<table>
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<tr>
<th>NAME OF DOCUMENT</th>
<th>Wound Care- Incontinence Associated Dermatitis (IAD)</th>
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<td>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</td>
<td>Dr Greg Keogh&lt;br&gt;&lt;u&gt;<a href="mailto:Greg.keogh@sesiahs.health.nsw.gov.au">Greg.keogh@sesiahs.health.nsw.gov.au</a>&lt;/u&gt;&lt;br&gt;Stream Director- Surgery, Anaesthetic and Per-Operative Services</td>
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<td>Area Wound Care Committee&lt;br&gt;&lt;u&gt;<a href="mailto:Carol.stott@sesiahs.health.nsw.gov.au">Carol.stott@sesiahs.health.nsw.gov.au</a>&lt;/u&gt;</td>
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<td>POSITION RESPONSIBLE FOR THE DOCUMENT</td>
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<td>KEY TERMS</td>
<td>Dermatitis, faecal incontinence, nappy rash, urinary incontinence</td>
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<tr>
<td>SUMMARY</td>
<td>Policy for the prevention and management of Incontinence Associated Dermatitis (IAD)</td>
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1. **POLICY STATEMENT**
   All patients who are incontinent of urine and/or faeces must have an appropriate skin care regimen in place to prevent Incontinence Associated Dermatitis (IAD).

2. **BACKGROUND**
   This policy is applicable to adults and children. Patients who have faecal and urinary incontinence have to have an appropriate skin care regime in place in order to prevent/treat incontinence associated dermatitis.

3. **RESPONSIBILITIES**
   3.1 **Employees will:** Follow this procedure for patients with IAD.
   3.2 **Line Managers will:** Ensure that the procedure is available for employees to follow.
   3.3 **District Managers/Service Managers will:** as above.
   3.4 **Medical staff will:** Follow the procedure to treat people with IAD.

4. **DEFINITIONS**
   Incontinence Associated Dermatitis (IAD): inflammation of the skin associated with exposure to leaked urine or stool.

5. **PROCEDURE**
   - An appropriate skin care regime needs to be in place for all neonates and infants. Neonatal and infant skin is thinner than that of adults and produces fewer secretions and is therefore at greater risk of skin breakdown and IAD.
   - Avoid soap and water to reduce potential skin damage.
   - The recommended skin care regimen in patients with faecal incontinence includes a four step regimen of: **cleanse, moisturise, protect and contain**.
     - **i. Cleanse:** Ideally using a no rinse formulation such as incontinence or perineal cleansers, disposable wipes, or 3-in-1 sprays. Gentle mechanical actions to be used when cleansing, avoiding scrubbing or use of towels.
     - **ii. Moisturise:** Most cleansers contain moisturisers. An emollient is preferred to a humectants.
     - **iii. Protect:** Occulsive moisturisers such as: zinc oxide, dimethicone and petrolatum and protective skin barriers. Barrier films such as Cavilon No Sting barrier film may also be used. See appendix 1 for list of suggested barriers.
     - **iv. Containment:** Or diversion of urine and stool: containment devices include:
       - External collection devices such as male external catheters or anal pouches. Follow instructions as per manufacturers for techniques in application.
Absorptive incontinence pads must be changed frequently as they can ‘hold’ the faeces close to the skin precipitating the IAD.

Diversion of urine or stool may involve insertion of indwelling urinary catheter or indwelling faecal drainage system. Follow the manufacturer’s recommendations in the assessment and use of these devices.

When IAD is identified the regimen must be adjusted with the addition of a zinc based cream.

Creams are to be applied as per manufacturer’s instructions. See Appendix 1 for suggested creams.

If applied too thick creams can hinder the use of containment devices such as pads by blocking the absorption of urine or stool into the pad.

If skin is denuded and crème will not adhere a light sprinkling of ‘stoma powder’ HYDROCOLLOID POWDER to the area after cleansing will facilitate application of crème.

Do not use any products which contain alcohol on excoriated skin as this will cause extreme pain.

Avoid the use of dry toilet paper, opting for cleansers as outlined above.

Ensure assessment of pain.

Educate parents/carers on the management of IAD when appropriate.

Contact your wound/stoma or continence CNC should the above strategies have not been effective.

6. DOCUMENTATION

Wound Assessment and Management Form S0056

7. AUDIT

Not required

8. REFERENCES

8.1 External References

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<tr>
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<th>Reference</th>
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<tr>
<td>3</td>
<td>Guest, J., Greener, M., Vowden, K., Vowden, P 2011 Clinical and economic evidence supporting a transparent barrier film dressing in incontinence associated dermatitis and peri-wound skin protection, <em>Journal of Wound Care</em>, 20 (2), 76-84</td>
<td>I</td>
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<td>4</td>
<td>Joanna Briggs Institute 2007 Topical skin care in aged care facilities, <em>Best Practice</em>, 11 (3), 1-4</td>
<td>IV</td>
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</table>
8.2 Internal References
SESIAHS Procedure 275 Wound Management- Managing Pain at Dressing

SESLHN Procedure SESLHN/120 Hand Hygiene and Hand Care

SESLHN Procedure SESLHN/122 Linen - handling and supply

SESLHN Procedure SESLHNPD/112 Standard Precautions

9. REVISION & APPROVAL HISTORY

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<tr>
<th>Date</th>
<th>Revision No.</th>
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<tr>
<td>July 2012</td>
<td>Draft</td>
<td>ISLHD/SESLHD Wound Care committee</td>
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<td>August 2012</td>
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<td>Endorsed Greg Keogh Stream Director- Surgery, Anaesthetic and Per-Operative Services</td>
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<tr>
<td>September 2012</td>
<td>1</td>
<td>The SESLHD Clinical &amp; Quality Council endorsed the Wound Care – Incontinence Associated Dermatitis procedure, subject to the document being reformatted to a procedure, not a policy.</td>
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Appendix 1:

Prevention of IAD - for intact skin only in an incontinent patient before signs of IAD

- Cavilon no sting barrier film
- White paraffin

Treatment of IAD
Options for protective crèmes:

- **Calmoseptine**

  Apply a small amount to cover the area completely. Repeat after each bowel movement or when the skin becomes wet with urine or drainage. It is not necessary to remove all of the crème when soiling occurs, just where the crème has been removed as part of cleansing.

- **Critic durable barrier crème**

  Apply a small amount and gently rub into the skin. Reapply after each bowel movement or when the skin becomes wet with urine or drainage.

- **1, 2, 3 crème** made by pharmacy- recipe as follows:
  - Aluminium acetate 1 part
  - White paraffin 2 parts
  - Zinc 3 parts

  *1, 2, 3 crème needs to applied in a thick layer *not* rubbed into the skin

- **Sudocreme**

  Apply a small amount and gently rub into the skin. Reapply after each bowel movement or when the skin becomes wet with urine or drainage.

Removal of these barrier crèmes can be done using an appropriate skin cleanser. Mineral, vegetable, baby oil or olive oil may facilitate removal also.