## INCONTINENCE ASSOCIATED DERMATITIS

Skin reactions following frequent episodes of Incontinence can be very painful and increase the risk of pressure ulcers and infection. This pathway will guide the health care worker through the appropriate management of the patient’s skin.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Skin Appearance</th>
<th>Treatment Recommendations</th>
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</thead>
<tbody>
<tr>
<td>Mild IAD</td>
<td>Slight erythema present but no broken areas of skin</td>
<td>Slight redness of the skin, no broken areas</td>
<td>Wash skin with water and a soap substitute such as Zerolatum bath additive, Zeroderm ointment or Aqueous cream (Hospital only) after each episode of incontinence. Apply Conotrate cream sparingly after each episode of incontinence. Avoid using on patients with broken skin.</td>
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<tr>
<td>Moderate to severe IAD</td>
<td>Erythema present &amp; ‘pinprick’ pattern on skin evident</td>
<td>Redness of the skin, pinprick pattern of redness across the buttocks</td>
<td>Wash skin with water and a soap substitute such as Zerolatum bath additive, Zeroderm Ointment or Aqueous cream (Hospital only) after each episode of incontinence. Registered Nurse assessment required if IAD getting worse. Apply Cavilon Durable Barrier Cream daily. Small amount only required. A 28gm tube is usually sufficient for a month. Can be used on broken skin.</td>
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<tr>
<td>Severe IAD</td>
<td>Excoriated, weeping skin across the buttocks. Broken shallow satellite lesions may be present</td>
<td>Excoriated, weepy skin across the buttocks. Broken shallow satellite lesions may be present</td>
<td>Wash skin with water and a soap substitute such as Zerolatum bath additive, Zeroderm ointment or Aqueous Cream (Hospital only) after each episode of incontinence. Apply No Sting Barrier Film every 72 hours. If condition of skin deteriorates then consider a more frequent application of the film.</td>
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1. Carry out skin checks & reassessment of continence status, minimum twice daily for incontinent patients. Before changing to a specialist barrier product a Registered Nurse assessment needs to be undertaken.
2. Review continence management regularly, if episodes of urinary or faecal incontinence continue seek advice of the Bladder and Bowel Specialist service.
3. If secondary infection such as candidiasis (yeast), unusual skin changes, lesions or skin breakdown occur which do not improve with skin care, consider medical referral.
4. Ensure correct absorbency of pads used to avoid skin drying out. Only change pad if indicator three quarters full or if patient faecally incontinent.
5. Choose the most appropriate barrier film product to meet patient / environmental needs ie Foam applicator or spray.
6. Follow local guidelines & document all actions in patient care plan.
Local resources:

- PCH - Continence Care Policy OP-CON-P01 V3
  http://intra.cornwall.nhs.uk/DocumentsLibrary/PeninsulaCommunityHealth/OperationsAndServices/Continence/ContinenceCare.pdf
- RCHT Continence Care Policy

References