

US-guided PIV Placement and Fragile Skin Dressing for EB patients

Main tips:

- Lots of communication with patient/family
- Gentle, slow movements to avoid any possible skin breakdown

Prep supplies and dressing products before beginning procedure.

- A silicone-based dressing is the base of the dressing that will adhere to the patient's skin. No adhesive products should make contact with the patient's skin.
- Obtain sterile scissors to prep dressing
- Silicone-based tape only if needed/requested

A silicone-based dressing should be cut 0.5-1 cm larger than cover dressing to protect skin from cover dressing adhesives.



Cut a slit down the center of the silicone-based dressing as shown and create a small hole to accommodate the IV catheter.



Instructions + tips for PIV placement

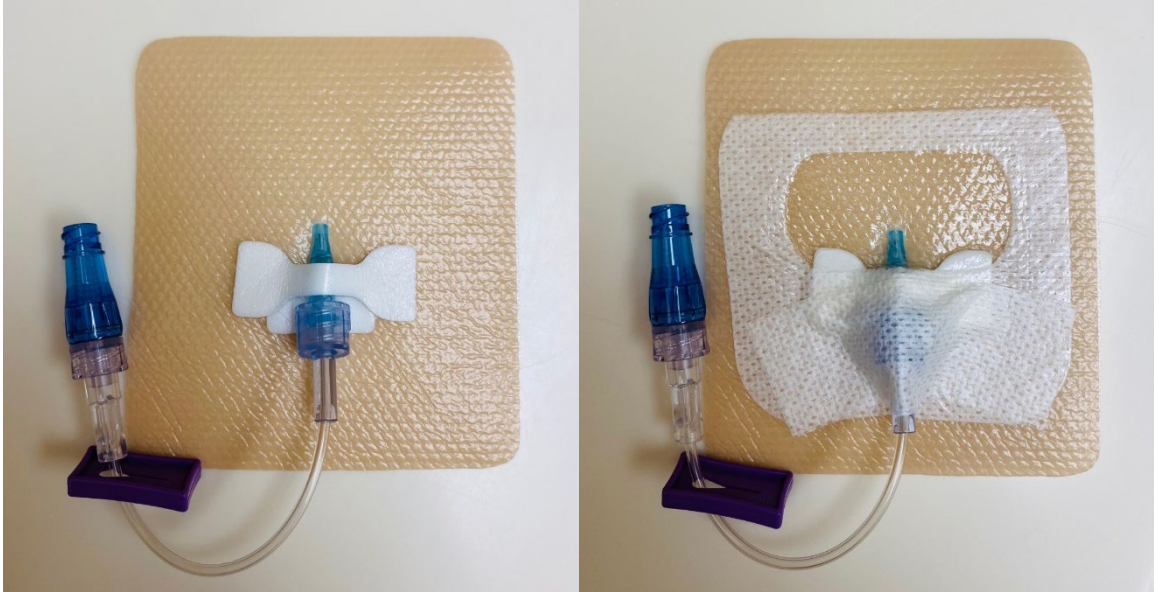
- Discuss with family which location typically works for PIV placement. Standard forearm ultrasound placement is typical. Other locations can sometimes be used without ultrasound. Discuss status of skin in these areas and choose extremity with more intact skin if applicable. Avoid largely non-intact skin. Request that family remove enough dressings for ultrasound assessment and dressing placement.
- Avoid use of tourniquet. If vessel is particularly small, you can ask family if tourniquet is tolerated on top of dressings. A light tourniquet can be used in some cases.
- Cleanse skin with blotting/dabbing motion, avoid rubbing/scrubbing motion. CHG may be used on intact skin unless patient has allergy/intolerance. Betadine may be used on non-intact skin if needed. Let betadine air dry and gently dab for removal with saline wipes.
- Subcutaneous needle free numbing injections are contraindicated. Topical lidocaine cream can be used if desired/ordered. Typically, cream can just be covered with gauze or patient's dressing product of choice until PIV is placed.

- Regarding catheter size: when in doubt, use a smaller gauge catheter. Gentleness with vessels aids in long term vein preservation and longevity of placed catheter.
- Once vein is accessed, thread IV catheter slowly as veins appear to be similarly fragile
- Once PIV is placed, a no sting barrier skin prep can be dabbed on the surrounding intact skin (may ask patient preference) prior to placing the silicone-based dressing unless allergy/intolerance.

To place the silicone-based dressing, remove adhesive backing completely and place on skin. Use slit made to go around IV catheter. Be careful to place cut edges close together to prevent any unnecessary skin exposure to cover adhesives. IV catheter will now be placed on top of the silicone-based dressing.



Dress the IV per standard practice ensuring that all dressing products remain on top of the silicone-based dressing.



Occasionally, a patient/parent requests that entire dressing is reinforced around all edges. A silicone-based tape should be used if this is needed.

Roll gauze can be used to wrap extremity for added securement of line if desired. Parents also often have dressing products to re-wrap/reinforce this area.