



Incontinence-associated Dermatitis

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Introduction

- Incontinence-associated dermatitis (IAD) is a form of moisture-associated skin damage that results from prolonged exposure to urine and/or stool in the buttocks, hips, sacrum and perineal regions
- The appearance of IAD can vary based on the individual, so a focused assessment is key
- Prevention and management can be achieved through toileting schedules, bowel and bladder training, BWAP, diversions, dietary modifications and medications
- *Candida albicans* is a fungal infection caused by yeast and is often found in individuals with incontinence issues and IAD
- Candidiasis can be managed with antifungal powders, creams and ointments. Secondary topical measures may be needed

IAD versus pressure injury

Incontinence-associated dermatitis

- Moisture-associated damage
- Can be from urine, stool or both
- Buttocks, sacrum, hips, & perineum
- Lacks clear, distinct edges
- Superficial wounds
- "top down" injury

Pressure Injury

- Injury from prolonged exposure to pressure
- Over a bony prominence or medical device
- Clear edges
- "bottom up" injury

Incontinence-associated dermatitis



Go.gale.com

Pressure Injuries



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Assessment of IAD

- ▶ Assessment components: risk factors, cause, color, location, distribution, color, condition of skin, discomfort, & level of incontinence
- ▶ Cause: stool, urine or both?
- ▶ Color: Fitzpatrick scale of 1-6
- ▶ Condition of skin: closed or open (erosions)
- ▶ Presence of fungal or yeast infection
- ▶ Level of incontinence: grossly or lightly incontinence

The Fitzpatrick Scale

					
TYPE I Light, pale white	TYPE II White, fair	TYPE III Medium, white to olive	TYPE IV Olive, moderate brown	TYPE V Brown, dark brown	TYPE VI Black, very dark brown to black
Always burns, never tans	Usually burns, tans with difficulty	Sometimes mild burn, gradually tans to olive	Rarely burns, tans with ease to a moderate brown	Very rarely burns, tans very easily	Never burns, tans very easily, deeply pigmented

Management Plan: Prevention



- ▶ Prevention of IAD should focus on reducing or eliminating incontinent episodes
- ▶ Toileting schedules, bowel & bladder training programs
- ▶ Medications and dietary modifications
- ▶ BWAPs and durable medical equipment

Management Plan: Treatment



PureWick™ Female External Catheter

<https://www.healthproductsforyou.com/p-convatec-flexi-seal-signal-fecal-management-system-kit.html>

- ▶ Basic elements: cleanse, moisturize and protect the skin
- ▶ pH balanced no-rinse cleansers with a surfactant to reduce friction
- ▶ External urinary containment devices
- ▶ BWAPs
- ▶ Fecal management systems and external fecal pouches
- ▶ Limit layers of pads and linens

Candida albicans

- ▶ *Candida albicans* is a yeast commonly causing fungal infections in those with incontinence
- ▶ Outer layer of skin pH 5.6 but lowered in the presence of urine
- ▶ Fecal enzymes then cause skin erosions, increasing the risk for colonization
- ▶ Appears as a red maculopapular rash with satellite lesions



Treatment of Candidiasis

- ▶ Topical antifungals: nystatin, miconazole
- ▶ Systemic antifungals
- ▶ Powder, cream or ointment
- ▶ Monitor antibiotic use



Medipond.com



<https://www.goodrx.com/nystatin/what-is>



<https://www.webmd.com/drugs/2/drug-8684-612/nystatin-topical/nystatin-topical/details>

Nursing management of diarrhea



Insider.com

- ▶ External rectal pouch
- ▶ Fecal management system
- ▶ Intra-anal devices (rectal trumpet & rectal tube)
- ▶ Absorbent pads and briefs
- ▶ Pastes, ointments & liquid skin barriers
- ▶ IV fluids, oral intake
- ▶ BRAT diet
- ▶ Bulk-forming supplements

Summary

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References

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