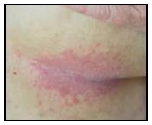
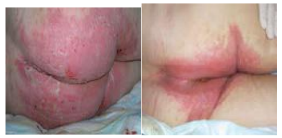
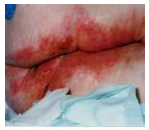
NHS Coventry and Warwickshire

Coventry and Warwickshire NHS Partnership Trust

SKIN CARE GUIDELINES FOR PEOPLE WITH INCONTINENCE

Including Incontinence Associated Dermatitis (IAD)

SKIN CONDITION	SKIN CLEANSING ROUTINE	PRODUCT	QUANTITY	DIRECTIONS FOR USE
Skin at Risk of damage from incontinence Intact Consider referral to Continence Team	- Normal skin routine. - Keep area clean & dry.	Medi Derma S cream Sorbaderm cream	28g tube 28g tube	Skin should be clean and dry before application. Apply sparingly, a **pea sized** amount should be sufficient, and rub in gently until the cream is absorbed. *(A pea sized amount of cream should cover approximately an A4 sized area of skin)*. If the skin feels tacky, too much cream has been applied. Reapply every 3rd incontinent episode/wash. **Faecal incontinence may require more frequent use.**
Mild excoriation IAD erythema (redness) **No broken areas present** 	- Keep area clean and dry. - Cleanse perianal skin after each episode.	Medi Derma S cream Sorbaderm cream	28g tube 28g tube	Skin should be clean and dry before application. Apply an even coating over the affected area. If there are skin folds, make sure the skin contact areas are separated and allow to dry before returning the skin to normal position. Reapplication is recommended every 48-72hours. **Faecal incontinence may require daily application**
Medium excoriation IAD Erythema (redness) with **less than 50% broken skin** Oozing and/or bleeding may be present 	- Keep area clean and dry. - Cleanse perianal skin after each episode. - Remove prior applications of skin protectant. - Apply skin protectant.	No-sting barrier film: Medi Derma S film spray Sorbaderm barrier film spray	 30ml 28ml	Skin should be clean and dry before application. Apply an even coating over the affected area. If there are skin folds, make sure the skin contact areas are separated and allow to dry before returning the skin to normal position. Reapplication is recommended every 48-72hours. **Faecal incontinence may require daily application**
Severe excoriation IAD Erythema (redness) with **more than 50% broken skin**. Oozing and/or bleeding may be present. 	**Seek advice from Tissue Viability / Community Nursing Team**	Medi Derma-Pro foam & spray cleanser / Prosheild foam & spray cleanser Medi Derma-Pro ointment / Prosheild cream	250 ml 235ml 115g 115 g	Skin should be cleansed with a foam & spray cleanser then patted dry. Apply ointment **thinly**, only use liberally if the skin is damaged. Reapply if no sheen is visible. Follow manufacturer's directions on packaging. **Faecal incontinence may require more frequent application.** **Discontinue when skin is intact or change to preferred product for mild IAD.** (In most cases 28 days treatment should be sufficient)

Page 1 originally produced by Coventry Community Continence Service, Tissue Viability Service and Medicines Management (CWCCG) May 2015. Updated by Medicines Optimisation with input from Continence Service and Tissue Viability Service, June 2022. The information in this document is the best available from the resources at our disposal at the time of preparation. Use in conjunction with individual product information and directions on packaging.

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SKIN CARE GUIDELINES FOR PEOPLE WITH INCONTINENCE
Including Incontinence Associated Dermatitis (IAD)

What is Incontinence Associated Dermatitis (IAD)?

- Skin condition caused by contact with urine and/or faeces due to incontinence
- May affect more than the perineal area
- People of any age

IAD caused by allowing:

- Prolonged exposure to urine and/or faeces
- Limited and/or aggressive cleansing (increases frictional forces, damages the skin, causing over hydration)
- Application of thick, occlusive skin protective products can over hydrate the skin and may block incontinence products

Management to reduce the risk of IAD

- Continence assessment and re-assessment to establish cause(s) of incontinence and possible options to improve/resolve the condition.
- Risk factor for pressure ulcer development – individuals should be assessed and re-assessed, and this must be documented.
- Regular, careful inspection of the skin in accordance with guidelines.
- Prevention strategies to protect intact skin – regular repositioning and clinical assessment.
- Consider a barrier preparation to prevent skin damage:
    - Adults who are assessed as being at high risk of IAD or of developing a moisture lesion
    - Those with incontinence, oedema, dry or inflamed skin
    - Product prescribed or purchased for an individual should never be shared
    - Consider a soap substitute for those with vulnerable skin (soap can leave the skin dry and irritated)
    - Pat, rather than rub, the skin dry

Barrier skin care products

- Designed to minimise damage to the skin (irritation caused by exudate, adhesive trauma, friction, and bodily fluids).
- For intact skin, apply sparingly so that skin can be seen beneath.
- If the intact skin appears oily, too much cream has been applied.
- Check the manufacturer's instructions (Patient Information Leaflet) for application instructions.

Preferred products • Products provide an invisible layer that dries quickly, leaving the skin with a protective coating • Manufacturer's state that they do not make skin greasy or compromise dressings/pads, and some have water repellent properties	
Medi Derma S cream 28g	Medi Derma S film spray 30ml
Derma Pro ointment 115g	Derma-Pro foam & cleanser 250ml spray
Sorbaderm cream 28g	Sorbaderm barrier film spray 28ml
Proshield cream 115g	Proshield foam & cleanser 235ml spray

Non-preferred products examples Preparations can be greasy and can interfere with dressings and the absorbency of incontinence products	
Sudocrem	Zinc & Castor Oil ointment
Metanium ointment	Siopel Barrier Cream
Conotrane cream	Morhulin ointment
Bepanthen ointment	Sprilon spray

Page 2 produced by Medicines Optimisation December 2019. Updated by Medicines Optimisation with input from Continence Service and Tissue Viability Service, June 2022. The information in this document is the best available from the resources at our disposal at the time of preparation. Use in conjunction with individual product information and directions on packaging.