



Multipore" Dry

3M[™] Multipore[™] Dry Surgical Tape Built for strength and conformability.



Multipore Dry CE

Reliable adhesion for your patients' important needs.

When you need to keep a tube, device or bulky dressing securely in place, you need adhesion you can count on. 3M[™] Multipore[™] Dry Surgical Tape is a high-strength, conformable tape that gives you confidence in your securement applications.



Strong adhesion Good initial adhesion to skin.



Strong backing Specialized backing repels water and resists tearing under stress.



Easy to use

Removable grid liner for precise cutting and customization to any shape and size with scissors.



Conformable Soft backing that conforms to curves and contours of the skin.

Why choosing the right tape matters



In one study, unplanned extubations occurred in

1 in 5 patients

in the ICU¹ due to inadequate securement for the job.

3M[™] Multipore[™] Dry Surgical Tape

High-strength securement

Clinical applications such as:

- Urinary catheters
 Orogastric tubes
- Nasogastric tubes
 Patient positioning
- Endotracheal tubes
 Secondary securement of central lines
 - For use in dry conditions; ensure skin and device are clean and dry before application
 - Maintain close clinical oversight when excessive fluids and/or secretions are present
 - Tape securement and tube position should be monitored routinely

Consider a barrier like 3M[™] Cavilon[™] No Sting Barrier Film with Multipore Dry Surgical Tape (per facility protocol).

Tape material: Two-layer woven-cloth. Not made with natural rubber latex.



Ordering information

Catalog Number	Size	Rolls/Box	Boxes/Case	HCPCS Code
3730-0	0.5 in. x 5.5 yd. (1,25 cm x 5 m)	12	4	A4452
3730-1	1 in. x 5.5 yd. (2,5 cm x 5 m)	24	4	A4452
3730-2	2 in. x 5.5 yd. (5 cm x 5 m)	12	4	A4452

For more information about 3M[™] Multipore[™] Dry Surgical Tape and other 3M Medical Securement Solutions, visit **3M.com/MedicalSecurement**.



- Select tape based on intended use and patient's skin condition.²
- Ensure skin and device are clean and dry.
- If needed, clip/trim hair and/ or consider use of a barrier film to protect at-risk skin, per facility protocols.
- When the area is completely dry, follow these steps:



Cut tape length to meet clinical need.



Remove the liner.



Apply firm pressure to tape to ensure adhesive is flush with skin and to maximize adhesion.



Note: Do not stretch or strap tape upon application to avoid causing tension blisters.



Spiral tape around device to maximize surface area contact. Apply firm pressure on the device to enhance adhesion to tubing.

- Maintain close clinical oversight when excessive fluids and/or secretions are present.
- Tape securement and tube position should be monitored routinely.



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- Cosentino C, Fama M, Foà C, Bromuri G, Giannini S, Saraceno M, Spagnoletta A, Tenkue M, Trevisi E, Sarli L. Unplanned Extubations in Intensive Care Unit: evidences for risk factors. A literature review. Acta Biomed. 2017 Nov 30;88(5S):55-65. doi: 10.23750/abm.v88i5-S.6869. PMID: 29189706; PMCID: PMC6357578.
- 2. Gorski LA, Hadaway L, Hagle ME, Broadhurst D, Clare S, Kleidon T, Meyer BM, Nickel B, Rowley S, Sharpe E, Alexander M. Infusion Therapy Standards of Practice, 8th Edition. J Infus Nurs. 2021 Jan-Feb 01;44(1S Suppl 1):S1-S224. doi: 10.1097/NAN.00000000000396. PMID: 33394637.

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