

Skin Protection Guide

Incontinence Associated Dermatitis (IAD)

All incontinence associated dermatitis skin damage must be reported via [datix](#) and **medical photos requested**.

Use the table below to identify the severity of skin damage (Mild, Moderate or Severe) and to choose the most effective product to manage and prevent deterioration.

Please give [patient information leaflet](#) on Incontinence Associated Dermatitis (IAD).

SKIN ASSESSMENT		SKIN MANAGEMENT	
	Severity Level	Cleanse	Protect and Restore
	Mild Incontinence-Associated Dermatitis (IAD) Light redness of intact skin; may cause discomfort	Senset Foam	Cavilon Barrier Cream (Purple Sachet) Maximum twice per day Or, Contiplan Wipe
	Moderate Incontinence-Associated Dermatitis (IAD) Medium skin redness. Peeling or flaking, redness of partial thickness loss/blistering	Dermol 500	Cavilon Non Sting Barrier Film (Blue swabs) Maximum twice per day Or, Contiplan Wipe
	Severe Incontinence-Associated Dermatitis (IAD) Intense redness/rash with deeper skin peeling or larger areas of erosion, weeping skin and pain	Dermol 500	50:50 Ointment

IF THERE IS NO IMPROVEMENT WITHIN 72 HOURS

Swab to be taken to rule out fungal infection as cause of skin damage

<p>Best Practice Statement 1</p> <p>Avoid using traditional soap and water when cleansing following an episode of incontinence.</p>	<p>Best Practice Statement 2</p> <p>Good nutrition is a major component to maintaining the skin barrier and skin integrity and to ensure optimal healing.</p>	<p>Best Practice Statement 3</p> <p>Skin should be dried gently to prevent further dehydration. Light patting and not rubbing.</p>	<p>Best Practice Statement 4</p> <p>Application of ointment should follow the direction of the body hair.</p>	<p>Best Practice Statement 5</p> <p>IAD should be left exposed with out dressings.</p>	<p>Best Practice Statement 6</p> <p>Managing incontinence should be an early intervention to prevent the deterioration of skin integrity.</p>
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Incontinence Associated Dermatitis (IAD)

Best Practice Statement 1

Rational

The acid mantle forms a physiological barrier as it has an acid pH and it is important for antimicrobial defence. Many soaps are alkaline and cause an increase in skin pH. Alterations to the acid mantle increase the permeability of the skin.

Best Practice Statement 2

Rational

Protein is essential to skin health to allow optimal keratin production, a structural protein found within skin. Fatty acids help to maintain healthy skin e.g. omega 3 and omega 6 lubricate the skin, whilst omega 6 is also known to help regulate skin growth. Vitamin A and C play a role in strengthening the skin tissues and skin regeneration.

Best Practice Statement 3

Rational

Rubbing may lead to abrasion and weakening of the skin. If skin is left damp it is at risk of bacterial and fungal contamination. Patients prefer the sensation of patting dry rather than rubbing.

Best Practice Statement 4

Rational

Rubbing against the line of the hair can aggravate the hair follicle causing folliculitis particularly if greasy ointment, such as 50:50, are used.

Best Practice Statement 5

Rational

The use of dressings can cause occlusion to the skin increasing maceration. If a patient is experiencing urinary and/or faecal incontinence the risk of the dressings becoming contaminated is high. Contaminated dressings against the skin leads to an increased risk of bacterial and/or fungal infection.

Best Practice Statement 6

Rational

Incontinence management devices should be commenced early. This includes the use of incontinence pads, urinary conveyers, urinary catheters, and faecal management systems such as the FlexiSeal™.