Prevention of Skin Reactions

Prevention of Infusion-Site Reactions and Infection

Prevention of infusion-site reactions and infection begins before inserting the cannula and until after the site is completely healed.

Review and ensure adherence to aseptic techniques while manipulating infusion set components to minimize infection risk.

Site Selection: select and rotate infusion sites as prescribed to prevent site reactions.

- Review requirements
  - At least 5 cm away from umbilicus[1]
  - Avoid skin folds, bony prominences, scars, stretch marks, hard skin, infected, inflamed, bruised, tender or broken/cracked skin[2]
  - At least 2.5 cm from previous site (within past 12 days)[1,2]

Infusion Site: Replace infusion set and rotate site at least every 3 days.

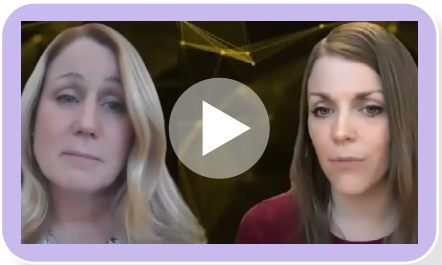
Good Skin Care Practices*: incorporate good general skin care practices for site maintenance.

1. Inspect treatment area on a regular basis
2. Wash area daily with soap and water
3. Moisturize skin with bland ointment
4. Avoid shaving
5. Regularly massage previous infusion sites

Things to Consider*

- Adequate subcutaneous tissue
- Hairy areas
- Sleeping position, physical activity, pre-existing skin disease, any contact allergies (adhesives)

Keys to Success



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Debra Johnston, RN
Isabelle Beaulieu-Boire, Neurologist

Site Selection



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Lynne H. Robertson, Dermatologist

Skin Hygiene



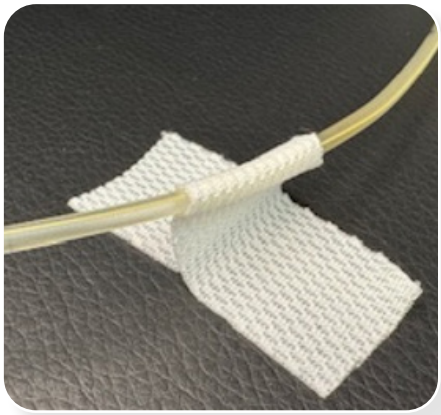
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*Expert Opinion, Dr. Lynne H. Robertson, October 2024.

1. AbbVie Corporation. PrVYALEV™ Product Monograph. May 3, 2023/p10/Administration;
2. AbbVie Corporation. PrVYALEV™ Product Monograph. May 3, 2023/p15/Infusion Site Reactions and Infections.

Prevention of Skin Reactions

Site Care



- **Maintain scrupulous skin hygiene** - Recognizing this can be challenging in the community.[2]
- **Change infusion sites daily** - Promotes adequate absorption. Allow area to fully heal before using site again. Avoid re-aggravating affected tissue.[2]
- **Choose sites with adequate adipose (fatty tissue)** - abdomen below umbilicus; flanks; outer aspect of thighs.[2]
- Rotate systematically and record.[2]
- **Ensure correct angle of cannula insertion** - Target hypodermis to avoid tissue reactions.[2]
- **Secondary securement of cannula** with a film dressing. Prevents dislodgement; allows visibility.[2]
  - Secure the tubing with Omega technique to prevent site tugging, friction or dislodgement (expert opinion).

Considerations

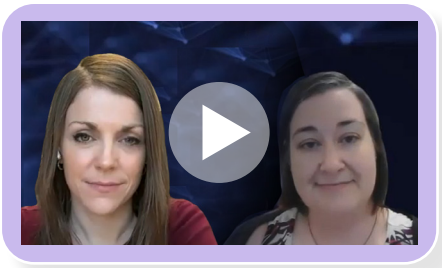
- Remove any spillage after site removal.[1,3]
  - Gently squeeze area to remove excess. Thoroughly wash area to remove medication from skin. Apply absorbent (vertical wicking) dressing, if needed.
- Apply mucopolysaccharide or heparinoid creams over established nodules.

Catheter Insertion



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Alexis Truax, RN
Debra Johnston, RN

Reducing Skin Reactions



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Isabelle Beaulieu-Boire, Neurologist
Alexis Truax, RN

1. Bhidayasiri R, et al. Effective delivery of apomorphine in the management of Parkinson disease: practical considerations for clinicians and Parkinson nurses. Clinical Neuropharmacology 2015, 38(3). Available at: https://dx.doi.org/10.1097/WNF.0000000000000082;
2. Todd and James. Apomorphine nodules in Parkinson's disease. Best Practice considerations. British Journal of Community Nursing Vol 13 No 10;
3. NHS: ApoMorphine Shared Care Guideline (Sept 2024).