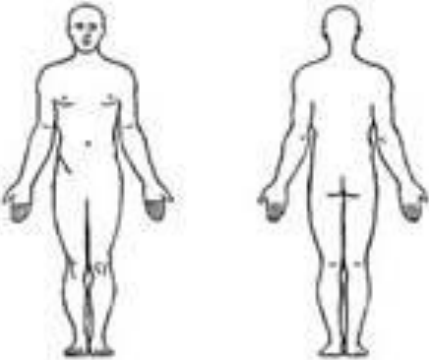


Application of Barrier Cream/Spray	
Name: _____ Room Number: _____	
Has been supplied with Cavilon Barrier Cream / Spray* (*Delete as applicable)	
To apply to (highlight area on body map)	
Indication for use: (why?)	
Frequency of application:	
	
<p>The cream should be applied to clean and dry skin. Use very sparingly in small, pea-sized amounts, and gently smooth in to the area of skin affected (do not rub the skin)</p> <p>The spray should be applied to clean and dry skin. Hold the spray about 10-15cm away from the skin. Spray a smooth, even coating in a sweeping motion over the whole application area. Allow the area to dry for 30 seconds.</p> <p>Please continue to ensure pressure ulcer prevention strategies are in place.</p>	
If you have any concerns contact:	