Skin can react to different types of dressings or adhesives, or problems can arise relating to the securement of lines or the development of sensitivities to cleaning solutions” Hitchcock and Savine (2017).

Abstract:

Establishing vascular access and preventing infection, both at insertion and during ongoing care is generally the top priority; the maintenance of optimal skin integrity is often a distant secondary consideration. Skin can react to different types of dressings or adhesives, or problems can arise relating to the securement of lines or the development of sensitivities to cleaning solutions.

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Clearly, these scenarios are not limited to the securement of vascular access devices; however, a patient with a long-term vascular access device may not have other options for vascular access, which makes this a very important and yet largely unrecognised area. A review of the limited literature that existed up to March 2015 showed it was typically concerned with skin tears connected with dressings and removal, and contact irritant dermatitis. The tissue viability team and vascular access team reviewed the current products
associated with a typical vascular access dressing to ensure it was fit for purpose and where at all possible had good scientific literature for validation. The team worked proactively to recognise those patients at risk with the early identification of potential medical adhesive-related skin injuries (MARSIs). To facilitate this an algorithm was developed that offers a step-by-step approach, clearly outlining what to do to prevent MARSIs and its treatment should it develop. These reactions can result from other factors than the dressing alone, and an increase in these kinds of skin reaction in patients who are on chemotherapy regimens is being explored further. Through the implementation of an algorithm, education for both staff and patients and collaborative working between vascular access and tissue viability teams, a reduction in these phenomena has been seen despite an increasing number of at-risk patients.

Reference:


**Thank you to our partners for supporting IVTEAM**