

For clinical advice please contact your Tissue Viability Team following the appropriate referral protocol.

For training and support on Cavilon Skin Care Products please contact 3M training/support team at MSD@mmm.com or 0330 0538938.

For training and support on Medi Derma S Barrier Cream please contact Clinical Nurse Advisor Julie Bateman-Limmer 07469 151304 or Territory Manager Ingrid Foster 07717 847330.

**IAD Severity Categorisation Tool taken from Beeckman D et al. Proceedings of the Global IAD Expert Panel. Incontinence-associated dermatitis: moving prevention forward. Wounds International 2015.

















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Incontinence skin care pathway B

This pathway is for patients/residents at risk or with existing skin damage due to the effects of incontinence (urine and/or faeces) on the skin.

Step down

Step up

Clinical presentation**		Cleansing the Skin	Apply a Skin Protectant	When to use	How much to use
Prevention	At risk of skin damage as patient is incontinent No redness and skin intact 	Always wash skin with water and a soap substitute such as Dermol 500 lotion – also after each episode of incontinence	 Medi Derma S	 After every 3 rd wash or morning and night	 Apply Medi Derma S in pea-sized amounts and apply a thin even layer
	Mild Red* but skin intact <small>* Or paler, darker, purple, dark red or yellow in patients with darker skin tones.</small> 		 Medi Derma S	 After every 3 rd wash or morning and night	 Apply Medi Derma S in pea-sized amounts and apply a thin even layer
	Moderate Red* with skin breakdown <small>* Or paler, darker, purple, dark red or yellow in patients with darker skin tones.</small> 		 Cavilon No Sting Barrier Film	Apply daily (Does not need re-applying after each wash or incontinence episode as barrier protection will last for 24 hours)	 Apply an even coat of film to the entire area to be treated
Moderate to High risk - Please refer to Tissue Viability with a photograph for further advice and support					
Management	High risk of incontinence associated dermatitis (IAD) development e.g. liquid stool or infective diarrhoea 	Cleanse the skin with a pH balanced no-rinse liquid skin cleanser or warm water and soap substitute	 Step up to Cavilon Advanced or alternative, as per local protocol, for 2 weeks, then review	 2 x per week	 Apply an even coat  Allow to dry for at least 30 seconds or touch dry

Important considerations

- Ensure a full continence assessment has been completed
- Refer to TVN if infection is suspected. Cavilon Skin care products should not be used on infected skin
- Follow the step up and step down approach - always ensure the product used is appropriate to the condition of the patient's skin and if no improvement after 72hrs consider stepping up the pathway