

NURSING MANAGEMENT OF INCONTINENCE- ASSOCIATED DERMATITIS (IAD)

Bessann Muuo-
Wambua, MBA, MSN
(c), RN, DNS-CT, QCP,
CPC, CPPM

INTRODUCTION

Purpose- To present nursing management of IAD to staff nurses

An important topic for a number of reasons

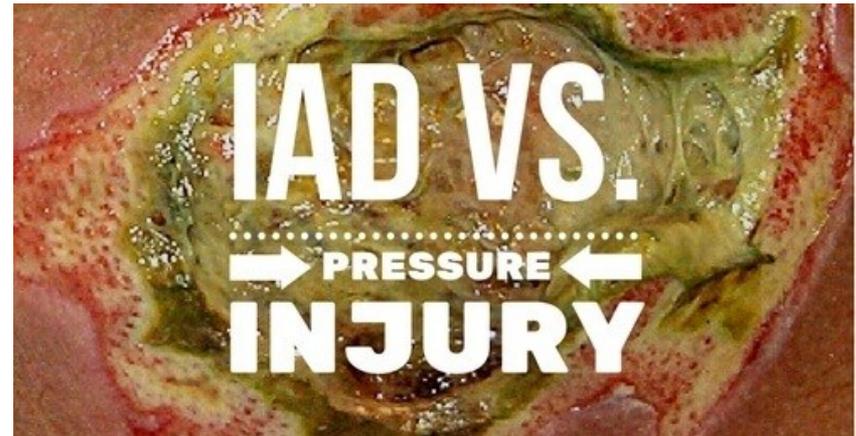
Specific reasons

- Nurses act first
- IAD management needs multi-disciplinary
- Comprehensive understanding of skin care needed.



DIFFERENCES BETWEEN IAD AND A PRESSURE INJURY

	IAD	Pressure injuries
Location	Typically affects perineal area, buttocks, and inner thighs	Can occur in any area of the body subject to prolonged pressure
Cause	Exposure to moisture and irritants from urine or feces	Mechanical forces such as pressure or shear
Appearance	Erythema, skin maceration, and erosion	Range from mild erythema to full-thickness skin loss, muscle, or bone involvement
Prevention	Maintaining proper skin care, avoiding prolonged moisture and irritants	Maintaining proper skin care, avoiding prolonged pressure
	Gentle	Specialized wound care



PARAMETERS IN A FOCUSED ASSESSMENT FOR IAD

- ❑ Assessment needed- if patient at risk/symptoms present
- ❑ Purpose-identify extent and severity of the skin damage.
- ❑ Parameters to consider
 - A) Skin integrity- signs of erythema etc.
 - B) Location and distribution- mainly the perineal area, buttocks, and inner thighs.
 - C) Severity- Severity of skin damage and level of pain or discomfort.



PARAMETERS IN A FOCUSED ASSESSMENT FOR IAD (CONT'D)

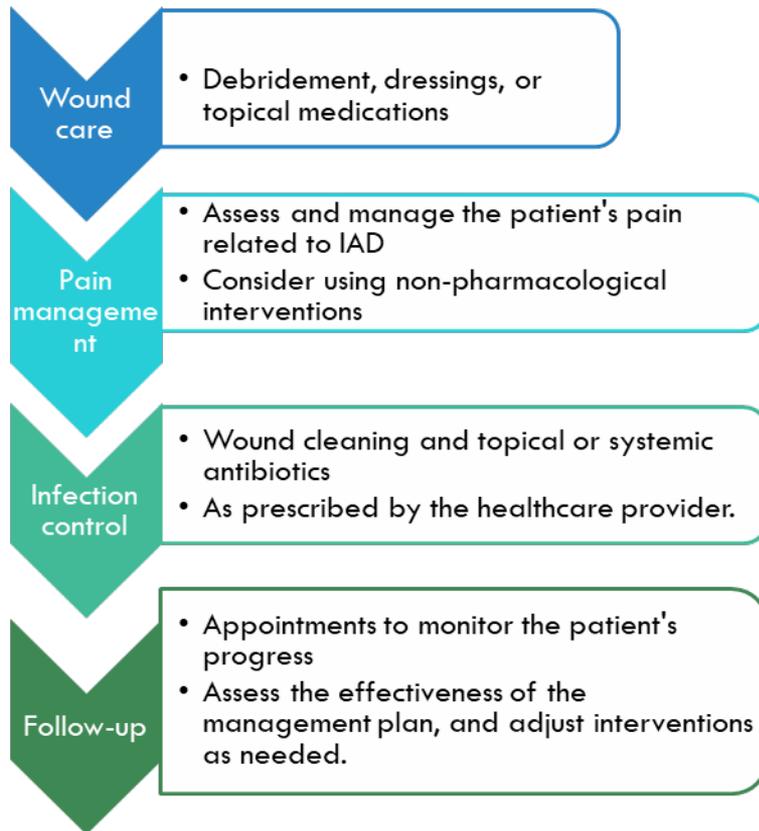
- D) Incontinence management- product used, frequency of changes
- E) Contributing factors- impaired mobility, malnutrition among others.
- F) Patient history- Any previous IAD history and allergies.
- G) Wound assessment- depth, size, drainage
- H) Patient's level of mobility
- I) Skin care routine- Use of soap, moisturizers, and other skincare products



WOC NURSING MANAGEMENT PLAN FOR PREVENTION OF IAD



WOC NURSING MANAGEMENT PLAN FOR TREATMENT OF IAD



CHARACTERISTICS OF A CANDIDA ALBICANS SKIN INFECTION

Redness: Inflammation, shiny skin

Itchiness: Can be accompanied by burning sensations

Rash: Can be flat or raised

Scaling: May appear dry or cracked.

Satellite lesions: Small, separate areas of infection

Moisture: thrives in moist environments, *Foul odor:* Due to the breakdown of skin cells by the yeast



EVIDENCE-BASED INTERVENTIONS IN THE TREATMENT OF CANDIDA ALBICANS

- ❑ Antifungal medication-fluconazole, itraconazole, and amphotericin B
- ❑ Probiotics- Lactobacillus acidophilus and Bifidobacterium bifidum particularly effective
- ❑ Dietary changes-low-sugar diet and diet low in carbohydrates.



NURSING INTERVENTIONS TO MANAGE DIARRRHEA

- ❑ Assess the patient- frequency and severity of the diarrhea, symptoms such as abdominal pain.
- ❑ Monitor fluid and electrolyte balance
- ❑ Implement dietary changes.
- ❑ Administer medications- e.g antibiotics
- ❑ Provide skin care



SUMMARY

- ❑ Presentation focused on nursing management of IAD and main differences between IAD and pressure injuries.
- ❑ Parameters in a focused assessment for IAD.
- ❑ A WOC nursing management plan for prevention of IAD. Characteristics of a Candida Albicans skin infection discussed
- ❑ Evidence-based treatment for Candida Albicans skin infection discussed
- ❑ Diarrhea management discussed



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