Staying current is critical

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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)*

Nasal decolonization

- Consider the additional impact of nasal decolonization combined with chlorhexidine gluconate (CHG) bathing. *Std. 47, pg. S171 (Level IV)*

Protect & Secure

Antimicrobial dressings

- "Use CHG-containing dressings to prevent central line-associated bloodstream infections (CLABSI) in patients greater than 2 months of age with short-term central venous access devices (CVAD), 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, pg. 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, pg. 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, pg. 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, pg. S198 (Level I)*
- "Assess the ventricular assist device (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, pg. 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, pg. 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, pg. S133 (Level IV)*

Antimicrobial port protectors

- Consider passive disinfection by applying a cap or covering containing a disinfectant agent. A systematic review has demonstrated a high level of compliance with disinfecting cap use and reductions in 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. *Std. 34, pg. S116 (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

Solventum provides a broad portfolio of solutions that help clinicians meet these standards, enabling you to provide the best possible care.

Prepare

Hand antiseptic

3M™ Avagard™ Hand Antiseptic

This emollient-rich formulation contains 61% w/w ethyl alcohol and is available with and without CHG.

Hair removal

3M™ Surgical Clipper with Pivoting Head

These single-use clipper blades conform to the contours of a patient's body.

Nasal decolonization

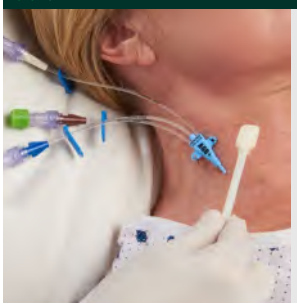
3M™ Skin and Nasal Antiseptic

A simple, one-time application reduces nasal bacteria, including *S. aureus*, by 99.5% in just one hour and maintains this reduction for at least 12 hours.

Protect & Secure

Skin protection

For all patients



3M™ Cavilon™ No Sting Barrier Film

A CHG-compatible[2] alcohol-free skin barrier proven to help protect skin from adhesive skin damage. Easy-to-open, peel-down packaging allows for aseptic delivery.

For patients who already have skin damage

3M™ Cavilon™ Advanced Skin Protectant

A long-lasting barrier that protects the skin for up to seven 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. Intended to support medical adhesive-related skin injury (MARSI) and pressure injury prevention practices.

3M™ Micropore™ S Surgical Tape

An effective yet gentle multipurpose 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™ Curos™ Disinfecting Port Protectors** help protect and secure all lines, all the time from extraluminal and intraluminal contamination risk.

CHG dressings & catheter securement

40+ years of IV-care science and innovation lead to the development of Tegaderm CHG Dressings.

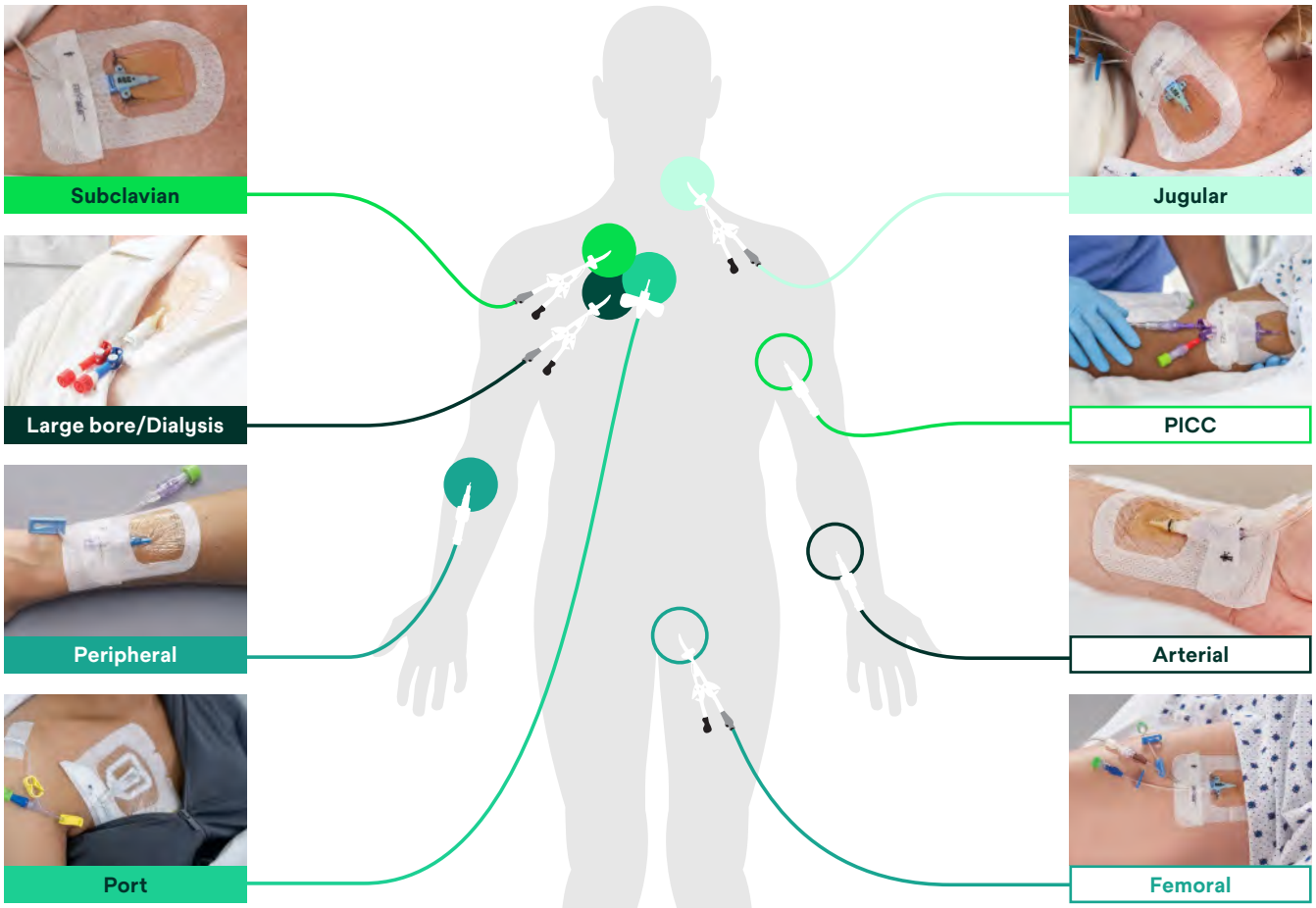
- This is the only transparent dressing cleared and clinically proven to reduce catheter-related bloodstream infections (CRBSIs).[3]
- The transparent dressing and gel pad enable early identification of potential complications at the IV site and meet INS recommendations to assess the IV site and surrounding area by visual inspection.[1]
- Each Tegaderm CHG Dressing is designed to minimize catheter movement and dislodgement[4] and meets the INS definition of an integrated securement device (ISD) or adhesive securement device (ASD).[1]
- Each integrated CHG gel pad and dressing design helps ensure standardized correct application.[5]
- Select securement dressings are also available without CHG.

Antimicrobial protection

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

- Consistently using Curos Disinfecting Caps for Needleless Connectors was associated with decreased central line-associated bloodstream infections (CLABSIs).[6]
- Effectively disinfecting needleless connectors and male luers on peripheral lines has been associated with a significant decrease in peripheral line-associated bloodstream infections (PLABSIs).[7]
- Each Curos Disinfecting Cap contains 70% isopropyl alcohol (IPA) that disinfects the surface of the IV access point in one minute.
- It protects IV access points for up to seven days if not removed.
- The disinfecting cap strips can be hung from IV poles for convenient bedside availability.
- They feature a luer-lock design.

Help reduce the risk of complications at all IV access points

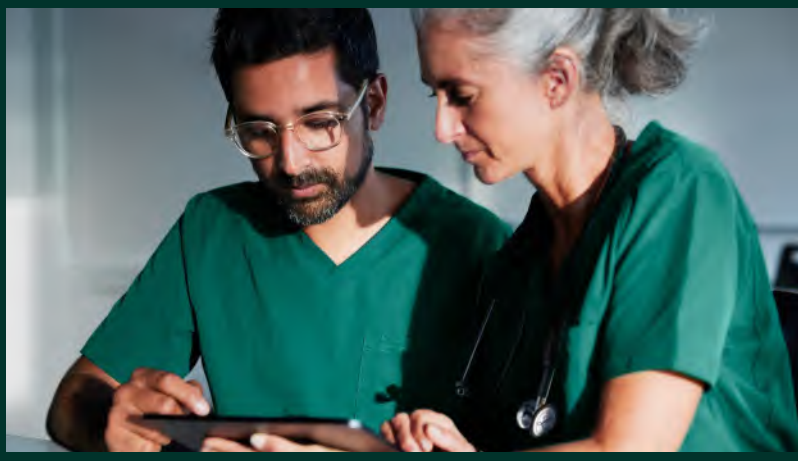


***Important safety information for 3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressing.** Do not use 3M™ Tegaderm™ CHG I.V. Securement Dressing on premature infants or infants younger than two months of age. Use of this product on premature infants may result in hypersensitivity reactions 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.

Our Peak Clinical Outcomes Program is a collaborative approach to successfully implement and sustain your clinical outcomes for IV-care best practices.



Here's 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 **Go.Solventum.com/IVProtect** or connect with your Solventum account manager.

1. Barbara Nickel et al., "Infusion Therapy Standards of Practice, 9th Edition," *Journal of Infusion Nursing* 47, no. 1S (2024): S1-285, https://doi.org/10.1097/nan.0000000000000532.
2. Solventum data on file: EM-05-005732 and EM-05-002049.
3. U.S. Food and Drug Administration, U.S. Department of Health and 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. Solventum data on file: EM-05-014359.
5. Cynthia A. Kohan and John M. Boyce, "A Different Experience with Two Chlorhexidine Gluconate Dressings for Use on Central Venous Devices," *American Journal of Infection Control* 41, no. 6 (2013): S142-143, https://doi.org/10.1016/j.ajic.2013.03.283.
6. Katreena Collette Merrill et al., "Impact of Universal Disinfectant Cap Implementation on Central Line-Associated Bloodstream Infections," *American Journal of Infection Control* 42, no. 12 (2014): 1274-1277, https://doi.org/10.1016/j.ajic.2014.09.008.
7. Mary Duncan et al., "A Bundled Approach to Decrease the Rate of Primary Bloodstream Infections Related to Peripheral Intravenous Catheters," *The Journal of the Association for Vascular Access* 23, no. 1 (2018): 15-22, https://doi.org/10.1016/j.java.2017.07.004.

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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.