<table>
<thead>
<tr>
<th>Description</th>
<th>Aim</th>
<th>Actions</th>
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| **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% broken skin.  
Oozing and/or bleeding may occur | Investigate reason for incontinence and action  
Reduce Inflammation  
Treat skin breakdown  
Observe for and treat any infection  
Keep skin clean and dry | • 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% broken skin.  
Oozing and/or bleeding may occur | Investigate reason for incontinence and action  
Reduce Inflammation  
Treat skin breakdown  
Observe for and treat any infection  
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  
• 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 as 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 fingertip. Apply only to affected area in direction of hair growth and do not rub in