- probably the supplier will change over time, but the nurse should always ask themselves, okay, is this-- can I see through it and is it semipermeable. Because there will be moisture that comes off of the skin and we want that to be able to breathe and evaporate as opposed to collect and create moisture in a good breeding ground for microorganisms.

- F1: Yeah, so it's a good way to-- that transparency you can see that site, eh. What happens if-- what is chlorhexidine?
- F2: Chlorhexidine's an antiseptic.
- F1: And can patients be allergic to that?
- F2: Yes, they can, and that's a really good question. So you would always check with your patient to see if they have allergies. And if that's the case, then you need to check with your agency about what is their suggestion for what to use next. And currently in Interior Health we're going to use 20 percent povidone-iodine for adults. It's different for children and neonates.
- F1: All right.
- F2: Okay, so I'm going to do some hand hygiene before I put my gloves on. I've already identified the patient and let them know what I need to do. The dressings come packaged differently so you're just going to have to become-- the nurse will have to become familiar with how does the packaging actually work.
- F1: That's nice you get it all organized and get it all lined up so--
- F2: All right, so the tape might pull a little bit. So we're going to remove the tape towards the direction of the insertion site. And that's just to decrease the risk of dislodging it as much as possible.
- F1: Oh, so you would push it more in than-- rather than pulling it out, right.
- F2: Yeah, and that's not a bad thing because it's just a small plastic cannula that's in the patient. If it was a piece of metal then you would run the risk of poking in through the side of the vein wall.
- F1: I see how you're holding the tubing there.

F2: Yeah, you want to secure it. Every nurse will lose an IV site. And it's a real drag for the patient and for you in terms of you probably have other things to do. So with these chlorhexidine swabs the best practice now is to use multidirectional friction as opposed to doing this inside-out business which is what nurses were taught for years. And the area that you want to clean is basically the same size as the dressing that you are going to put on.

F1: I see you weren't being really gentle there either.

F2: No, because it's the friction that's going to remove the microorganisms.

F1: Yeah.

F2: And now you have to wait for the solution to dry, otherwise, again, your dressing won't stick this time. But the antiseptic's not effective if it's wet. The other thing to think about is if there's crusting under there, the crusting has to come out. So sometimes you'll need more than one swab to be able to do the job. 'Cause the crusting serves, again, as a place for bacteria to multiply.

F1: I guess that's part of your assessment too, when you're looking through that transparent dressing to look at that and know whether you need to bring a couple or just one swab.

F2: Exactly. So then the next thing to think about with this dressing is the whole-- they really stick a lot to your gloves, so you've got to be careful. And the window is there to allow you to be able to assess your site. So you're going to want to put the insertion site into the center of the window.

F1: Oh, I see, you wrap those little legs right under there, eh.

F2: Yeah. And it takes a little bit of practice to get skilled at this. And then I'm going

to remove this outer tape, the paper. And they provide you with some extra pieces of tape for securement 'cause the last thing you want to happen is that the IV gets pulled out. And you tape it in the way that is convenient for the patient to be able to do their activities of daily living without having the IV interfere too much.

That's the hope. And then the last thing you do is you write your date.

F1: What date are you going to put on there?

F2: I'm going to put today's date. So we're--

F1: So it's the date that it's changed.

F2: That it's been changed, yep. And then that just communicates to everybody when it was changed. So people will know when they need to change it again.

F1: And what was it again? How long do they stay on there?

F2: You change them every time you change out a site which is every 72 hours. Or if there's lots of moisture, blood or anything that makes you suspect that the dressing's no longer intact.

F1: Okay.