Standard PICC Dressing Sequence

Contact dermatitis (CD), develops due to sensitivities to the dressings used and needs to be managed prompty to maintain the integrity of the skin at the exit site. Occassionally the patient develops an allergy to Chlorhexidine. If this occurs exchange all CHG products with Povidone and AG patches.**Use this sequencing and move up the levels until the skin improves and a suitable dressing regime is found which should be documented within PICC records.**

Note:
- **The recommended sequencing from level 1-5 should be followed for patients who develop contact dermatitis, for the majority of patients a level will be found that is suitable. However for patients with persistant CD contact the Interventions team on Ext 5737 bleep 4095 for advise.**
- **Alternative dressings include: Bioclusive, Duoderm, Mepore or Allevyn - Consider if line still required - discuss a Port-a-cath where necessary**
- **The distal portion of the line needs to be covered when discharged to minimise infections and to secure the line - a medium Bioclusive or Tegaderm is suitable depending on the patients tolerance to the dressings.**

Level 1
- **Clear Film I.V plus med Tegaderm** - For all lines with or without Securacath
- If skin becomes red and itchy add in oral antihistamines, move to **Level 2**:

Level 2
- **Tegaderm Advanced x2 + antihistamines** = Consider IV Clear Pro (Port dressing)
- If itch/redness continue add in Sorbaderm barrier film, move to **Level 3**:

Level 3
- **IV 3000 x2 + antihistamines + Sorbaderm barrier film**
- If no improvement add in Sorbaderm cream, **Biopatch/Zonis to prevent line infection**, move to **Level 4**:

Level 4
- **Opsite visible x2 +antihistamines + Sorbaderm film & cream + Biopatch/Zonis**
- If still no improvement move to **Level 5 - Consider Povidone**

Level 5
- **Mepitel film x2 +antihistamines + Sorbaderm cream/film + Biopatch/Zonis** until settled then reduce to **Mepitel film alone. If Mepitel unavailable try one of the alternatives and Povidone**