

Pathway

Description	Aim	Actions
Healthy intact skin No erythema (redness) Dependant patient at high risk. Incontinent of faeces / urine / both	Investigate reason for incontinence and action Maintain integrity Keep skin clean and dry	 Un-perfumed soap and water to cleanse this must be rinsed well Towel dry Dry skin should be moisturised to reduce risk of breakdown. Medi Derma-S Cream to be used daily or every 3 washes if moisture difficult to manage
Mild excoriation Skin inflamed No broken skin	Investigate reason for incontinence and action Reduce Inflammation Prevent skin breakdown Keep skin clean and dry	Cleanse using soap substitute (this must be rinsed off. Towel dry) Use Medi Derma-S Barrier Cream daily or every 3 washes If not responding to treatment after 7 days Medihoney Barrier Cream daily or every 3 washes OR Apply 1% hydrocortisone ointment twice daily for 4-7 days Telfa clear non-adherent dressing can be used to hold creams and separate skin folds
Moderate excoriation Less than 50% broker skin. Oozing and/or bleeding may occur	Treat skin breakdown	Use soap substitute to cleanse (this must be rinsed off. Towel dry) Use barrier film:- Medi Derma-S Barrier Film to be used every 48 hours If not responding to treatment after 7 days Apply Betnovate C Cream twice weekly for 4 – 7 days, Apply Medi Derma-Pro Ointment in between topical steroid Telfa clear non-adherent dressing can be used to hold creams and separate skin folds
Severe excoriation More than 50% broker skin. Oozing and/or bleeding may occur	1	Use barrier treatment Medi Derma-Pro Cleanser and Ointment each time skin cleansed If not responding to treatment after 7 days Apply Betnovate C Cream twice weekly for 4 – 7 days, Apply Medi Derma-Pro Ointment in between topical steroid Telfa clear non-adherent dressing can be used to hold creams and separate skin folds
Any level of skin damage caused by uncontrolled diarrhoea	Maintain integrity Reduce Inflammation Prevent / treat skin breakdown Keep skin clean and dry	Use barrier treatment Medi Derma-Pro Cleanser and Ointment each time skin cleansed If not responding to treatment after 7 days Cavilon Advanced to be used following advice from Tissue Viability only Consider faecal management systems



Management of Incontinence Associated Dermatitis (IAD)

Step by Step Management of Incontinence Associated Dermatitis

On assessment patient found to be incontinent (faecal /urinary).

- Undertake required assessments on EMIS; refer to Bladder and Bowel service if appropriate
- Plan care required using guidance
- Provide Moisture Lesion Prevention leaflet for patient and carers to use

If skin damage present

- Complete IR1
- Take photograph and upload to EMIS
- · Discuss at safety huddle
- Ensure patient and carers know how to use / apply products that are prescribed
- · Monitor effectiveness of plan of care
- Step down the products used as the skin improves

If no improvement or skin deterioration

- · Initiate band 6 review
- Refer to Tissue Viability to discuss / assess
 Please ensure up to date photograph on EMIS
 and referral form fully completed.



Medi-Derma Barrier products

FIRST LINE

Medi-Derma-S Total Barrier Cream

Apply thin layer daily or every 3 washes

Medi-Derma-S Barrier Film

Apply and leave to dry for 10 seconds, remains active for up to 72 hours can increase frequency to alternate days if required

SECOND LINE

Medi-Derma Pro Skin Cleanser Meri-Derma Pro Ointment

Cleanse and pat dry, apply ointment.
Re-apply ointment at each cleanse
N.B. Ointment can be used over anti-fungal cream is cream is allowed to dry before application

Following specialist advice only

Cavilon Advanced liquid foam applicator

Cleanse skin, apply and allow to dry Re-apply twice weekly

Skin is cleansed and dried as normal, the product remains on the skin.

DO NOT USE OTHER BARRIER PRODUCTS

Using steroid cream

Must be prescribed and an end date given
The amount used each time can be worked out using

'finger tip unit' 1 unit is enough steroid to cover the same area of skin as two hands laid flat with the fingers together

Squeeze the topical steroid in a line from the last finger crease to the finger tip. Apply only to affected area in direction of hair growth and do not rub in