Prevention and Management of Incontinence-Associated Dermatitis

The effective prevention and management of Incontinence-Associated Dermatitis (IAD) is more important than ever in light of the COVID-19 pandemic. Early and preventative use of **MEDI DERMA-S** and **MEDI DERMA-PRO** can be effective in preventing more severe cases of IAD (Use in line with the Skin Damage Meter below).

### EXTENT OF SKIN DAMAGE

**Skin Preparation:** Wash skin with an emollient/soap substitute and rinse. Pat dry before application. In severe cases of IAD, use **MEDI DERMA-PRO Foam and Spray Incontinence Cleanser**

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<th>MODERATE*</th>
<th>SEVERE**</th>
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<td><img src="image" alt="Skin Damage Meter" /></td>
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**MEDI DERMA-S**

**Total Barrier Cream** can be used before signs of IAD appear to prevent the development of *Mild IAD.*

- **Erythema** (redness) of skin, dry and intact but irritated and at risk of breakdown.

**MEDI DERMA-S Total Barrier Cream**

- Apply every third wash/twice a day.
- A pea-sized amount will cover an area approximately the size of the palm of a hand.

**MEDI DERMA-S Total Barrier Film**

- Apply once a day.
- *There is no need to re-apply after every cleanse.*

**MEDI DERMA-PRO Ointment and Cleanser**

- Use **MEDI DERMA-PRO Foam & Spray Incontinence Cleanser,** pat dry and apply **MEDI DERMA-PRO Skin Protectant Ointment** at every cleanse or wash.
- *If using anti-fungal cream for infected area, wait for cream to dry then apply MEDI DERMA-PRO Skin Protectant Ointment.*

**WHAT TO LOOK FOR?**

Changes in the severity and/or frequency of faecal incontinence - loose stools can lead to severe skin damage and may increase the risk of pressure damage - early intervention may be required. In severe cases where there is no improvement within a week contact the community or tissue viability nurse.

**PREVENTION/MILD**

- MEDI DERMA-S Total Barrier Cream

**MODERATE**

- Erythema with less than 50% damaged skin.
- Oozing and/or bleeding may be present.

**SEVERE**

- Erythema with more than 50% damaged skin.
- Oozing and/or bleeding usually present.

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Note: Regular skin assessment is important - reassess the severity of the damage and step-up or step-down treatment as appropriate, in line with the Skin Damage Meter (Mild, Moderate or Severe).

*Images of mild and moderate Incontinence - Associated Dermatitis courtesy of Sheffield Teaching Hospitals NHS Trust. **Image of severe skin damage courtesy of Maria Hughes.*
Pressure Ulcers vs Incontinence-Associated Dermatitis (IAD): A Differentiation Guide

Moisture-Associated Skin Damage (MASD)
MASD is an umbrella term used to describe inflammation and erosion of the skin caused by prolonged exposure to various sources of moisture i.e. urine, faeces, wound exudate, perspiration and stoma effluent.

Incontinence-Associated Dermatitis (IAD)
Skin damage as a result of continuous exposure to urine and/or faeces is known as Incontinence-Associated Dermatitis (IAD), one of the commonly recognised causes of MASD. It typically presents as localised redness, with areas of partial thickness skin loss. Whereas pressure ulcers are localised damage to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear.

Pressure Ulcers & Incontinence-Associated Dermatitis (IAD)
Skin damage, particularly around the sacral area, is often considered to be due to pressure damage, when frequently it is a result of IAD. These two conditions can present simultaneously in an individual, so must be correctly identified to plan appropriate prevention and treatment strategies.

References: