

# Prevention and Treatment Protocol for Incontinence Associated Dermatitis (IAD) in Adults

## Nursing Assessment:

- Does your patient have urinary and/or faecal incontinence?
- Why is your patient currently incontinent?
- Is the incontinence short term or long term?
- What is the condition of the skin?

## Moisture Lesions:

- Superficial skin damage
- When limited to anal cleft likely to be moisture damage
- Diffuse, multifocal skin damage with irregular margins likely to be moisture **BUT** can be combined with pressure damage



## Nursing Care Plan:

### Reduce Risk of Skin Pressure Damage:

- Refer to SKINS guidance
- Consider support surface
- Reduce sitting out time until skin improves

### Continence Care Considerations:

- Toileting plan
- Continence pads
- Non-invasive urinary drainage device
- Short term Catheter with flip flow valve
- Faecal management system
- Treatment of urinary/faecal infection
- Medication (e.g. Loperamide)

### Skin Care

- Select appropriate level of skin care
- Deliver skin care consistently according to your plan of care
- **Medi Derma-S Total Barrier Cream should always be applied sparingly. A pea sized amount of cream covers a palm sized area of skin.**

## Prevention:

- Wash skin with an emollient and rinse
- Dry thoroughly
- Apply **Medi Derma-S Total Barrier Cream sparingly** to intact or damaged skin (after every third wash) and allow to air dry before allowing skin to make contact with other skin or continence pads

## Mild IAD:

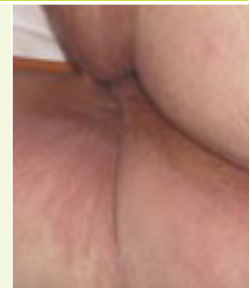
- Wash skin with an emollient and rinse
- Dry thoroughly
- Apply **Medi Derma-S Total Barrier Cream sparingly** to intact or damaged skin (after every third wash) and allow to air dry before allowing skin to make contact with other skin or continence pads

## Moderate IAD:

- Wash skin with a soap substitute and rinse off
- Dry thoroughly
- Apply **Medi Derma-S Total Barrier Cream or Total Barrier Film Pump Spray sparingly** to intact or damaged skin (Every 24-72 hours) and allow to air dry before allowing skin to make contact with other skin or continence pads

## Severe IAD:

- In severe cases, where the skin requires extra protection, cleanse with **Medi Derma-PRO Foam & Spray Incontinence Cleanser**
- Pat or air dry thoroughly and apply **Medi Derma-PRO Skin Protectant Ointment** after each wash
- As the skin condition improves, step back down to **Medi Derma-S Total Barrier Film** and then to **Medi Derma-S Total Barrier Cream**



## Nursing Evaluation:

- Monitor skin and record condition
- Review continence care plan routinely at one week or as continence needs change. Review ongoing need of short term catheter. If required take advice from your local Bladder and Bowel Service.
- **Review skin care plan routinely, if on going deterioration within 48 hours of establishing plan of care, change with step up from Medi Derma-S Total Barrier Cream to Medi Derma-S Total Barrier Film.**
- **At one week if no improvement, or on going deterioration despite consistent care then please refer to wound care service.**

## Documentation:

- Produce clear continence care plan
- Detail skin care plan on wound assessment and care plan as appropriate