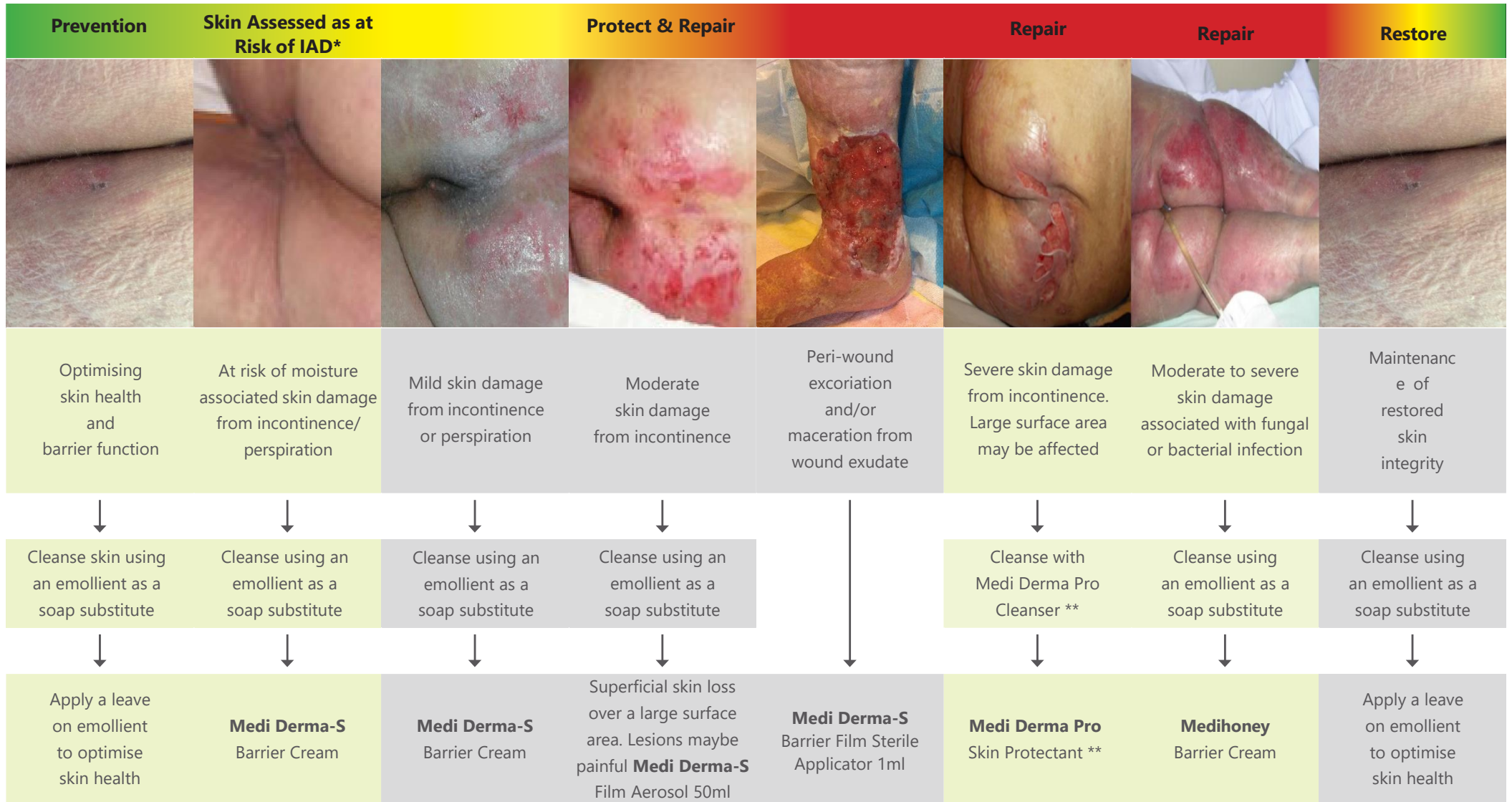


Skin Barrier Management Pathway



Oxfordshire Community Tissue Viability Service
...we have your skin covered

*IAD (Incontinence Associated Dermatitis). Refer to guidance on reverse of pathway.

** Proshield Ointment & Foam and Spray Cleanser remain available

Skin Barrier Management Pathway

This pathway is to assist health care practitioners in making clinical decisions relating to moisture associated skin damage or incontinence associated dermatitis (IAD). The colour bar across the top is indicative of the severity of the moisture damage. *All products require a prescription.* This pathway recommends a step up and step down process and therefore products in amber and red should not be put on a repeat prescription. The objective is to manage the cause of the moisture as well as to treat the condition. All products listed are indicated for use with continence products and do not inhibit the absorbency of the pad. Refer to the wound care formulary for further information. Further copies of this and other resources can be found on our website www.oxfordhealth.nhs.uk/tissue-viability

Action to be taken

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| <p>1 Skin health and integrity should be assessed regularly and documented within the patients' notes. Discussion with patient/carers should be had about good skin care, promoting emollient soap substitutes and effective drying of skin, patting rather than rubbing.</p> | <p>7 Adhesive dressings should be avoided to treat moisture damage associated with incontinence as this may cause skin stripping, leading to further inflammatory skin damage, oedematous changes and further deterioration to skin barrier function.</p> |
| <p>2 Skin should be assessed for risk of moisture damage. This may be associated with perspiration, incontinence, and wound exudate.</p> | <p>8 If the peri-wound skin has been assessed as requiring protection from exudate then the indicated product should be used for 2 weeks and then reviewed. If after this review there is no improvement advice should be sought from tissue viability.</p> |
| <p>3 Before implementing a treatment pathway, attempts to address cause of moisture should be made. This may include:</p> <ul style="list-style-type: none"> • Removing/reducing use of incontinence sheets where not needed. • Reassessing continence products currently in use. • Stepping up absorbency of dressings | <p>9 Products Amber and Red should not be on repeat prescription.</p> |
| <p>4 Following your full continence assessment, if incontinence is still not managed effectively, seek advice and support from Bladder & Bowel service.</p> | <p>10 A Barrier Film 1ml Applicator will cover the size of an A5 sheet of paper and should only be used when the peri-wound skin has been assessed as AT RISK. This should NOT be used routinely. The barrier spray should only be used on larger areas of skin damage such as sacral areas.</p> |
| <p>5 Moisture related skin damage is more prone to pressure damage. Consider this as part of your pressure ulcer risk assessment.</p> | <p>11 Medihoney Barrier Cream is indicated when skin damage is due to or being complicated by a high Bacterial/fungal load. If condition doesn't resolve within a week then an antifungal cream should be considered. It is recommended that advice is sought from Tissue Viability if clinicians can't determine the cause.</p> |
| <p>6 To reduce risk of skin damage emollients should be used as first line in order to promote skin health and an effective barrier function.</p> | <p>12 Medi Derma Pro is for deeper moisture related ulceration which has not been managed by any other treatments. This may be used for complex patient and wound factors which cannot be resolved and has the potential to deteriorate. Medi Derma Pro Foam and Spray Cleanser must be used to remove residual Medi Derma Pro and therefore will also need prescribing **</p> |

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