Kernow Clinical Commissioning Group
Royal Cornwall Hospitals NHS Trust
Cornwall Partnership NHS Foundation Trust

Incontinence Associated Dermatitis (IAD)

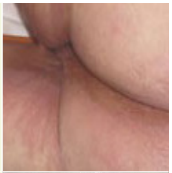
Skin reactions following frequent episodes of incontinence can be very painful and increase the risk of pressure ulcers and infection. This pathway will guide the health care worker through the appropriate management of the patient's skin.

Nursing Care Plan:

- Carry out skin checks and 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.
- Review continence management regularly, if episodes of urinary or faecal incontinence continue seek advice of the Bladder and Bowel Specialist Service.
- 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.
- Ensure correct absorbency of pads used to avoid skin drying out. Only change pad if indicator three quarters full or if patient faecally incontinent.
- Choose the most appropriate barrier film product to meet patient / environmental needs ie. foam applicator or spray.
- Follow local guidelines and document all actions in patient care plan.

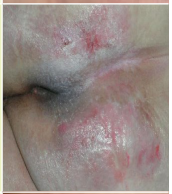
Prevention:

- 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.
- Dry thoroughly.
- Apply Conotrane cream **sparingly** after each episode of incontinence.



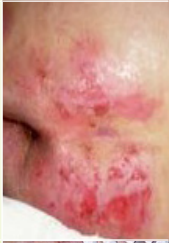
Mild IAD (Slight erythema present but no broken areas of skin):

- 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.
- Dry thoroughly.
- Apply Conotrane cream **sparingly** after each episode of incontinence. Avoid using on patients with broken skin.



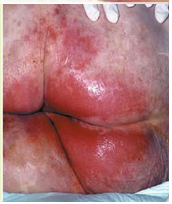
Moderate to Severe IAD (Erythema present and 'pinprick' pattern on skin evident):

- 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.
- Dry thoroughly.
- Registered Nurse Assessment required if IAD getting worse.
- Apply **Medi Derma-S** Cream daily (More frequent application may be needed if patient requiring frequent washing eg. every third wash). Small amount only required. A 28g tube is usually sufficient for a month. Can be used on broken skin.



Severe IAD (Excoriated, weeping skin, shallow island/satellite lesions may be visible):

- 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.
- Dry thoroughly.
- Apply **Medi Derma-S** Barrier Film every 72 hours.
- If condition of skin deteriorates then consider a more frequent application of the film.



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The MEDI Derma-S Range - Medical Barrier Film and Barrier Cream

Conotrane Cream

Local Resources

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

RCHT Continence Care Policy
http://intra.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/General/ContinencePolicy.pdf

References

Beeckman D et al (2014) A Systematic Review and Meta-Analysis of Incontinence-Associated Dermatitis, Incontinence and Moisture as Risk Factors for Pressure Ulcer Development.
Research in Nursing & Health 37(3):204-18 published online in Wiley Online Library (wileyonlinelibrary.com)

Beeckman et al (2015) Proceedings of the global IAD Expert Panel. Incontinence Associated Dermatitis: moving prevention forward.
Wounds International available at www.woundsinternational.com

Ousey K, Bianchi J, Beldon P and Young T (2012)
The Identification and Management of Moisture Lesions.
Wounds UK Supplement Vol 8 No 2.