



Skin and Wound Product Information Sheet

Cavilon Advanced Skin Protectant	
Classification	Advanced Skin Protectant: Film Barrier
Key Points	<ul style="list-style-type: none"> No-sting, non-cytotoxic, polymeric cyanoacrylate solution used to protect dry intact and moist/wet non-intact skin. The solution dries to a long-lasting, waterproof, durable, flexible, breathable, transparent film barrier. The film barrier remains intact during conditions of continuous or repeated exposure to moisture or caustic irritants. Product wears off of the skin over time; does not need to be removed. Single-client, one-time use only. Solution is non-sterile.
Indications	<p>May be used for adults and children in consultation with, and after receiving application instruction as per, NSWOC/Wound Clinician when other skin protectants have not been effective in protecting the skin from:</p> <ul style="list-style-type: none"> Worsening Moisture Associated Skin Damage (MASD): <ul style="list-style-type: none"> on perineal/buttock skin (Incontinent Associated Dermatitis (IAD)) on peri-wound, peri-ostomy, peri-tube/drain, peri-fistula skin in skin folds Skin damage related to adhesive dressings/ostomy appliances (Medical Adhesive Related Skin Injury (MARSII))
Precautions	<ul style="list-style-type: none"> Extremely flammable until it has completely dried on the skin, do not apply in the presence of fire ignition or heat-producing sources; use in a well-ventilated space The product has not been tested for use on babies/infants/neonates Allow to dry at least 60 seconds before coming into contact with other skin areas (e.g. skin fold) or other materials (tapes, dressings, ostomy appliances) May enhance the adhesiveness of adhesive products; e.g. tape, ostomy barrier, especially within the first few days of application; to avoid a MARSII, use an adhesive remover when removing such products.
Contraindications	<ul style="list-style-type: none"> Do not apply to full-thickness wounds Do not apply to second or third degree burns Do not apply to infected areas Do not use under medication delivery patches or with medicated powders, ointments or creams Do not apply to mucous membranes or in/around the eyes Do not use on individuals with known sensitivity or allergy to cyanoacrylates
Formats & Sizes	<p>Applicator:</p> <ul style="list-style-type: none"> 0.7 ml – covers an area of 25 square inches (e.g., 5x5 in) or 161 square centimetres (e.g., 12.5x12.5cm) 2.7 ml - covers an area of 100 square inches (e.g., 10x10 in) or 645 square centimetres (e.g., 25x25cm) <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  <p>0.7ml</p> </div> <div style="text-align: center;">  <p>2.7ml</p> </div> </div>
Application Directions	Rationale
<p>For the initial application, cleanse the skin with appropriate cleanser for the area; e.g. a no-rinse skin cleanser, water, normal saline; ensuring all trace of previous skin care product is removed (moisturizer, silicone or zinc protectant, petrolatum). Gently pat the skin dry.</p> <p>For denuded/eroded skin, gently pat the surface with gauze to blot any excessive moisture.</p>	<p>Solution does not adhere to skin that has a moisturizer/ barrier product on it.</p> <p>Solution does not adhere to skin that is excessively moist.</p>
To Apply	
<p>Grasp the applicator, place thumb at the end of the lever, aim the applicator down and then tilt the sponge tip <u>down</u> as well.</p>	<p>Application needs to be held in a downward position to allow the solution to flow into the sponge.</p>



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<p>Firmly depress the lever to break the internal ampule. A snapping/popping sound will be heard when the ampule is broken. Release the thumb pressure on the lever.</p> <p>Continue to hold the applicator in a downward/tilted position for at least 10 seconds to allow the solution to flow into the tip of foam sponge. Solution will not completely saturate the foam sponge to the side edges.</p>	<p>Ensuring that the sponge tip is tilted down will allow the solution to flow into the tip.</p>
<p>Use one hand to hold the skin surface taut/lift up the skin fold and apply the solution using a gentle, even, <u>continuous</u> sweeping (back & forth) motion over the area of concern with minimal overlapping.</p> <p>Do not apply pressure to the lever or on the sponge as this may result in excessive solution in the sponge causing the area to be too wet.</p>	<p>Holding the skin surface taut will assist with minimizing skin wrinkles or folds making it easier to apply the solution in a continuous sweeping motion.</p>
<p>Allow area to thoroughly dry for <u>at least 60 seconds</u> before it come into contact with other skin areas (e.g. skin folds), adhesive products (tape, bordered dressing, ostomy appliance), clothing, incontinence products, etc.</p> <p>If an area has been missed, wait the 60 seconds before applying the solution to that area.</p>	<p>Allowing a adequate dry-time will avoid unintentional skin adherence.</p>
Frequency of Re-application	
<p>Inspect the area at least every shift; cleanse the area as needed.</p> <p>Reapply another thin layer every 3-4 days.</p>	<p>If applied too frequently will cause excess build-up.</p>
<p>Discontinue use of the product when skin is healthy or 'step-down' to another skin care intervention to continue the healing process.</p>	
To Remove	
<p>Film will naturally wear off. If the film must be removed, then use an adhesive remover containing silicones or hexamethydisiloxane (HMDS) (e.g., 3M Adhesive Remover) appropriate for client's skin.</p>	<p>Product wears off as epidermal cells naturally slough off.</p>
<p>Use an adhesive remover when removing products such as tapes, bordered dressings, ostomy appliances that have been applied over top of the film barrier.</p>	
To Manage Adverse Situations	
<p>If irritation or pain develops (redness, inflammation, warmth and change in skin colour) discontinue product use and use an adhesive remover containing silicones or HMDS to remove as much of the film barrier as possible.</p>	<p>Approximately 2% of the population may have an allergy to cyanoacrylates.</p>
<p>If solution enters the eye, immediately flush with lukewarm water. Do not rub or try to separate the eyelids. Seek medical attention.</p>	
<p>If there is an accidental contact with a wound with depth, flush with water or saline; complete removal is not necessary.</p>	
<p>If skin or other materials become stuck to the area, use an adhesive remover appropriate for client's skin to separate the two skin surfaces or to separate the material from the barrier.</p>	
Expected Outcome	
<p>If used for the management of MASD, film barrier prevented further MASD.</p> <p>If used for protection under adhesive dressings or applicants, film barrier prevents skin damage.</p>	
For further information, please contact your NSWOC or Wound Clinician	