

## ***Skin Care Guidelines for Prevention And Management of Moisture Damage to The Skin***

### **General guidance**

The first Line management in the prevention of moisture related skin damage should be good skin care with a soap substitute and emollients

1. The use of soap is not recommended as it changes the protective mechanism of the skin by changes Ph (acid mantle) of the skin. which can cause irritation and dryness of the skin, making it more susceptible to damage in vulnerable or elderly, this may predispose them to skin damage:
2. For patients who are incontinent of Urine or faeces or both they should have had a comprehensive continence assessment to identify the underlying cause.
3. Continence pads must be worn on the body following a continence assessment of their need, not laid underneath the patient.

**Not all patients who are incontinent require a barrier cream if their skin integrity is maintained with a simple emollient i.e. Zeroderm**

### **Indications (see individual product**





1. Preventing skin irritation and maceration caused by:
  - rubbing/friction
  - bacteria/yeast
  - moisture from sweat/wound exudate/urine/faeces
2. Preventing moisture- or incontinence-associated dermatitis in high risk patients' e.g. very acidic urine, diarrhoea, sweat, faeces.
3. Not all incontinent patients will require a barrier cream; professional judgement is required.
4. Barrier creams are **NOT** recommended around stomas as the majority will reduce adhesion of bags/flanges
5. For protection around stomas barrier film products are recommended

### **General rules for skin protection**




1. Remove irritants from skin and protect further exposure.
2. Clean affected skin with water with a soap substitute. i.e. Zeroderm
3. Control symptoms and treat underlying cause e.g. treat eczema, fungal infection, malnutrition.
4. Only one product needed per resident/per patient
5. Do not share products between residents/patients
6. Some products will last between 12 hours (Barrier cream) to 72 hours (Barrier film) resist wash-off therefore reducing the number of applications needed.

### **Prescribing Points**

1. Query requests for large quantities; barrier cream is highly concentrated, and small amounts of cream will cover a large skin area.
2. Barrier creams should be applied very sparingly so that skin can be seen beneath. See guidance
3. Is the skin intact or broken / excoriated?- Treating broken skin damage from incontinence or corrosive body fluids to be assessed by a registered healthcare professional or referred to the Tissue Viability Service for further guidance.

Skin barrier product guidance for the prevention and management of moisture damage to the skin				
Skin type	When to use	Product to use	Intervention	Review
<b>PREVENT</b> <b>Skin intact – At risk</b> First Line 	Patient has incontinence or has an excessive sweating problem. Healthy, <u>intact skin</u> but patient has been assessed as ‘at risk’ of skin damage secondary to moisture. No redness.	<b>Soap substitute</b> <b>Simple emollient</b> <b>i.e ZERODERM</b>	Maintain skin hygiene and emollients  Replace pads when indicated as per continence assessment	If the skin shows signs of redness from moisture go to second line
<b>PROTECT</b> <b>Mild Excoriation</b> Second Line  	Mild excoriation with blanching redness Chaffed or mild cracked skin No open skin or bleeding.  Excoriation / maceration of per-wound skin from wound exudate	<b>For dry skin</b> <b>MEDI-DERMA -S</b> <b>Medical Barrier cream</b>  <b>For wet Skin</b> <b>MEDI-DERMA – S</b> <b>Barrier film</b>	Use an emollient for dry skin and manage the associated signs and symptoms of incontinence skin damage/moisture lesions Apply a pea size amount to each buttock to the skin morning and evening  Apply every 72 hours / 1 daily Do not apply more than once a day, as this will reduce the ability of the skin to breathe	Use product for 2 weeks, if redness remains but the skin condition is improving continue for a further 2 weeks.  If Signs and symptoms have subsided Move to Level 1.  If skin condition deteriorates at any time consider level 3  Consider underlying cause and management of exudate following wound /leg ulcer assessment.
<b>REPAIR</b> <b>Extensive excoiraiation or broken skin</b> Third Line 	Spreading erythema. Extensive excoriation. Up to 50% of affected skin is broken.  Associated with urinary and faecal incontinence  Oozing / bleeding may be present. High bacterial load is usually present. There may be fungal involvement , consider anit-fungal cream	<b>To Be used together as part of a treatment plan</b> <b>MEDI-DERMA-S Foam &amp; Spray incontinence Cleanser</b>  <b>MEDI-DERMA Pro skin protectant</b>	Use Medi-Derma S cleanser to manage the associated signs and symptoms of incontinence skin damage/moisture lesions  Assess the underlying cause of faecal incontinence  Apply Medi –Derma Pro thickly After each incontinent episode	Use product for 2 weeks and re-assess. If no signs of improvement, TVN guidance is required.  If skin improves, continue use until product tube is empty,  Return to level 2 or 1, depending on skin condition.  <b>Not be prescribed on repeat prescription</b>

## Prescribing information for Barrier skin products

Skin barrier		
<p><b>Medi-Derma-S Barrier Film</b>            1ml foam applicator - 362-8724            3ml foam applicator -362-8716  <b>Spray</b> 30ml  <b>Wipes</b> ( Box 30) suitable around stoma's (this should normally be supplied by stoma company)  <b>341-3184</b></p>		<p><b>Characteristics</b>            Barrier Film is a silicone-based, long-lasting, non-sting medical grade liquid which forms a protective uniform film when evenly applied to the skin</p> <p><b>Indications for use</b>            Barrier Film provides long lasting barrier protection on <b>mild/moderate wet skin damage</b>. Its barrier properties protect damaged and intact skin from the harmful effects of moisture, irritants and from potential skin damage that may be caused from the application of adhesive wound dressings or wound wit high level of exudate. It is intended for use as a primary barrier against wound exudate</p> <p><b>Method of application</b>            Apply to the surrounding peri-wound skin for patients at risk of skin damage from exudate or excoriated skin (can be used around a stoma) every 72 hours</p> <p><b>Caution</b>            Do not use of infected skin or where signs of irritation form the product.  <b>DO NOT APPLY MORE THAN ONCE A DAY – recommended every 3 days (72Hours)</b></p>
<p><b>Medi-Derma-S Medical barrier cream</b>            28g tube- 388-3121            90g tube- 341-3325</p>		<p><b>Characteristics</b>            Barrier Cream moisturises and protects damaged and intact skin by forming a protective waterproof barrier, preventing irritation from bodily fluids, adhesive products and friction Can be used underneath incontinence pads as it does not block pad absorption</p> <p><b>Indications for use</b>            Use a Barrier cream to manage the associated signs and symptoms of incontinence skin damage/moisture lesions, barrier protection on intact skin or for mild skin damage</p> <p><b>Method of application</b>            Apply a pea size to the skin <b>twice daily</b> (to each buttock) may be required more frequently if faecal incontinent after each incontinent episode.</p> <p><b>Cautions</b>            Do not use on infected skin or signs of irritation form the product</p>
<p><b>Medi-Derma Pro Foam &amp; Spray Cleanser</b>            119g (prescription required)  <b>399-6923</b></p> <p><b>Medi-Derma Pro skin protectant ointment – TVN Guidance</b>            (Proshield alternative)  <b>Prescription required</b>            115g tube- 399-6931</p>		<p><b>Foam cleanser</b>            To be used to remove faecal matter form the skin, spray onto the skin or use a disposable cloth to form foam, gently wipe to remove, no rinsing required.</p> <p><b>Characteristics</b>  <b>Long Lasting Protection</b>– Resilient, hydrophobic protective barrier from moisture associated skin damage, 'Tacky' consistency ensures the ointment adheres well to moist skin and wounds. Can be used underneath incontinence pads as it does not block pad absorption.</p> <p><b>Indications for use</b>            For moderate to severe moisture related skin damage, moisture lesions and Category 2 pressure ulcers to the sacrum</p> <p><b>Method of application</b>            Apply a thick layer to the damaged skin at <b>each incontinent episode</b>.</p> <p><b>Cautions</b>            As above</p>