

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 **Dermol Wash Antimicrobial Lotion** and rinse off
- Dry thoroughly
- Apply **Medi Derma-S Total Barrier Film 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

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.
- **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 Tissue Viability for advice.**

Documentation:

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