

NURSING MANAGEMENT OF INCONTINENCE ASSOCIATED DERMATITIS

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INTRODUCTION

What is IAD



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graph TD; A[What is IAD] --> B[IAD vs pressure injury]; B --> C[Managing IAD]; C --> D[Treatment of infections secondary to IAD]; D --> E[Managing diarrhea];
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IAD vs pressure injury

Managing IAD

Treatment of infections secondary to IAD

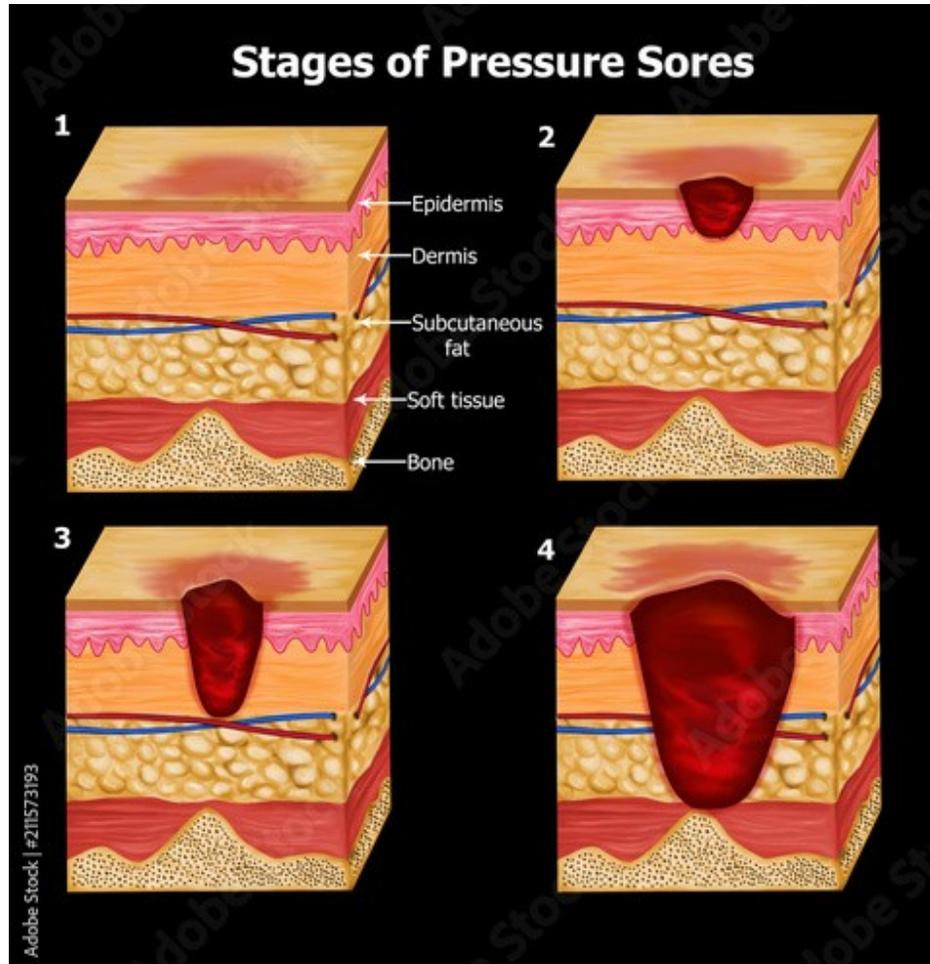
Managing diarrhea



WHAT IS IAD?

- Form of moisture associated skin damage
- Caused by exposure urine or feces due to incontinence
- Other risk factors
 - Poor hygiene
 - Impaired mobility
 - Poor nutrition
 - Poor skin condition

IS IT IAD OR IS IT PRESSURE INJURY?



- IAD
 - Discoloration of skin
 - Patchy, weepy or moist skin
 - Occurs on thighs, buttock, lower abdomen
- Pressure injury
 - Caused by prolonged or intense pressure
 - Occurs over bony prominence or from medical devices
 - Can extend from superficial to deep tissue

ASSESSING THE PROBLEM



Skin should be assessed daily or more often if needed



Occurs in any area exposed to urine or stool



Patients may experience itching or burning



IAD can progress rapidly

Pink or red erythema to eroded weepy skin

MANAGING IAD

- Assess the patient for cause of incontinence
 - Some causes may be reversible
 - Urinary retention, medications, mobility issues
- Provided assistive devices
 - Bedside commode, walker
- Body worn absorbent products
 - Pads, depends
- External containment devices



MANAGING IAD CONTINUED

- Skin care
 - Skin should be cleansed after each incontinence episode
 - Use pH balanced cleanse and gentle technique
 - Consider use of skin protectants
- Once a management plan is in place, all caregivers should follow it to maintain consistency for care of the patient's skin





CHARACTERISTICS OF CANDIDA ALBICANS SKIN INFECTION

- Normal flora found on the skin
 - Overgrowth occurs when normal flora is disrupted causing infection
- Patients at high risk
 - Immunosuppressive agents, corticosteroids, diabetes
- Presentation
 - Red rash, papules or pustules

TREATMENT OF CANDIDA ALBICANS SKIN INFECTION

- Topical antifungal treatment
 - First line treatment
 - Topical antifungal powder
 - Used on macerated, wet or weepy skin
 - Topical antifungal creams and ointments
 - Can be used on patients with dry skin
- Oral antifungal medication
 - Used for infections resistant to topical treatment
 - Obese patients may require a higher dose



TREATMENT OF CANDIDA ALBICANS SKIN INFECTION CONTINUED

- Candida albicans present in skin folds
 - Skin fold should be cleansed and dried
 - Moisture wicking fabric with antimicrobial silver
 - Placed into base of skin fold and should extend at least two inches out
 - Use should be continued after infection has cleared as a preventative for reoccurrence



MANAGING DIARRRHEA



- Find the cause of the diarrhea
 - *C. diff*, foods irritating to the patient's gastrointestinal tract
- BRAT diet
 - Bananas, rice, applesauce, toast
- Absorbent products
- External or internal management devices
 - External fecal pouch (noninvasive)
 - Internal bowel management device (invasive)
- Skin care

SUMMARY

IAD can affect a patient's quality of life and self image

Maintain a consistent management program

Continue assessing patients' skin throughout treatment

Assess for secondary infections

Prevent and maintain through skin care

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