Protecting Patients’ Skin With The Reduction Of Incontinence-Associated Dermatitis
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OBJECTIVE

Incontinence has been referred to as a risk factor for pressure-related breakdown by many authors, with uncontrolled urinary incontinence resulting in the skin being exposed to excess moisture and a potentially altered pH, and uncontrolled fecal incontinence associated with an increased likelihood with uncontrolled urinary incontinence resulting in the skin being exposed to excess moisture and a potentially altered pH. Incontinence-associated dermatitis (IAD) is defined by Mikal Gray as “inflammation of the skin that occurs when urine or stool comes into contact with perineal or perigenital skin.”

A recent consensus document produced by Gray et al states it is advisable to implement an interventional skin care regimen as a universal precaution to prevent moisture-associated skin damage. In 2011, Beeckman et al published step-by-step guidance for preventing IAD which described 3 steps of prevention: 1) gentle cleansing of the perineal and perigenital skin; 2) application of a moisturizer; and 3) application of a skin protectant. Beeckman and colleagues also stated that multiple studies have reported a single-step intervention, which combines cleansing, moisturizing, and skin protection, can maximize caregiver efficiency and adherence to a skin care regimen.

Our 87-bed acute and complex continuing care facility recognized the need to implement evidence-based best practices for a skin care regimen in incontinent patients. The objective of our study was to observe the prevalence and incidence of IAD in our facility before instituting the use of all-in-one barrier cloth, and compare the results of the historical baseline to a post-intervention period.

METHODS

A pre-intervention point-prevalence survey was conducted with skin assessments conducted on incontinent patients over 3 separate days on two units (medical, surgical, and rehabilitation). The survey captured the following data points: total census, number of patients incontinent, number of patients with IAD, number of patients with IAD present on admission, facility-acquired pressure ulcers (FAPU), and pressure ulcers present on admission. Three point-prevalence surveys were conducted over the ensuing 6 months to assess all data points.

A fifth point-intervention point-prevalence survey was conducted after 6 months of the intervention, and a comparison was made with the pre-intervention survey.

RESULTS

The pre-intervention IAD prevalence survey revealed that of the 10 patients surveyed, 23 were incontinent. Of the 23 incontinent patients, 9 developed IAD, which correlates to an IAD rate of 39%. The patients were also examined to see if they had pressure ulcers (PU), and 6 of the 9 patients that had IAD, had their condition progress to a PU. This demonstrates that 67% of the patients with IAD had their condition progress to a PU.

The post-intervention IAD prevalence survey revealed that of the 60 patients surveyed, 33 of them were incontinent. Of those 33 incontinent patients, 20 developed IAD and there were NO PU that developed in patients with IAD. The post-intervention had a higher percentage of incontinent patients yet the IAD rate was zero.

DISCUSSION

When comparing the pre- and post-intervention periods, the post-intervention period had an IAD rate of 39% and of the patients that developed IAD, 67% of them also developed a PU. The post-intervention survey revealed a much higher rate of IAD progression yet ZERO patients developed IAD or a PU associated with IAD. The increased concentration of incontinent patients and the ZERO incidences of IAD or PU associated with IAD are an indicator that this intervention is sustainable.

CONCLUSION

The decrease in IAD resulted in improved patient outcomes, including IAD-associated PU reduction, enhanced caregiver efficiency in patient care, and cost savings for the hospital. The all-in-one pre-moistened barrier cloth approach for incontinence care, as recommended by the Institute for Healthcare Improvement, is considered to be a success at our facility.

REFERENCES


