Pre-Insertion VAD Skin Assessment Tool

Patient Name: _____

Date/Time: _____

Assessor: _____

1. Dermatological History & Allergies

Before looking at the skin, check the history.

- [ ] **Known Allergies:**
  - Chlorhexidine Gluconate (CHG)
  - Iodine/Betadine
  - Acrylates/Adhesives (Tape allergies)
  - Latex
- [ ] **Systemic Conditions:**
  - Current long-term steroid use (causes skin atrophy/thinning).
  - Diabetes (delayed wound healing).
  - History of Stevens-Johnson Syndrome (SJS) or Epidermolysis Bullosa (EB).

2. Visual Site Inspection

Inspect the proposed insertion zone (e.g., forearm, upper arm, chest, neck).

A. Structural Integrity

- [ ] **Paper-thin / Friable Skin:** Skin looks translucent; "onion-skin" appearance (common in geriatrics).
- [ ] **Bruising / Hematoma:** Existing discoloration or swelling at the site.
- [ ] **Scar Tissue:** Hardened or fibrotic tracks from previous lines.

B. Inflammatory & Chronic Conditions

- [ ] **Active Plaques:** Elevated, scaly patches (Psoriasis) directly over the vein.
- [ ] **Weeping Lesions:** Wet, oozing areas (Acute Eczema/Dermatitis).
- [ ] **Dry/Flaking Skin:** Excessive scaling (Seborrheic Dermatitis/Ichthyosis) that will prevent tape adhesion.

C. Infectious Signs

- [ ] **Erythema:** Redness spreading from a central point.
- [ ] **Pustules/Folliculitis:** Small pimples or infected hair follicles near the site.
- [ ] **Fungal Rash:** Red, itchy rash with satellite lesions (often in moist folds like the axilla/groin).

3. Risk Grading & Action Plan

Grade	Assessment Findings	Action Plan
GREEN (Low Risk)	Intact skin, no redness, good turgor, no history of sensitivity.	**Standard Protocol:** Use standard CHG prep and standard transparent dressing.
YELLOW (Medium Risk)	Dry/flaky skin, frail/thin skin, history of mild tape irritation.	**Mitigation Required:** • Use **Alcohol-free skin barrier film** (e.g., Cavilon) before dressing. • Use **Silicone-based tape/dressing** (gentler removal). • Consider **Non-adhesive securement** (e.g., tubular gauze) for secondary hold.
RED (High Risk)	Active cellulitis, weeping eczema, open ulcers, known severe adhesive allergy, or psoriasis plaque over site.	**STOP - Site Change Required:** • **Do not insert** in this area. • Select alternative limb or anatomical site. • If CHG allergy: Switch to Povidone-Iodine. • Consult Wound Care or Vascular Access Specialist.

4. Post-Insertion Maintenance Plan

If any "Yellow" or "Red" risks were identified, implement the following care modifications:

- **Adhesive Removal:** Use medical adhesive remover spray/wipes (e.g., Detachol) for *every* dressing change (no "rip and replace").
- **Antiseptic Drying:** Allow double drying time for Povidone-Iodine to prevent chemical burns under the dressing.
- **Surveillance:** Inspect skin *daily* for the "shape of the dressing" (sign of allergic contact dermatitis).