

La prevenzione delle lesioni cutanee da Catetere Venoso (CASI)

**Centro Congressi Stazione Marittima Molo Angioino
Napoli
11-12 maggio 2026**

Con il patrocinio di



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The Science of Skin: Measuring Damage and Assessing Risk

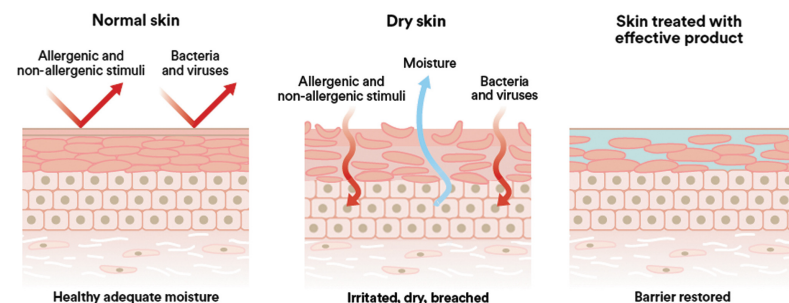
Stéphanie F Bernatchez¹, Jens Bichel²

Affiliations + expand

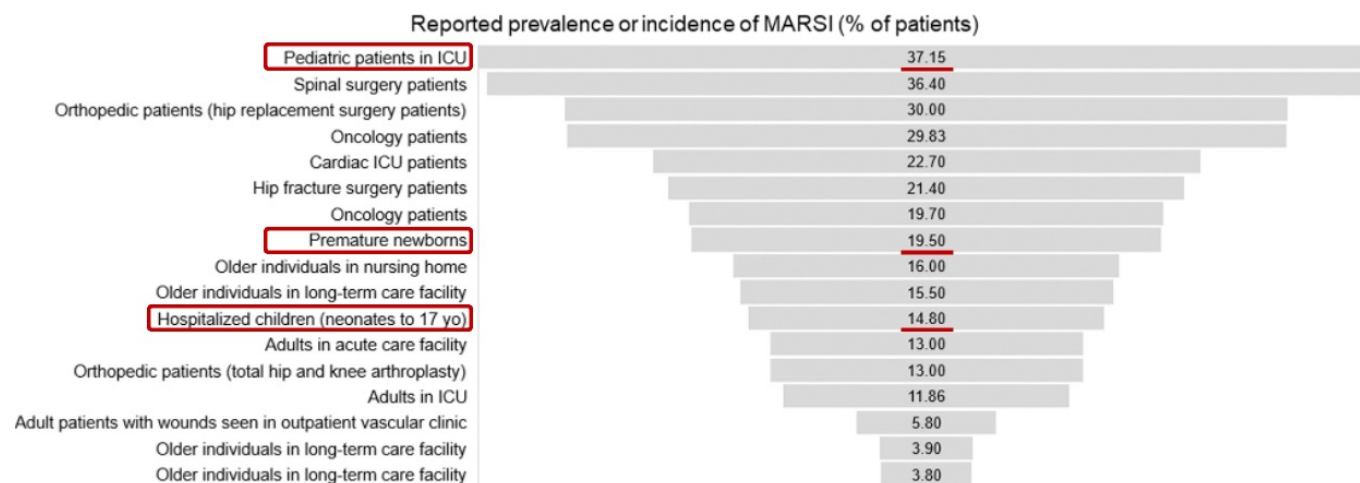
PMID: 35904378 PMCID: PMC9885549 DOI: 10.1089/wound.2022.0021

Abstract

Significance: Healthy skin provides a barrier to contaminants. Breaches in skin integrity are often encountered in the patient health care journey, owing to intrinsic health issues or to various procedures and medical devices used. The time has come to move clinical practice beyond mere awareness of medical adhesive-related skin injury and toward improved care and outcomes.



Representation (from left to right) of (a) normal skin; (b) dry skin; and (c) skin treated with effective product.





> Int J Nurs Stud. 2019 Mar;91:6-13. doi: 10.1016/j.ijnurstu.2018.10.006. Epub 2018 Dec 12.

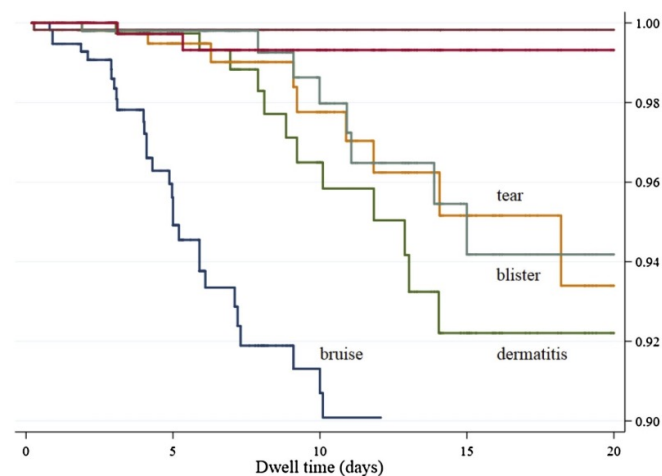
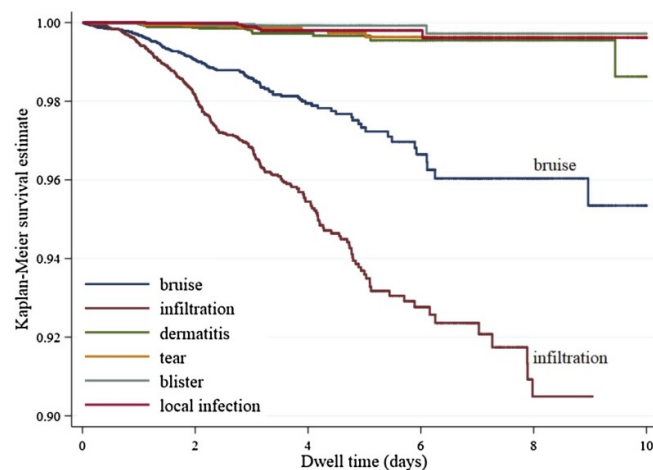
Skin complications associated with vascular access devices: A secondary analysis of 13 studies involving 10,859 devices

Amanda J Ullman¹, Gabor Mihala², Kate O'Leary³, Nicole Marsh⁴, Christine Woods⁵, Simon Bugden⁶, Mark Scott⁶, Claire M Rickard⁷

Conclusions: Significant skin complications can develop during the life of peripheral and central vascular access devices, and these are associated with several modifiable and non-modifiable risk factors. Further research is needed to evaluate effectiveness technologies to prevent and treat skin complications associated with vascular access devices.

Table 3
Vascular access associated skin complications, and signs and symptoms by device.

Variable	Peripheral		Central		Total
	freq. (%)	IR (95% CI)	freq. (%)	IR (95% CI)	freq. (%)
Skin complications					
Any complication (n = 3928)	442 (12.3)	46.2 (42.1–50.7)	40 (11.7)	22.5 (16.5–30.6)	482 (12.3)
Bruise (n = 4072)	134 (3.7)	14.0 (11.8–16.6)	33 (6.8)	10.2 (7.27–14.4)	167 (4.1)
Infiltration (n = 9820)	296 (2.9)	11.0 (9.79–12.3)	1 (0.3)	0.56 (0.08–3.99)	297 (3.0)
Dermatitis (n = 4653)	19 (0.5)	1.85 (1.18–2.91)	13 (2.2)	3.03 (1.76–5.21)	32 (0.7)
Mechanical injury (tear) (n = 4598)	12 (0.3)	1.17 (0.66–2.06)	10 (1.7)	2.33 (1.25–4.33)	22 (0.5)
Mechanical injury (blister) (n = 4598)	6 (0.2)	0.59 (0.26–1.30)	8 (1.4)	1.86 (0.93–3.72)	14 (0.3)
Local infection (n = 4974)	9 (0.2)	0.88 (0.46–1.68)	2 (0.3)	0.47 (0.12–1.86)	11 (0.2)
Skin complication signs and symptoms					
Any sign or symptom (n = 2554)	356 (15.2)	57.0 (51.4–63.3)	11 (5.0)	17.0 (9.40–30.6)	367 (14.4)
Leakage (n = 8723)	2069 (24.8)	86.6 (83.0–90.4)	6 (1.5)	2.59 (1.16–5.76)	2075 (23.8)
Erythema (n = 8446)	438 (5.3)	18.5 (16.9–20.3)	7 (3.2)	10.8 (5.15–22.7)	445 (5.3)
Pain (n = 10,246)	626 (6.3)	22.6 (20.9–24.5)	0 (0.0)	–	626 (6.3)
Itchiness (n = 3020)	15 (0.6)	2.23 (1.40–3.85)	21 (3.6)	4.89 (3.19–7.50)	36 (1.2)
Overall (n = 2128)	494 (25.9)	88.8 (81.3–97.0)	20 (9.1)	30.9 (19.9–47.8)	514 (24.2)



Infusion Therapy Standards of Practice

52. CATHETER-ASSOCIATED SKIN INJURY

KEY DEFINITIONS

- **Catheter-associated skin injury (CASI):** an abnormality including, but not limited to, erythema, vesicle, bulla, erosion or tear, at a peripheral or central vascular access device (VAD) site that is noted in the area of the device dressing and/or securement device and that is observable for 30 minutes or more after dressing/securement removal. CASI is associated with increased patient discomfort (eg, pain, pruritis), increased cost, delays in treatment, and a potential for VAD removal and replacement. Skin conditions from other sources (eg, eczema, autoimmune disorders, medication adverse events) are not included.
- **Medical adhesive-related skin injury (MARSi):** erythema or cutaneous abnormality (including occurrence of, but not limited to, vesicle, bulla, erosion, skin tear or vesicle) that continues to be observable 30 minutes or more post adhesive removal. This definition will be used in the standard only if it was specifically mentioned in the reference.



Canadian Vascular Access Association
Association Canadienne d'Accès Vasculaire

CANADIAN VASCULAR ACCESS & INFUSION THERAPY GUIDELINES
2024

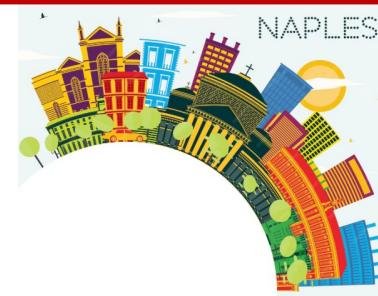


27. CATHETER-ASSOCIATED SKIN INJURY

Complications

- **Catheter-Associated Skin Injury (CASI):** Disruption of the skin, characterized by drainage, skin irritation (irritant or allergic contact dermatitis [e.g., erythema, vesicle, bulla, pruritis]), skin damage (erosion or skin tear, blister, stripping) at a VAD site, under the dressing area, which lasts longer than 30 minutes after dressing/securement removal (excluding skin conditions such as eczema, autoimmune disorders, extravasation); CASI may result in patient discomfort, delays in treatment, unscheduled VAD removal and replacement, and increased healthcare costs

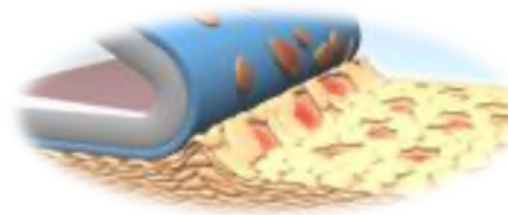
"Catheter-associated skin injury" is adapted from the term "medical adhesive-related skin injury" (MARSi) to reflect more broadly the compromised skin related to use of various products for vascular access care, which may include medical adhesives and/or other devices, such as catheters, add-on devices, or securement devices.



> Orthop Nurs. 2013 Sep-Oct;32(5):267-81. doi: 10.1097/NOR.0b013e3182a39caf.

Medical adhesives and patient safety: state of the science: consensus statements for the assessment, prevention, and treatment of adhesive-related skin injuries

Laurie McNichol¹, Carolyn Lund, Ted Rosen, Mikel Gray



“Medical Adhesive Related Skin Injury in an occurrence in which erythema and/or other manifestations of cutaneous abnormality (including, but not limited to, vesicle, bulla, erosion, or tear) persists 30 minutes or more after removal of the adhesive”.

McNichol et al. (2013)

Meccanismo fisiopatologico

- ✓ L'Unione della cute all' adesivo è più forte dell' unione delle cellule cutanee tra di loro.
- ✓ La forza adesiva supera la forza d'interazione tra le cellule cutanee.
Gli strati epidermici si separano o l'epidermide si separa completamente dal derma.
- ✓ Anche se non c'è un trauma visibile, rimuovere l'adesivo produce l'asporto di quantità variabili di cellule epidermiche superficiali
- ✓ La rimozione frequente dell'adesivo provoca infiammazione

Nichol, 2013



MARSI

Medical Adhesive Related Skin Injury

- ✓ Stripping (lesione meccanica)
- ✓ Dermatiti da contatto (chimiche)
- ✓ Dermatiti atopiche (allergiche)
- ✓ Infezioni (colonizzazione batterica delle lesioni)
- ✓ Macerazione cutanea

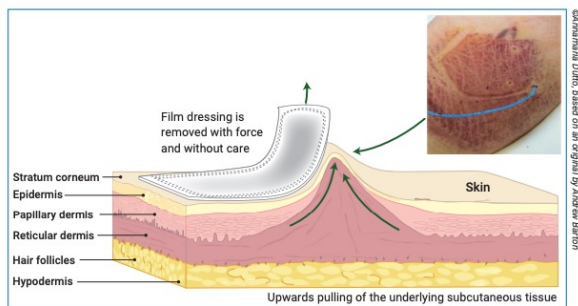
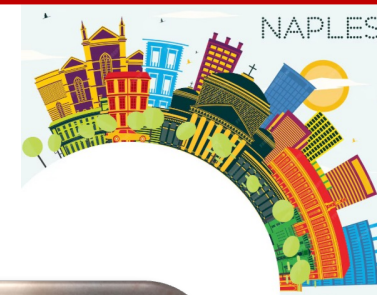


Figure 3. Skin stripping: an injury caused when the skin-to-adhesive attachment is stronger than the skin-to-skin attachment





CASI

Catheter Associated Skin Injury

- ✓ Tutte le MARS
- ✓ Infezione del sito di emergenza
- ✓ Dermatiti chimiche o allergiche
- ✓ Decubiti dei presidi

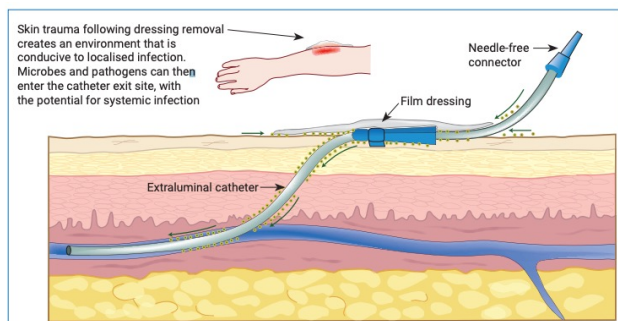


Figure 1. Catheter exit-site infection



> *Int Wound J.* 2022 Dec;19(8):2055–2061. doi: 10.1111/iwj.13805. Epub 2022 May 15.

Intervention efficacy of MARSI nursing management on skin injury at peripherally inserted central catheter insertion site on oncological patients

Yi Zhao ¹, Lingling Bian ¹, Jinna Yang ¹





> Int Wound J. 2022 Dec;19(8):2055-2061. doi: 10.1111/iwj.13805. Epub 2022 May 15.

Intervention efficacy of MARSİ nursing management on skin injury at peripherally inserted central catheter insertion site on oncological patients

Yi Zhao ¹, Lingling Bian ¹, Jinna Yang ¹

*Infusion Therapy
Standards of Practice*

Valutazione del rischio

TABLE 1

Population Risks for CASI

Population	CASI Risk Factors Include (But Are Not Limited To)
General	Extremes of age, decreased mobility, history of CASI, dwell time of VAD, obesity, low BMI, altered cognitive status, malnutrition, dehydration, comorbidities (eg, diabetes, infection, renal insufficiency, venous insufficiency, immune deficiency), smoking, history of chronic dermatological conditions (including allergies), ethnicity (eg, darker pigment), medications (eg, chemotherapy, long-term steroid use, anticoagulants), use of phototherapy. ^{1,2,4-6,9,10,13-17} (II) • Dry skin has been found to be an independent risk factor for MARSİ, with one study noting that patients with dry skin had over 5-fold greater risk of MARSİ. ^{2,13,14,18,19} (IV)
Neonates	Immature stratum corneum (not fully mature until at least 34 weeks' gestation), immature immunity, cardiovascular compromise. ^{5,20-22} (IV)
Pediatrics	Particularly critically ill, have high reported rates of contact dermatitis and skin injury due to impaired dressing integrity. ^{8,12,23} (III) • In an observational study in the pediatric intensive care unit, MARSİ occurred in 58.3 per 100 cases. ¹² (IV)
Older	Loss of dermal matrix and subcutaneous tissue, epidermal thinning, reduced cohesion between dermis and epidermis, suboptimal hydration, and reduced vasculature and tensile strength of skin. ^{5,14,18,24} (IV)
Critically Ill	Altered immunity, malnutrition, hemodynamic instability (reduced tissue perfusion), longer length of stay, low Braden scale. ^{2,10,14,18,25} (IV) • Edema was found to be predictive of MARSİ risk. ¹⁰ (IV)
Oncology	Hormone use, chemotherapy-induced skin toxicity, female gender. ^{6,10,16,17,26-28} (IV)

BMI, body mass index; CASI, CVAD-associated skin impairment; MARSİ, medical adhesive-related skin injury; VAD, vascular access device.



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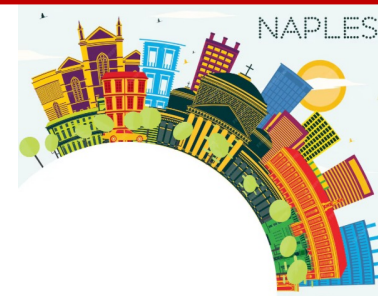
> Br J Nurs. 2020 May 14;29(Sup9):1-2. doi: 10.12968/bjon.2020.29.Sup9.1.

Assessment and prevention of medical adhesive-related skin injuries

Fiona Downie ¹

Prevenzione del rischio

Medical adhesive-related skin injury: prevention checklist	
The checklist below should be completed before applying an adhesive medical device.	
1. Have you performed a local skin inspection where the adhesive needs to be applied?	☐
2. Have you considered the patient's risk factors?	☒ Intrinsic ☐ Extrinsic
3. Have you considered using an alternative to a medical adhesive?	☐
4. If there is no alternative to the use of a medical adhesive, have you considered:	☒ Using a skin barrier, if clinically indicated? ☐ How to select an appropriate adhesive? ☐ Using an adhesive remover, if clinically indicated? ☐ Reviewing your adhesive removal technique (is it low and slow)?
5. Have you considered using a sterile adhesive remover for a high-risk patient?	☐
6. If there is any skin damage, have you considered advice on how to repair the skin between repeated applications of adhesive medical devices (including rest time if severe damage has been caused)?	☐
7. If there is no skin damage, have you considered providing good skin care?	☐
8. Have you communicated the outcome of the skin assessment to your colleagues, the patient, the patient's caregiver and the patient's family?	☐
9. Have you documented the assessment and any actions/interventions?	☐
10. If a medical adhesive-related skin injury is identified, have you completed a patient incident report?	☐



> [Int Wound J.](#) 2022 Dec;19(8):2055-2061. doi: 10.1111/iwj.13805. Epub 2022 May 15.

Intervention efficacy of MARSI nursing management on skin injury at peripherally inserted central catheter insertion site on oncological patients

Yi Zhao ¹, Lingling Bian ¹, Jinna Yang ¹

[urs Open.](#) 2023 Jul;10(7):4713-4720. doi: 10.1002/nop2.1721. Epub 2023 Mar 24.

Nurses' knowledge, attitude and behaviour on medical adhesive related skin injury in neonatal department: A survey

Longyan Wu ¹, Shanshan Deng ¹, Lulu Yu ¹, Hui Rong ¹

Patient contribution: Neonatal nurses should strengthen their learning and training of MARSI related knowledge, and standardize their protective behaviours to reduce MARSI.

Gestione del rischio





La prevenzione nella gestione quotidiana

1. Antisepsi cutanea con clorexidina 2% in Alcool Isopropilico 70%
2. Colla in cianoacrilato
3. Utilizzare medicazioni ad alto MVTR
4. Proteggere la cute dai Device
5. Utilizzare corretta procedura di applicazione
6. Utilizzare corretta procedura di rimozione



1. Antisepsi cutanea con clorexidina 2% in IPA 70%

Chloraprep™



*Infusion Therapy
Standards of Practice*

- ✓ Usare quantità adeguate per età e superficie di cute
- ✓ Lasciare asciugare per 30'' sull'exit-site
- ✓ **Non lasciare residui**
- ✓ Rimuovere delicatamente nella zona di applicazione della medicazione



Irritativa da contatto con soluzioni irritative: dermatite da contatto non allergica che si verifica a seguito di un irritante chimico; in genere localizzata esattamente sotto l'area dell'adesivo,

- d. Monitor patients for symptoms of contact dermatitis and adjust product choice based on the individual patient tolerance. The incidence of contact dermatitis from use of CHG skin antisepsis and CHG-containing dressings is reportedly low but requires further high-quality research to evaluate the impact of single and multiple product regimens.^{44,45} (IV)
- c) Allow the product to fully dry to reduce risk of maceration and skin irritation.
 - 1) Allergy to chlorhexidine (CHG) is uncommon but has been reported. Note that a history of skin irritation may be listed in the patient history as an allergy, limiting antiseptic options. Consider performing patch tests to determine true allergy status.^{5,7,9,31,34} (IV)

2. Colla in Cianoacrilato

**Applicare in quantità minime e solo sull'exit-site
(Stripping)**



> [J Vasc Access](#). 2022 Sep;23(5):801-804. doi: 10.1177/11297298211008103. Epub 2021 Apr 8.

**Use of cyanoacrylate glue for the sutureless
securement of epicutaneo-caval catheters in neonates**

Vito D'Andrea ¹, Lucilla Pezza ¹, Giovanni Barone ², Giorgia Prontera ¹, Mauro Pittiruti ³,
Giovanni Vento ¹



Comparative Study > [J Vasc Access](#). 2018 Mar;19(2):119-124. doi: 10.5301/jva.5000797.
Epub 2018 Feb 19.

**Targeting zero catheter-related bloodstream
infections in pediatric intensive care unit: a
retrospective matched case-control study**

Daniele G Biasucci ¹, Mauro Pittiruti ², Alessandra Taddei ³, Enzo Picconi ¹, Alessandro Pizza ¹,
Davide Celentano ¹, Marco Piastra ¹, Giancarlo Scoppettuolo ⁴, Giorgio Conti ¹

Studio osservazionale > [J Vasc Access](#). Luglio 2024;25(4):1229-1237.
doi: 10.1177/11297298231154629. Pubblicato online il 16 febbraio 2023.

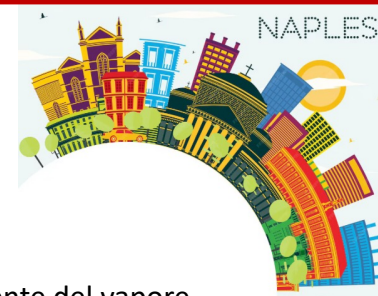
**Colla ottil-butil-cianoacrilica per il fissaggio di
cateteri endovenosi periferici: uno studio
retrospettivo osservazionale nella popolazione
neonatale.**

Matheus Fpt van Rens ¹, Timothy R Spencer ², Kevin Hugill ³, Airene Lv Francia ¹,
Fredericus HJ van Loon ⁴, Mohammad Aa Bayoumi ¹

Randomized Controlled Trial > [J Pediatr](#). 2023 Sep;260:113517.
doi: 10.1016/j.jpeds.2023.113517. Epub 2023 May 26.

**Securement of Umbilical Venous Catheter Using
Cyanoacrylate Glue: A Randomized Controlled Trial**

Vito D'Andrea ¹, Giorgia Prontera ², Giovanni Pinna ³, Francesco Cota ², Simona Fattore ²,
Simonetta Costa ², Martina Migliorato ², Giovanni Barone ⁴, Mauro Pittiruti ⁵, Giovanni Vento ²



3. Medicazioni ad alto MVTR

- ✓ **Ottimizzazione della gestione del microambiente:** L'elevato indice di traspirabilità (MVTR) permette una dissipazione efficiente del vapore acqueo endogeno. Questo meccanismo è cruciale per prevenire la macerazione tissutale e limitare la proliferazione della flora batterica locale mantenendo l'integrità della barriera cutanea.
- ✓ **Monitoraggio non invasivo e barriera microbiologica:** L'impiego di membrane in poliuretano trasparente semipermeabile garantisce un monitoraggio visivo continuo del sito di inserzione

> [J Vasc Access](#). 2021 Oct 8;24(5):1000 - 1007. doi: 10.1177/11297298211050485. Print 2023 Sep.

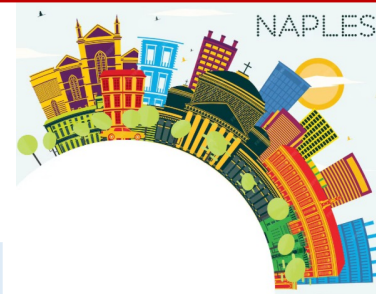
Comparing test methods for moisture-vapor transmission rate (MVTR) for vascular access transparent semipermeable dressings

Paul Bainbridge ¹, Paul Browning ², Stéphanie F Bernatchez ³, Casey Blaser ³, Guido Hitschmann ¹

Comparing test methods for moisture-vapor transmission rate (MVTR) for vascular access transparent semipermeable dressings

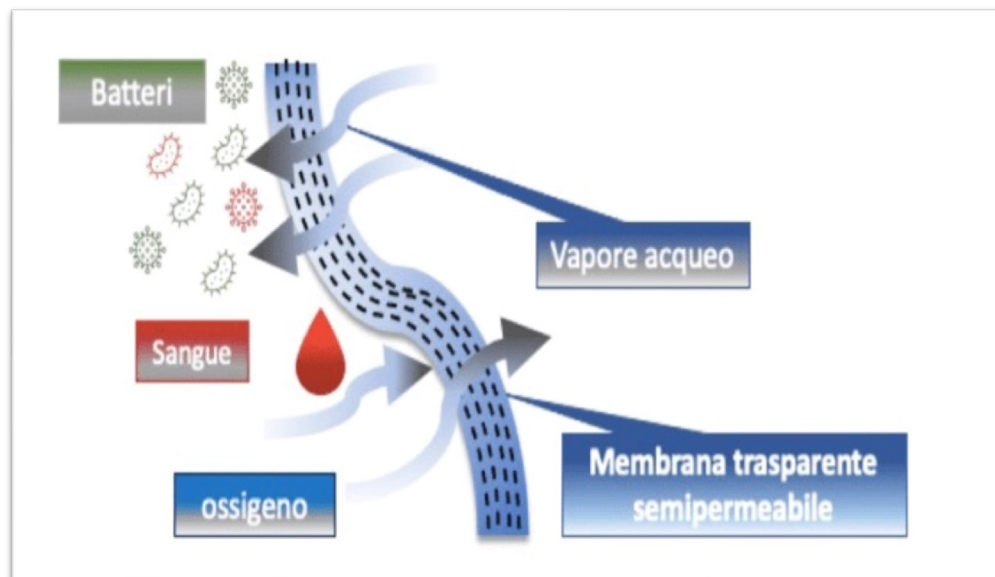
Paul Bainbridge ¹, Paul Browning ², Stéphanie F Bernatchez ³, Casey Blaser ³, Guido Hitschmann ¹

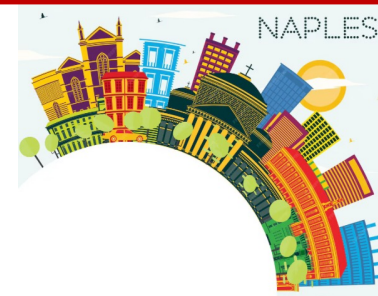
Dressing	MVTR liquid (inverted method)	MVTR vapor (upright method)
A	4089	1682
B	845	773
C	1225	1079
D	1047	976
E	1031	936
F ^b	30,530	2838
G	5164	1644



MVTR : MOISTURE VAPOR TRANSFER RATE
quantità di vapore acqueo che passa attraverso un dato materiale nell'unità di tempo

Macerazione e Infezione





4. Proteggere la cute dai Device

Observational Study > J Vasc Access. 2017 Nov 17;18(6):540-545. doi: 10.5301/jva.5000780.

Epub 2017 Aug 2.

Potential role of a subcutaneously anchored securement device in preventing dislodgment of tunneled-cuffed central venous devices in pediatric patients

Andrea Dolcino ^{1 2}, Antonio Salsano ¹, Andrea Dato ², Nicola Disma ³, Alessio Pini Prato ⁴, Filippo Bernasconi ⁵, Luigi Montagnini ², Stefano Avanzini ², Michela Bevilacqua ², Giovanni Montobbio ², Girolamo Mattioli ², Clelia Zanaboni ²



5. Utilizzare corretta procedura di applicazione



> [Orthop Nurs.](#) 2013 Sep-Oct;32(5):267-81. doi: 10.1097/NOR.0b013e3182a39caf.

Medical adhesives and patient safety: state of the science: consensus statements for the assessment, prevention, and treatment of adhesive-related skin injuries

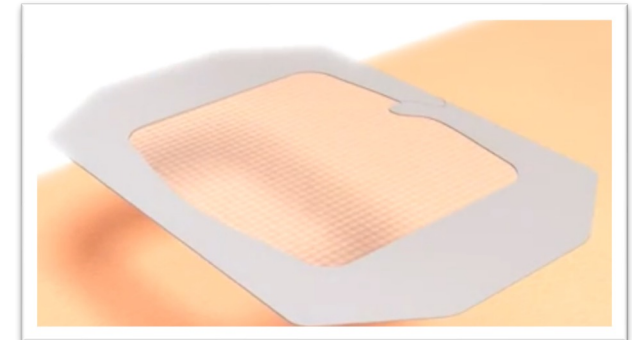
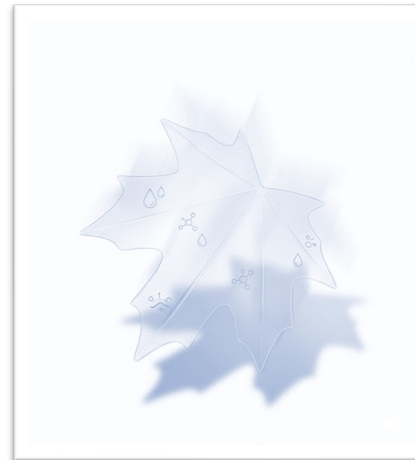
Laurie McNichol ¹, Carolyn Lund, Ted Rosen, Mikel Gray



TABLE 4. RECOMMENDED PROCEDURES FOR APPLYING AND REMOVING ADHESIVE-CONTAINING PRODUCTS^{4,5,45,58}

Application

- Ensure that the area is clean and dry.
- Clip hair if necessary.
- Apply an alcohol-free skin barrier film to protect at-risk skin.
- Allow all preps to dry thoroughly before applying the adhesive product.
- Apply the adhesive product without tension, pulling, or stretching.
 - If desired, an edge could be folded over to form a tab to facilitate removal.
- Smooth the adhesive product into place with firm gentle pressure, avoiding gaps and wrinkles.
- Use gentle, stretchable adhesive products if edema/movement is anticipated, considering the direction of the stretch when securing the product.
- If compression is needed, stretch the adhesive over the dressing only and press remaining tape onto skin without tension.



Applicare su pazienti a rischio o con CASI



1. **Spray skin Care**
 - ✓ **Barriera fisica protettiva** : Crea una sottile pellicola trasparente che isola la pelle dal contatto diretto con adesivi della medicazione
 - ✓ **Traspirabilità**: La pellicola protegge ma permette alla pelle di "respirare" (scambio di vapore acqueo), evitando la macerazione cutanea sotto la medicazione.
2. **Sicurezza e Comfort**
 - ✓ **Privo di Alcol**: Essenziale per non bruciare sulla pelle già arrossata o irritata.
 - ✓ **Ipoallergenico**: Formula inerte che non causa sensibilizzazione, adatta a un uso prolungato e frequente.
 - ✓ **Asciugatura Rapida**: In circa 10-15 secondi permettendo di procedere all'applicazione della nuova medicazione
3. **Compatibilità con la medicazione**
 - ✓ **Non Unge**: A differenza di creme o lozioni comuni, questo spray non compromette l'adesione della medicazione successiva, ma **ne uniforma la tenuta** su pelli irregolari.
4. **Integrità della Pelle**
 - ✓ **Prevenzione dello "Skin Stripping"**: alla rimozione successiva l'adesivo si staccherà dal film protettivo e non dallo strato superficiale della tua pelle.
 - ✓ **Idratazione**: Contiene siliconi che lasciano la pelle morbida, riducendo il prurito e il disagio.



6. Utilizzare corretta procedura di rimozione

> Orthop Nurs. 2013 Sep-Oct;32(5):267-81. doi: 10.1097/NOR.0b013e3182a39caf.

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Laurie McNichol ¹, Carolyn Lund, Ted Rosen, Mikel Gray



TABLE 4. RECOMMENDED PROCEDURES FOR APPLYING AND REMOVING ADHESIVE-CONTAINING PRODUCTS^{4,5,45,58}

Removal
Loosen the edges of the adhesive product. If there is no folded edge/tab already in place, a small piece of tape may be affixed to an edge of the product to form a tab to facilitate removal.
With the fingers of the opposite hand, push the skin down and away from the adhesive.
Remove the adhesive product low and slow back over itself in the direction of hair growth, keeping it horizontal and close to the skin surface.
As the product is removed, continue moving fingers of the opposite hand as necessary to support newly exposed skin.
Nonbordered transparent film dressings may also be removed by loosening a corner of the dressing and stretching it horizontally in the opposite direction of the wound (stretch and relax technique). Walk fingers under dressing to continue stretching it. One hand continuously supports the skin adhered to the film dressing. The process can be repeated around the dressing.
Tape strips may be removed by slowly removing each side toward the wound. When both sides are completely loosened, lift the strip up from the center of the wound.
Use medical adhesive remover if needed to loosen the adhesive bond. Consider using lotion, petrolatum, or mineral oil if not re-applying an adhesive product to the same area.



Sempre per la rimozione di medicazioni integrate



1. Composizione Chimica

- ✓ **Privo di Alcol:** Non provoca bruciore,
- ✓ **Silicone Volatile:** Utilizza catene di silossani (come l'esametildisilossano o simili) che agiscono come solventi delicati.
- ✓ **Ipoallergenico:** Essendo una sostanza inerte, il silicone non scatena reazioni allergiche ed è adatto a pelli estremamente sensibili (neonati, anziani).

2. Meccanismo d'Azione

- ✓ **Interruzione del legame adesivo:** Il silicone si insinua tra la colla della medicazione e la pelle, "sollevando" chimicamente l'adesivo senza necessità di trazione meccanica.
- ✓ **Effetto Lubrificante:** Crea uno strato scivoloso che permette alla medicazione di scivolare via dalla cute, proteggendo i peli e lo strato superficiale dell'epidermide.
- ✓ **Evaporazione Rapida:** Una volta rimosso il cerotto, il prodotto evapora in pochi secondi (solitamente 10-15s).

3. Vantaggi clinici

- ✓ **Nessun Residuo Oleoso:** permettendo di posizionare una nuova medicazione immediatamente dopo
- ✓ **Protezione Cutanea:** Oltre a rimuovere l'adesivo, lascia la pelle morbida e setosa, riducendo il rischio di "skin stripping"



Rinnovo della medicazioni



Infusion Therapy Standards of Practice

- F. Change transparent semipermeable membrane (TSM) dressings at least every 7 days (except neonatal patients) or immediately if dressing integrity is disrupted (eg, lifted/detached on any border edge or within transparent portion of dressing; visibly soiled; presence of moisture, drainage, or blood) or evidence of compromised skin integrity under the dressing, and following manufacturer's instruction for use.^{2,5,8,9,12-14} (III)
- G. Perform dressing changes on VADs using either Standard-ANTT or Surgical-ANTT (based on ANTT risk assessment of ability to prevent touching Key-Sites and Key-Parts) (see Standard 19, *Aseptic Non Touch Technique [ANTT®]*).^{7,8} (V)
- H. Use a dressing change kit to standardize the procedure and improve efficiency.^{1,18} (V)

> J Infect Prev. 2024 May;25(3):73-81. doi: 10.1177/17571774241232063. Epub 2024 Feb 8.

The use of procedural kits may reduce unscheduled central line dressing changes: A matched pre-post intervention study

Amit Bahl¹, Nicholas Mielke², Steven Matthew Gibson¹, Julie George¹

Discussion: Procedural kits for central line dressing changes are effective in reducing unscheduled dressing changes and may have a role in reducing CLABSI. Further studies assessing the impact of dressing change kits on cost, procedural compliance, and the precise impact on CLABSI are needed.



> Nurs Crit Care. 2025 Nov;30(6):e70226. doi: 10.1111/nicc.70226.

SECURE Care Bundle to Prevent Medical Adhesive-Related Skin Injury in Paediatric Central Venous Catheter Fixation: A Study Protocol

Özlem Şensoy ¹, Seda Çağlar ²



1. Valutazione della cute:

- ✓ Identificazione dei fattori intrinseci
- ✓ Identificazione dei fattori estrinseci

2. Preparazione del cute:

- ✓ Utilizzo antisettici appropriati (come la clorexidina al 2% in alcol isopropilico).

3. Scelta della medicazione : elevato MVTR

4. Scelta della stabilizzazione : sistemi di fissaggio Sutureless Devices per stabilizzare il catetere (preferenza per SecurAcath®)

5. Tecnica di rimozione e applicazione sicura:

- Rimozione lenta dell'adesivo
- Utilizzo di prodotti al silicone per favorire rimozione.
- Utilizzo di prodotti skin care per l'applicazione

6. Monitoraggio e registrazione quotidiana

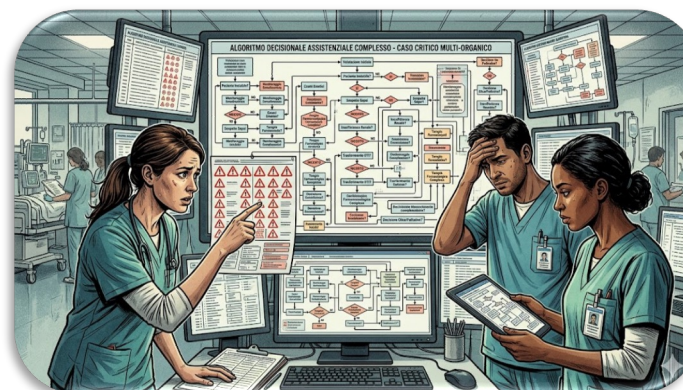
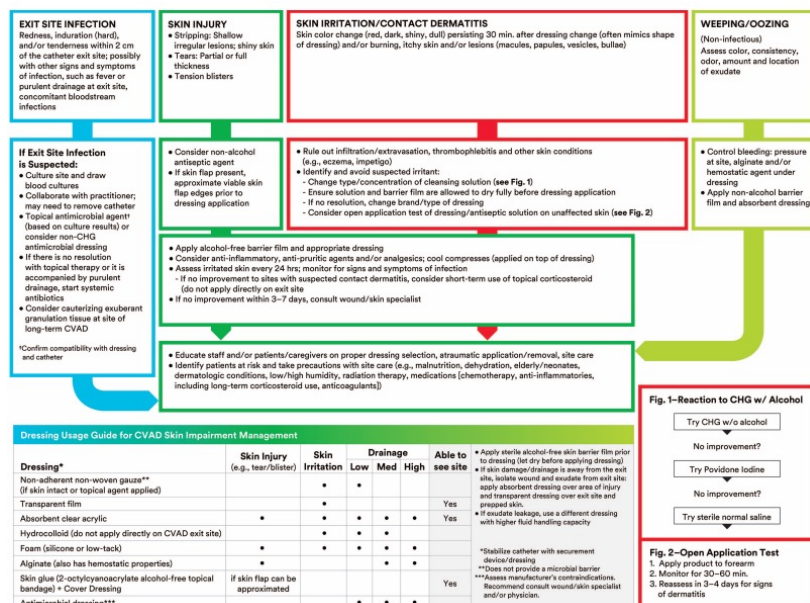
What is a bundle?

[The Institute for Healthcare Improvement developed the concept of "bundles"](#) in 2001 to help health care providers more reliably deliver the best possible care for patients undergoing particular treatments with inherent risks. A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices — generally three to five — that, when performed collectively and reliably, have been proven to improve patient outcomes.¹

Promuovere la prevenzione per eliminare la complessità di gestione

> J Wound Ostomy Continence Nurs. 2017 May/Jun;44(3):E1.
doi: 10.1097/WON.0000000000000332.

Management of Central Venous Access Device-Associated Skin Impairment: An Evidence-Based Algorithm



> J Vasc Access. 2024 May;25(3):759–766. doi: 10.1177/11297298221075166. Epub 2022 Jun 8.

Application and effect evaluation of multidisciplinary team management model: On central venous access device associated skin impairment based on Delphi method

Ji-Yue Li ¹, Jia Li ², Yu-Ying Fan ³, Xi-Ling Lin ², Chun-Li Huang ², Hui-Ying Qin ⁴

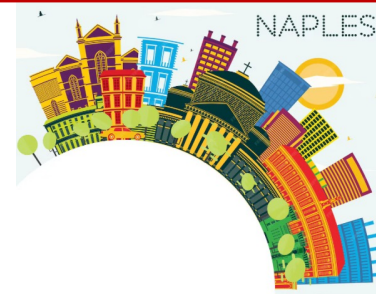


Table 1. General statistics of consulting experts.

Project	Number	Rate (%)
Gender		
Male	1	2.8
Female	35	97.2
Age		
40	6	16.7
40–50	20	55.5
>50	10	27.8
Educational background		
Junior college	1	3.2
Undergraduate	23	69.3
Master	12	33.3
Title		
Intermediate	9	25
Deputy senior	14	38.9
Senior	13	36.1
Work area		
Clinical work	20	55.6
Nursing management	16	44.4
Work experience		
<10years	3	8.3
10–19years	6	16.7
20–29years	11	30.6
>30years	16	44.5
Main research areas		
Intravenous therapy specialty	10	27.8
Cancer nursing	18	50
Nursing management	6	16.7
Wound stoma nursing	3	8.3
Dermatology	1	2.8



CASI in paziente Immunodepresso





« La prevenzione delle CASI non è solo un dovere etico per evitare le complicanze ma rappresenta l'unica strategia sostenibile per evolvere da una gestione reattiva a un modello di cura proattivo centrato sulla qualità della vita del paziente »



Grazie per l'attenzione

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