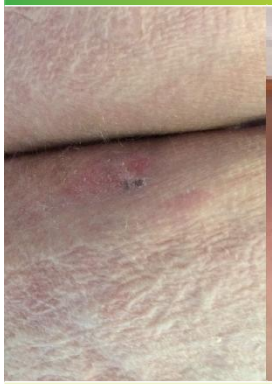
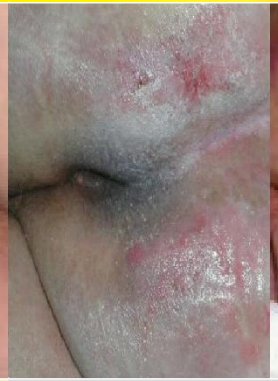
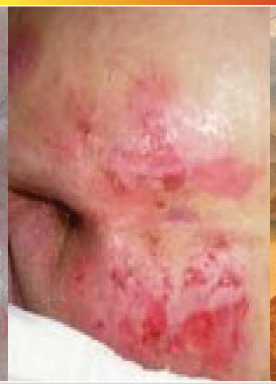
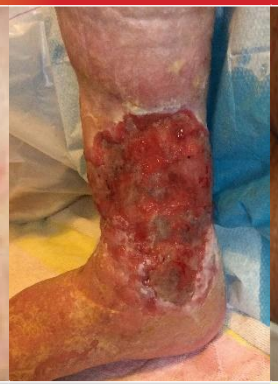
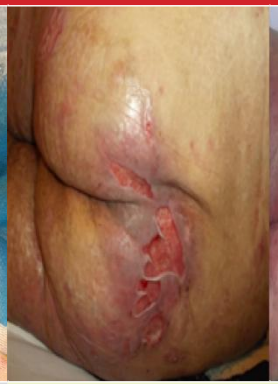
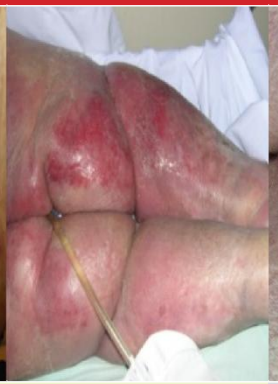
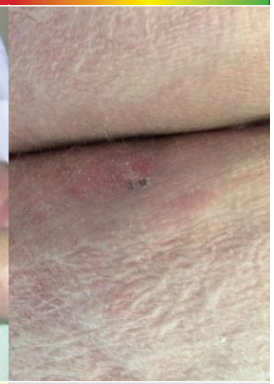
Skin Barrier Management Pathway

Prevention	Skin Assessed as at Risk of IAD*	Protect & Repair		Repair	Repair	Restore
							
Optimising skin health and barrier function	At risk of moisture associated skin damage from incontinence/ perspiration	Mild skin damage from incontinence or perspiration	Moderate skin damage from incontinence	Peri-wound excoriation and/or maceration from wound exudate	Severe skin damage from incontinence. Large surface area may be affected	Moderate to severe skin damage associated with fungal or bacterial infection	Maintenanc e of restored skin integrity
↓	↓	↓	↓	↓	↓	↓	↓
Cleanse skin using an emollient as a soap substitute	Cleanse using an emollient as a soap substitute	Cleanse using an emollient as a soap substitute	Cleanse using an emollient as a soap substitute		Cleanse with Medi Derma Pro Cleanser **	Cleanse using an emollient as a soap substitute	Cleanse using an emollient as a soap substitute
↓	↓	↓	↓	↓	↓	↓	↓
Apply a leave on emollient to optimise skin health	**Medi Derma-S** Barrier Cream	**Medi Derma-S** Barrier Cream	Superficial skin loss over a large surface area. Lesions maybe painful **Medi Derma-S** Film Aerosol 50ml	**Medi Derma-S** Barrier Film Sterile Applicator 1ml	**Medi Derma Pro** Skin Protectant **	**Activon Manuka Honey** Barrier Cream	Apply a leave on emollient to optimise skin health

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

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 are available via HALO.* This pathway recommends a step up and step down process. 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

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	**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.
2	Skin should be assessed for risk of moisture damage. This may be associated with perspiration, incontinence, and wound exudate.	**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.
3	Before implementing a treatment pathway, attempts to address cause of moisture should be made. This may include: • Removing/reducing use of incontinence sheets where not needed. • Reassessing continence products currently in use. • Stepping up absorbency of dressings.	**9**	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.
4	Following your full continence assessment, if incontinence is still not managed effectively, seek advice and support from Bladder & Bowel service.	**10**	Activon Manuka Honey 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.
5	Moisture related skin damage is more prone to pressure damage. Consider this as part of your pressure ulcer risk assessment.	**11**	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 issuing.
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.		