Nursing Alert

Consider the child's age, development, and neurologic status, as well as the predictability of the child (how the child responds to painful treatments), when determining the need for assistance to maintain safety. Manual removal of tape is the preferred method. Only if absolutely necessary should a small cut be made in the tape, using bandage scissors, to facilitate its removal. Before cutting the tape:

- Ensure that all digits are visible.
- Remove any barrier that hinders visibility, such as a protective covering.
- Protect the child's skin and digits by sliding own finger(s) between the tape and the child's skin so that the scissors do not touch the patient.
- Cut on the tape on the medial aspect (thumb side) of the extremity.

Maintenance

In a consensus guideline of 16 organizations and professional associations, the following maintenance recommendations were made (O'Grady, Alexander, Burns, et al, 2011):

- Use transparent dressings to allow site visualization. If diaphoresis, bleeding, or oozing prevents adequate adhesion, gauze dressings can be used.
- Replace any dressing when damp, visibly soiled, or loose. Routinely replace transparent dressings every 7 days and gauze dressings every 2 days unless the risk of central catheter dislodgement outweighs the benefits of the dressing change.
- During dressing changes, use chlorhexidine to cleanse skin surrounding central lines and either chlorhexidine, tincture of iodine, an iodophor, or alcohol surrounding PIV lines. No recommendations can be made for the use of chlorhexidine in infants younger than 2 months old.