

How to Apply 3M[™] Cavilon[™] Advanced Skin Protectant

for Prevention and Management of Incontinence-Associated Dermatitis (IAD)

Supplies needed:

- Liquid skin cleanser or plain water
- Non-linting soft cloths
- 3M™ Cavilon™ Advanced Skin Protectant
- Non-sterile gloves

Prepare the supplies



Set up your supplies on a clean surface.



Open the package of Cavilon Advanced Skin Protectant and leave the applicator in the plastic pouch.



Pre-moisten several wipes with your liquid skin cleanser or plain water and set aside.

Position and cleanse the patient



Position the patient (expose the skin for cleansing, but keep the patient covered as much as possible for warmth and dignity).



Cleanse skin thoroughly and gently with your liquid skin cleanser or plain water. Gently dry areas of intact skin as needed. If areas of erosion (denudement) are present, excess serous or sero-sanguinous drainage may be blotted with a gauze pad if necessary.

Change gloves



Change your gloves.

Each applicator will cover an area approximately the size of an A4 piece of paper.

More than one applicator may be used if required to cover larger areas.

Refer to the Cavilon Advanced Skin Protectant product insert for additional information regarding contraindications, precautions and warnings.

Applying Cavilon Advanced Skin Protectant



Grasp the applicator and place your thumb at the end of the lever.

Aim the applicator sponge downward and firmly depress the lever to break the internal ampule.

You will hear a snapping or popping noise when the ampule breaks; it is not necessary to continue to press the lever.



Keep the applicator pointed in a downward position for approximately 10 seconds to allow fluid into the foam sponge. The fluid flows by gravity so you don't need to maintain pressure on the lever.

Fluid will not completely saturate the sponge to the edges.



Apply Cavilon Advanced Skin Protectant by gently wiping the foam sponge across the affected area and surrounding skin. Use an even, sweeping motion with minimal overlap of product. The applicator may be used in any direction.

There is no need to push down on the applicator during application. Additional pressure is not needed and can result in excessive wetness or pooling of fluid.



Continue application until the entire area of concern has been covered. It is important to apply the product to all skin that is exposed to stool and/or urine.



Allow the area to dry for at least 30 seconds. If an area is missed, wait until the fluid has dried completely before applying additional product.



If Cavilon Advanced Skin Protectant is applied within a skin fold or other area of skin-to-skin contact, make sure that the skin surfaces are separated to allow the fluid to dry completely (at least 30 seconds) before allowing skin to return to the normal position.



Reapply the product 2-3 times per week. Cavilon Advanced Skin Protectant is waterproof and is *not* removed by routine cleansing. More frequent application may result in buildup of the product.

Additional Information



Allow the product to dry for at least 60 seconds before applying an adhesive dressing or tape over Cavilon Advanced Skin Protectant.

The film will wear off and does not require removal. In the event you do want to remove the product, use an adhesive remover that contains hexamethyldisiloxane (HMDS) or silicone polymer.

It's advisable to use an adhesive remover containing HMDS or silicone polymer anytime you remove an adhesive dressing or tape from an area that has been covered with Cavilon Advanced Skin Protectant.

Discover how 3M[™] Cavilon[™] Advanced Skin Protectant can give you the power to stop, reverse, prevent — and help end — IAD.^{1,2}

For more information, visit 3M.com.au/endIAD or 3M.co.nz/endIAD, contact your 3M Critical & Chronic Care Solutions sales representative, or call the 3M Health Care Customer Helpline at Australia 1300 363 878 or New Zealand 0800 80 81 82.



Ordering Information

3M™ Cavilon™ Advanced Skin Protectant

Cat. No	Size	Items/Box
5050G	2.7ml applicator	20

References

- Brennan MR, Milne CT, Agrell-Kann M, Ekholm BP. Clinical evaluation of a barrier film for the management of incontinence associated dermatitis (IAD) in an open label, nonrandomized, prospective study. Accepted for publication in Journal of Wound, Ostomy, and Continence Nursing (JWOCN). (n=9).
- Been R, Bernatchez SF, Conrad-Vlasak D, Asmus R, Eckholm B, P arks PJ. In vivo methods to evaluate a new skin protectant for loss of skin integrity (in an animal model). Accepted for publication in Wound Repair & Regeneration. DOI: 10.1111/wrr.12455 (http://onlinelibrary. wiley.com/doi/10.1111/wrr.12455/abstract)



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