Why take care of the exit site?
The exit site is an area where germs may enter and cause infection. It is important to keep the area very clean, and covered at all times.

How often do I need to change the dressing and clean the exit site?
The dressing should be changed once a week. They should be changed more often if the dressing becomes soiled or loosens.
The exit wound should be cleaned every time you change the dressing. Schedule a time when you will not be rushed.

How do I clean the exit site?
Follow the directions carefully.

1. Gather all this equipment before you start.
   - 1 semi-permeable transparent dressing (10 x 14), such as IV 3000 or Tegaderm
   - Bottle of rubbing alcohol
   - Paper towels
   - 4 Chlorhexidine/alcohol swabs
   - 3 swab sticks
     - Red swab sticks: chlorhexidine and alcohol
     - Green swab sticks: chlorhexidine only (for sensitive skin)
   - 1-2 packages sterile cotton tipped applicators. if needed
   - Waterproof tape

2. Clean a non-porous work surface (e.g. stainless steel cookie sheet, hard smooth plastic or glass tray) with alcohol and paper towels. Allow the surface to air dry. Ask the nurse if you are unsure of what work surface to use.

3. Scrub your hands for 1 minute.
   Remove all rings and your watch. Use antibacterial soap and scrub for 1 minute. Rinse well. Dry hands with paper towels. Turn off the tap using paper towels.

4. Prepare the equipment.
   First, peel open the transparent dressing. Set it down as an open book. The dressing becomes the sterile surface for the other equipment.

   Keep all the dry equipment (e.g. applicators) on one side of the transparent dressing package and the wet equipment (e.g. swabs and swab sticks) on the other.

   Touching only one corner of the swabs, open the swabs. Lay the swabs beside each other on top of the designated wet side of the transparent dressing package.

   Make sure the touched corners of each swab face the same direction and lie off the open transparent dressing package. The touched corner must never come in contact with the exit site.

   Next, open the package of swab sticks and place the swab side of the stick on the dressing. Finally, open the package of applicators and place the cotton tipped side of the applicator on the dressing. Do not touch the cotton tipped ends of the swab sticks or applicators.

5. Remove the old dressing.
   First, take off the waterproof tape holding the catheter in place.
Next, loosen the corners of the transparent dressing and pull it away from the exit site.

6. **Check the exit site for any signs of infection.**
   Look for redness, swelling, drainage, unusual crusting or leaking around the catheter. If you see any signs, finish the dressing change and then call: ________________________.

7. **Clean the catheter.**
   Pick up the catheter at the v-site with one swab. Fold the second swab around the catheter at the exit site and clean along the catheter from the exit site towards the cap. Be careful not to pull on the catheter. Discard the swab.
   Repeat this three times.

8. **Clean the exit site.**
   Clean around the exit site with a swab stick. Starting at the exit site, move the swab stick in a back and forth motion cleaning the entire area under the dressing. Use gentle pressure.
   Next use a cotton tipped applicator to remove any crusting or discharge from around the exit site. You may need to use more than one applicator.
   With the second and third swab stick, clean around the exit site again moving in a back and forth motion cleaning the entire area under the dressing. Use gentle pressure.
   The skin contact with the swab sticks should be for 15 to 20 seconds.

9. **Allow chlorhexidine to dry on the skin for at least 1 minute.**
   Do not blow on the exit site or fan the air to speed up the drying time. If using swab sticks with alcohol, allow the skin to dry for 1 to 3 minutes.

10. **Apply the transparent dressing**
    Carefully grasp the V site and make a loop in order to coil the catheter under the dressing. Be careful not to contaminate the cleaned area.
    **Medcomp/Pheresis lines DO NOT loop.** Do not stretch the dressing. Remove the backing of the transparent dressing. Position the dressing over the the exit site so that the exit site is in the middle of the transparent window of the dressing. Smooth the dressing over the exit site and catheter, making sure it seals firmly.
11. **Tape the catheter to the child’s chest.**

   The catheter will be taped to the child’s chest with butterfly strips from the transparent dressing. Waterproof tape should never be used to tape the catheter.

   Apply a tab of waterproof tape to the end of your child’s lumen. The tab should be placed before the cap to avoid the connection site. Put the pin through the waterproof tape to pin the end of the catheter to the undershirt. Remember, the pin goes through the tape not the catheter!

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**Contacts**

Community nurse: __________________________

Telephone: ________________________________

Doctor: _________________________________

Telephone: ________________________________

Hospital nurse or other contact: ____________

Telephone: ________________________________

At Children’s & Women’s Health Centre of British Columbia we believe parents are partners on the health care team. We want you to be as informed as possible. This brochure will answer some of your questions. Please ask about things you do not understand and share your concerns.

If you have any questions, please call one of the contacts listed above.

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*Developed by the health care professionals of the Oncology, Haematology/BMT Department and Parenteral Therapy with assistance from the Learning & Development Department.*

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