Product Information Sheet

Cavilon No Sting Barrier Film	
Classification	**Skin Barrier Film: Basic**
British Columbia Practice	• The British Columbia Perinatal Services and the British Columbia Provincial Nursing Skin & Wound Committee have determined Cavilon No Sting Barrier Film may be used for neonates in: ○ NICUs with a corrected gestational age greater than 31 weeks + 6 days. ○ Maternity/pediatric units who are less than 28 days in age.
Key Points	• A non-cytotoxic, latex free, polymeric solution which when applied to the skin dries rapidly forms a non-sticky, breathe-able, flexible, transparent barrier film. • Alcohol-free, non-stinging, hypoallergenic. • Barrier film is waterproof. • Compatible with Chlorhexidine Gluconate (CHG) and povidone-iodine solutions. • Wipes and wands are packaged as sterile.
Indications	• May be used on intact and non-intact skin for ages including neonates (see practice statement above): ○ Around wound sites. ○ Around/under tubes, drains, fixations pins ○ Around intravenous therapy catheters. ○ Under ostomy pouching systems. ○ In skin folds. ○ Under condom catheters. ○ Under adhesive products to minimize the risk of medical device related skin damage. ○ To minimize friction and shear, (e.g., under medical devices, on intact heels or elbows). • May be used in combination with ostomy powder to 'crust' non-intact skin (see below). Use of powders other than ostomy powder is under the direction of NSWOC/Wound Clinician, or MRP.
Precautions	• **Extremely flammable in its wet state** – do not use near fire, flames heat sparks or sources of static discharge. Allow film to **dry for a minimum of 90 seconds before using any device that may be a source of heat or ignition.** This time allows the fluid to dry and vapours to dissipate. • When used in the Operating Room (OR), the use of Cavilon No Sting Barrier Film should be discussed during the Fire Risk Assessment or time-out period for verification of surgical procedure and site. The spray format should not be used in the OR setting. • Avoid contact with the eyes. • Do no use the spray form of the barrier film around IV sites. • Allow the film to thoroughly dry prior to applying dressings, tape or adhesive product. • Use of other barrier product such as ointment, creams or lotions may significantly diminish the effectiveness of the barrier film.
Contraindications	• Sensitivity or allergy to product. • Do not use on infected skin. • If using an IV securement dressing containing Chlorhexidine Gluconate (CHG) gel pad, do not apply barrier film to the skin that will come in contact with the CHG gel pad as the CHG needs to be in direct contact with the skin.
Formats & Sizes	• Wipe, wand or spray: ○ 1 mL wipe/ 12.5x12.5cm area ○ 1 mL wand/15x15cm area (peel-open pkg) ○ 3 mL wand/25x25cm area ○ 28 mL spray 

Directions	Rationale / Key Points
Selection	
Select product based upon the area of skin to be covered and specific application needs, (e.g., wipe vs wand). For IV sites, do not use spray format.	Spray bottle is to be used as single client use only. Label the bottle with client's name and date opened. Open bottle has a shelf-life of 3 years.

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Directions	Rationale / Key Points
Preparation	
Cleanse skin with sterile normal saline or agency approved skin cleanser. Pat skin to dry completely.	Skin must be dry prior to the application of the barrier film to ensure barrier film adheres correctly to the skin.
Application	
For wipe, wand and spray (hold bottle 10-15cm from area), apply an even coat of the product over the area. **Allow film to dry for 30 seconds**. If applied in skin fold or other skin-to-skin contact areas, ensure areas are separated to allow for thorough drying. If an area has been missed, then apply film to that area. If a second coat is needed as in the case of caustic irritants, then apply another layer to the entire area. Allow newly applied film to **dry for 30 seconds**.	
Removal	
When used with adhesive products, the barrier film be lifted off of the skin when the product is removed. May be removed with an adhesive remover if needed.	
Frequency of Application	
Wounds, IVs, or ostomies: as needed, reapply with each new dressing or pouching system. Tubes, drain, fixation pins, skinfolds, skin-to-skin contact: reapplication of barrier film is recommended every 24-72 hours depending upon frequency of cleansing of the area. Areas of friction or shear: with skin assessment, note if barrier film still present.	
Crusting Technique	
Apply a dusting of ostomy powder to area of concern. Spray or dab, if using wipe, the film barrier over the powder and allow to dry. If the area is weepy, repeat application of powder and film barrier to a maximum of 3 times; allow for the film barrier to dry between applications.	Powder will adhere to moist areas. The film will seal in the powder and act as a cover dressing. Use of powders other than ostomy powder is under the direction of NSWOC/Wound Clinician, or MRP.
Expected Outcomes	
When used around wounds, IVs, ostomies, tubes, drains, pin, skin folds or skin-to-skin contact areas: ○ Healthy surrounding skin does not become macerated. ○ Non-intact skin condition improves. When used for prevention of friction and shear, skin injury does not develop. When used for crusting, holds the powder in the area of concern. Product performs as expected.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting a Supply Chain Product Concern Form.
For further information please contact NSWOC/Wound Clinician	