Early identification of those patients at risk for MRSA positive. Initial assessment showed intact skin.

An unresponsive 43-year-old BF was admitted to ICU. Medical history included diabetes, malnutrition, and cachexia (87 lbs.) and admission labs showed a nl range 3.5 – 5.0. Stool cultures were positive for MRSA. The patient was incontinent with large, loose stools. Due to persistent diarrhea, perineal care with disposable washcloths premoistened with a rinse-free cleanser and 3% dimethicone skin protectant (Comfort & Care) was started on Day 3 of the patient's hospitalization. The patient continued to have frequent bowel movements through the remainder of her hospitalization (Figure 2). The patient continued to have frequent (3 to 4 times per day) incontinence.1

The following case study presents a patient at risk for developing and sustaining perineal dermatitis (Figure 1).1,2

Case study presents the guideline for the perineal risk factors associated with perineal dermatitis while their outcomes with the risk of skin break down for further perineal assessment tools.

Tissue incontinence, impaired sensory perception or pain, and other associated risk factors can have unfavorable outcomes if managed poorly. Even those patients at greatest risk for skin breakdown, aggressive and early intervention can be key to preventing substantial skin damage.

A randomized controlled trial of 400 patients with multiple incontinence and acute or chronic wounds showed that washcloths were significantly more effective than wipes in maintaining skin integrity and reducing the occurrence of new skin breakdown in those patients who used washcloths.2

**ABSTRACT**

**INTRODUCTION**

Frequent stool in patients with multiple comorbidities and care challenges, the washcloth with skin cleanser and 3% dimethicone skin protectant resulted in the maintenance of skin integrity throughout the patient stay. The patient continued to have frequent bowel movements through the remainder of her hospitalization (Figure 2).

**METHODOLOGY**

Patients on isolation suffered from frequent episodes of local management should be assessed very closely. Despite the patient’s high risk for skin breakdown, the patient maintained skin integrity with no redness noted until discharge on Day 10.

**RATIONALE**

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CARE PLAN

**CARE PLAN**

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**RESULTS**

The patient continued to be frequent bowel movements throughout her hospitalization (Figure 2) and was transferred to the medical unit on Day 10 of Patient’s discharge hospitalization. Care for the patient on the medical unit was a challenge due to incontinence problems and pressure sores. The patient continued to have frequent bowel movements through the medical unit discharge on Day 10.

**CONCLUSION**

The goal of patient-centered nursing care is to provide early interventions post-incontinent episodes in the maintenance of skin integrity.1

The patient presented with additional risk factors and isolation precautions. A Foley catheter was inserted and a nasogastric (NG) tube placed for nutritional therapy.

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**MEETING OF PERINEAL SKIN INJURY IN A HIGH RISK PATIENT**

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