

## Medical Adhesives

## **Removal Techniques**



Skin injury occurs for 9-43% of hospitalised neonates (including epidermal stripping/Medical Adhesive Related Injury (MARSI))<sup>1,2</sup>
 Erythema persisting 30 minutes after adhesive removal is considered stripping or MARSI<sup>3,4</sup>

	erythema persisting 50 minutes after adhesive removaris considered stripping of Mikior				
	Prior to application		On application		
ucation	<ul> <li>consider if the adhesive is indicated, as adhesives should be left in place for a minimum of 24 hours (adhesion is strongest during the first 24 hours, delaying removal, reduces the risk of injury)<sup>4</sup></li> <li>ensure adhesive length and width is appropriate for the size of the neonate</li> </ul>	<ul> <li>be aware the increase the</li> <li>fold an edge</li> </ul> Practices a	at pressure applied to an adhesive will bond to the skin <sup>5</sup> for easier removal and products that <u>increase</u> risk of skin injury		
Edu	On Removal	_ <b>\ T</b> <i>F</i>			
General	<ul> <li>implement non-pharmacological pain management strategies<sup>6</sup></li> <li>consider the adhesive type to select the best removal technique (e.g. temperature probe covers are available as either gel or hydrocolloid)</li> <li>start with the folded edge; if no folded edge select an edge and roll</li> <li>utilise TWO HANDs, one to support the skin, one to remove adhesive<sup>3,8</sup></li> </ul>	<ul> <li>removal of adhesive(s) using angles less than 120°<sup>3</sup></li> <li>natural rubber or hydrocolloid adhesives<sup>2,5</sup></li> <li>zinc oxide/acrylate adhesives applied directly to skin<sup>7</sup></li> <li>removal of adhesive less than 24hrs after application<sup>3,5</sup></li> <li>bonding agents (e.g. Tincture of Benzoin)<sup>5,8</sup></li> <li>pressure applied to adhesives on application</li> </ul>			
Removal Agente *	<ul> <li>Avoid agents with high alcohol content and scent<sup>8</sup></li> <li>SILICONE derivative products or WATER are currently preferred (based on pediatric studies<sup>4</sup>)</li> <li>Clean any residual removal agent from the skin prior to reapplication of adhesive(s)</li> <li>More evidence is required regarding emollients and oils as removal agents</li> <li>There is limited evidence regarding the frequency of use of removal agents for neonates</li> </ul>				
A	Adhesive Base Type		Technique (2 handed)		
Removal Techniques for Adhesive Type	<ul><li>A. Plastic top + acrylate bottom</li><li>B. Silicone (poor adherence to medical devices)</li></ul>	in Tempelapur Nge 107 []	1	Low & Slow	
	<ul> <li>C. Hydrocolloid sheet (e.g. DuoDERM®, Comfeel)</li> <li><i>• high risk of injury</i><sup>5,8-10</sup></li> </ul>		2	Low & Super Slow	
	D1. Traditional film, occlusive, polyurethane dressings (border and borderless)		3	Roll & Stretch <sup>8</sup>	
	D2. Newer film dressings with grid adhesive			or Low & Slow <sup>11</sup>	
	E. Gel adhesive		4	Moisten <sup>*</sup> , then Rub & Loosen	
	F. Fabric top + acrylate bottom		F	Soak* Top Layer;	
ž			<b>.</b>	then I and P Classe	

View demonstrational tutorials at: <a href="https://www.youtube.com/playlist?list=PLwIZzD33AD9nyXtsyG1MdG-IZ2VkYYdnL">https://www.youtube.com/playlist?list=PLwIZzD33AD9nyXtsyG1MdG-IZ2VkYYdnL</a>

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