Moisture-associated skin damage (MASD) pathway

Skin reactions following frequent episodes of incontinence can be very painful and increase the risk of pressure ulcers and infection. This pathway will guide the health care worker through the appropriate management of the patient's skin.

Nursing care plan

Carry out skin checks and reassessment of continence status, minimum twice daily for incontinent patients. Before changing to a specialist barrier product, a registered nurse assessment needs to be undertaken.

Review continence management regularly, if episodes of urinary or faecal incontinence continue seek advice of the bladder and bowel specialist service.

If secondary infection such as candidiasis (yeast), unusual skin changes, lesions or skin breakdown occur which do not improve with skin care, consider medical referral.

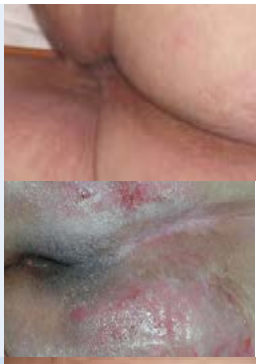
Ensure correct absorbency of pads used to avoid skin drying out. Only change pad if indicator three quarters full or if patient faecally incontinent.

Choose the most appropriate barrier film product to meet patient and environmental needs for example foam applicator or spray.

Follow local guidelines and document all actions in patient care plan.

Risk of severe and fatal burns with all emollients, including paraffin-free products. Resources to support safe use of emollients are available on the GOV.UK website.

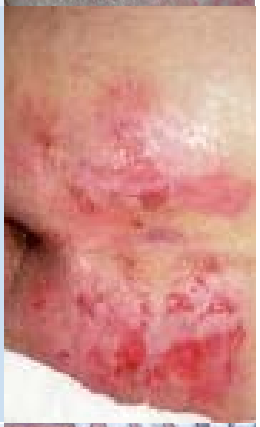
Prevention of mild MASD



Slight erythema present but no broken areas of skin.

- Wash skin with water and a soap substitute like Epimax Cream or Zerobase cream* or the patient's own emollient.
- Dry thoroughly.
- Registered nurse assessment required if MASD getting worse.
- Apply Conotrane cream sparingly after each episode of incontinence. Avoid using on patients with broken skin. If 100g of Conotrane is unavailable, alternatives are Zerolon, Drapolene.

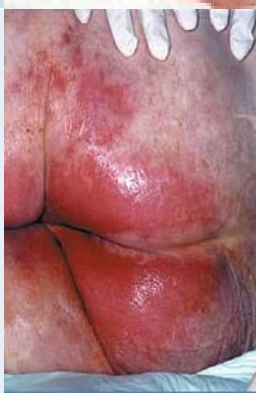
Prevention of moderate to severe MASD



Erythema present and pinprick pattern on skin evident.

- Wash skin with water and a soap substitute like Epimax Cream or Zerobase cream* or the patient's own emollient.
- Dry thoroughly.
- Registered nurse assessment required if MASD getting worse.
- Apply Medi Derma-S Barrier Cream daily (more frequent application may be needed if patient requiring frequent washing, for example every third wash or twice daily). A pea sized amount only required. It will cover an area approximately the size of the palm of the hand. A 28g tube is usually sufficient for a month. Can be used on broken skin.

Prevention of severe MASD



Excoriated, weeping skin, shallow island and satellite lesions may be visible.

- Wash skin with water and a soap substitute like Epimax Cream or Zerobase cream* or the patient's own emollient.
- Dry thoroughly.
- Registered nurse assessment required if MASD getting worse.
- Apply Medi Derma-S Barrier Film every 24 to 72 hours. Only use once a day.
- If condition of skin deteriorates then consider a more frequent application of the film.

* See NHS Kernow emollient prescribing guidelines for alternative choices on the Cornwall Joint Formulary.

Wash

Conotrane Cream

First line alternative

MEDI Derma-S Range
Total Barrier Cream and Total Barrier Film

Local resources

- **CFT continence care policy**
  https://intranet.cornwallft.nhs.uk/download.cfm?ver=44364
- **RCHT continence care policy**
  http://intra.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/General/ContinencePolicy.pdf

References

- **Beeckman D et al (2014), A systematic review and meta-analysis of incontinence-associated dermatitis, incontinence and moisture as risk factors for pressure ulcer development**: Research in Nursing and Health 37(3):204-18 published online in Wiley Online Library (wileyonlinelibrary.com)
- **Beeckman et al (2015), Proceedings of the global IAD expert panel. Incontinence asssociated dermatitis: moving prevention forward**. Wounds International available at www.woundsinternational.com
- **Ousey K, Bianchi J, Beldon P and Young T (2012), The identification and management of moisture lesions**. Wounds UK Supplement Vol 8 No 2.