

# Total Barrier Protection Pathway

## Prevention and Management of Moisture-Associated Skin Damage (MASD)

	PREVENT	PROTECT					REPAIR	RESTORE
<b>Cause</b>	Incontinence Perspiration Wound Exudate	Incontinence	Incontinence	Perspiration	Wound Exudate	Stoma Leakage	Incontinence	
<b>Type of Skin Damage</b>	MASD Intact skin at risk of breakdown	Mild Skin Damage Irritated skin at risk of breakdown	Moderate Skin Damage Moderate erythema + Small areas of damaged skin (<50% of affected area)	Intertriginous Skin Damage (Skin Fold)	Periwound Skin Damage	Peristomal Skin Damage	Severe Skin Damage Intense erythema + Large areas of damaged skin (>50% of affected area)	Skin Hydration and Maintain Restored Skin Integrity
<b>Cleanse With</b>	Emollient cleanser or soap substitute	Emollient cleanser or soap substitute	Emollient cleanser or soap substitute				MEDI DERMA-PRO Foam & Spray Incontinence Cleanser	Emollient cleanser or soap substitute
<b>Apply</b>	<ul style="list-style-type: none"> <li>MEDI DERMA-S Total Barrier Cream for Incontinence (Twice daily)</li> <li>MEDI DERMA-S Total Barrier Film for Wound exudate and perspiration (Every 24-72 hours)</li> </ul>	MEDI DERMA-S Total Barrier Cream (Twice daily)	MEDI DERMA-S Total Barrier Film (Every 24-72 hours)				MEDI DERMA-PRO Skin Protectant Ointment (after every episode of cleansing)	MEDI DERMA-S Total Barrier Cream or an emollient, depending on continued exposure to moisture

All moisture lesions should be recorded

If severe skin damage or skin integrity is deteriorating, please refer to specialist nurse

Once repaired, continue to follow pathway

Use a step-up, step-down approach depending on the skin condition

Use LIFTEEZ to prevent Medical Adhesive-Related Skin Injuries (MARSIs) on vulnerable skin

