

Assessment

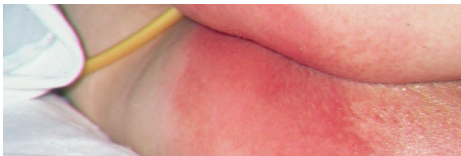
Carry out a full holistic assessment.
Consider: mobility, nutritional status, personal hygiene, sensitivities.
Moisture specific: continence, excessive perspiration, skin folds.

Patients with moisture lesions are at high risk of developing pressure ulcers therefore follow the pressure ulcer prevention pathway and trust policy.

Is the skin damage caused by:

1 Incontinence Associated Dermatitis (IAD)

Source of MASD: Urine and / or faeces
Erythema and inflammation of the skin, erosion and denudation can occur as result of exposure to urine and faeces



2 Intertriginous Dermatitis (MASD within skin folds)

Source of MASD: Perspiration +/- friction
Mild, mirror image erythema on each side of the skin fold. May have erosion and denudation as result of exposure to chronic perspiration and possibly friction



3 Periwound Dermatitis

Source of MASD: Exudate +/- adhesive skin stripping
Erythema and inflammation of skin within 4cm of wound edge, may show denudation or erosion



4 Peristomal and Peri-tube Moisture Associated Dermatitis

Source of MASD: Bodily fluids e.g. urine, faeces, gastric
Inflammation and erosion of skin related to moisture from bodily fluids such as urine, faeces, gastric fluids and saliva



Management

1 Incontinence Associated Dermatitis (IAD)

- ▶ Ensure a full continence assessment has been completed
- ▶ Refer to Incontinence Skin Care Pathway



2 Intertriginous Dermatitis (MASD within skin folds)

- ▶ Examine entire area of the skin folds, including base
- ▶ Gently lift the fold without creating or exacerbating traction and fissure formation
- ▶ Avoid products containing chlorhexidine gluconate, alcohol, or perfumes as these can be absorbed by damaged skin
- ▶ Measures to ensure the continued drying of the skin fold must be a primary treatment strategy
- ▶ Cavilon No Sting Barrier Film to be applied every 24 hours. Frequency can be reduced to 48-72 hours in line with skin improvement
- ▶ If symptoms persist contact TVN service



3 Periwound Dermatitis

- ▶ Base dressing choice on exudate levels
- ▶ Consider the potential for wound infection
- ▶ If the wound is not healing or progressing, further investigation may be required to establish co-morbidities
- ▶ Protect peri-wound area from further breakdown, maceration and adhesive trauma. Apply Cavilon No Sting Barrier Film at every dressing change or as per protocol



4 Peristomal and Peri-tube Moisture Associated Dermatitis

- ▶ Consult Stoma Nurse specialist for guidance on appliances
- ▶ Protect peri-stomal/peri-tube area from further breakdown, maceration and adhesive trauma. Apply Cavilon No Sting Barrier Film at every pouch/appliance change or as per protocol



2 3 4 Once skin condition has resolved, discontinue use of Cavilon No Sting Barrier Film unless patient continues to be at high risk of skin breakdown

For clinical guidance please contact Tissue Viability Service: kcht.tissueviability@nhs.net or 01795 562190. Pathway available via Flo on the Tissue Viability Page
For training and support on Cavilon Skin Care Products please contact 3M training/support team at C3SD@mmm.com or 0330 0538938
For training and support on Proshield Products please contact H&R training /support team at emma.lloyd@hrhealthcare.co.uk