Ordering Information

<table>
<thead>
<tr>
<th>Catalog No.</th>
<th>Description</th>
<th>Pieces</th>
<th>Dressing Size</th>
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<td>2-3/4 in.</td>
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<td>3-1/2 in. x 6 in.</td>
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Clear Difference

Unlike gauze dressings, Tegaderm™ +Pad Dressings offer a transparent, waterproof film that serves as a barrier. Tegaderm™ +Pad Dressings are breathable, letting oxygen in and moisture vapor out, allowing the skin to function normally.

Easy Does It

Lapses free, hypoallergenic design is both patient and clinician-friendly. The pressure-sensitive adhesive film conforms naturally, holds strongly and releases gently — ensuring skin integrity. Plus, the non-adherent pad will not adhere to the wound bed, reducing pain upon removal. And a wide variety of standard sizes and shapes ensure timely, accurate placement.

Dual Purpose Barrier

Testing has demonstrated that Tegaderm™ +Pad Dressings provide a barrier to blood, even against some of the most common organisms associated with SSL. Staphylococcus aureus, Enterococcus faecalis, Escherichia coli and Pseudomonas aeruginosa. Tegaderm™ +Pad Dressings also provide a viral barrier against HIV-1 and HBV and other potentially infectious body fluids while the dressings remain intact without leakage.

In vitro testing shows that the transparent film dressing provides a viral barrier

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In vitro testing shows that the transparent film dressing provides a viral barrier

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In vitro testing shows that the transparent film dressing provides a viral barrier from viruses 27 nm in diameter or larger while the dressing remains intact without leakage.

**Description:**

The Tegaderm™ +Pad Dressing is a waterproof, bacterial and viral** barrier dressing. The dressing consists of a non-adherent, absorbent pad bonded to a larger thin film backing with a non-slip, tegaderm-compatible adhesive.

**Indications:**

The Tegaderm™ +Pad Dressing is designed for covering wounds such as cuts, burns, abrasions, IV catheter sites, and surgical incisions. It is also designed for covering superficial and partial thickness wounds. Follow your “space and tape” protocol for use. This product is not designed, and is not intended, for use except as indicated.

**Contraindications:**

None known.

**Warnings:**

1. The site should be observed for signs of infection or other complications. If infection is suspected, remove the dressing, inspect the site directly, and determine appropriate medical intervention. Infection may be signaled by fever, pain, redness, swelling, pus, or an unusual odor or discharge.

2. Change the dressing according to institution protocol, or when the barrier properties have been compromised.

3. Make sure the skin is dry and free of soap and lotion to prevent skin irritation and to ensure good adhesion.

4. This dressing may be used on an infected site only when under the care of a health care professional.

**Application:**

1. Open package and remove sterile dressing.

2. Clipping of hair at the site may improve adhesion. Shaving is not recommended.

3. Remove the paper frame from the dressing backing and discard the frame.

4. Press firmly to eliminate air while smoothing down the dressing edges.

5. Seal securely around catheter or wound site.

**Site Care:**

1. Stop any bleeding at the site before applying the dressing.

2. Do not stretch the dressing during application or tension can cause site irritation.

3. Make sure the skin is dry and free of soap and lotion to prevent skin irritation and to ensure good adhesion.

4. This dressing may be used on an infected site only when under the care of a health care professional.

**Instructions for use:**

**Dressing selection:**

Choose a dressing size large enough to provide a margin that adheres to dry healthy skin around the catheter or wound site.

**Site preparation:**

1. Prepare the site according to institution protocol.

2. Clipping of hair at the site may improve adhesion. Shaving is not recommended.

3. Allow all gauze pads to completely dry before applying the dressing to prevent irritation and ensure good adhesion.

**Application:**

1. Open package and remove sterile dressing.

2. Peel the paper liner from the paper-framed dressing and discard the frame.

3. Position the framed dressing over the wound site to eliminate air and apply dressing.

4. Press firmly to eliminate air while smoothing down the dressing edges.

5. Seal securely around catheter or wound site.

**Removal:**

1. Firmly smooth adhesive border to the skin. Firmly grasp an edge and slowly peel the dressing from the skin.

2. Clipping of hair at the site may improve adhesion. Shaving is not recommended.

**Dressing care:**

1. Do not let dressing dry in a replacement for subsite or offer any primary wound care.

2. Do not stretch the dressing during application or tension can cause skin irritation.

3. Make sure the skin is dry and free of soap and lotion to prevent skin irritation and to ensure good adhesion.

4. This dressing may be used on an infected site only when under the care of a health care professional.

**Removal:**

1. The site should be observed for signs of infection or other complications. If infection is suspected, remove the dressing, inspect the site directly, and determine appropriate medical intervention. Infection may be signaled by fever, pain, redness, swelling, pus, or an unusual odor or discharge.

2. Change the dressing according to institution protocols, or when the barrier properties have been compromised.

**Guidelines for Preventing SSI (1999)**

Postoperative Incision Care: Protect with a sterile dressing for 24 to 48 hours postoperatively an incision that has been compromised. Surgical site infections (SSIs) are the second most common hospital-acquired infection (HAI) costing up to $29,000 depending on the pathogen and procedure.

**CDC Guidelines for Prevention of SSI (1999)**

Postoperative Incision Care: Protect with a sterile dressing for 24 to 48 hours postoperatively an incision that has been compromised. Surgical site infections (SSIs) are the second most common hospital-acquired infection (HAI) costing up to $29,000 depending on the pathogen and procedure.

**Gauze Dressings: No Barrier to Bacteria**

Clinical studies have shown higher infection rates in chronic and complex wounds for which gauze dressings were used compared to dressings with transparent films.

Gauze dressings do not prevent a barrier to bacteria, and one in vitro study demonstrated bacteria can pass through up to 64 layers of dry gauze.

**Impact of SSI**

Surgical site infections (SSIs) are the second most common hospital-acquired infection (HAI) costing up to $29,000 depending on the pathogen and procedure.

Patients who develop a SSI after hospital discharge are five times more likely to be readmitted to the hospital and are more than twice as likely to die as those who don’t.

**Gauze Dressings: No Barrier to Bacteria**

Clinical studies have shown higher infection rates in chronic and complex wounds for which gauze dressings were used compared to dressings with transparent films.

Gauze dressings do not prevent a barrier to bacteria, and one in vitro study demonstrated bacteria can pass through up to 64 layers of dry gauze.

**Did You Know?**

Bacteria can penetrate up to 64 layers of dry gauze shown above.