



What the Experts Say

Incontinence Care & Pressure Ulcer Prevention

INDUSTRY GUIDELINES

IHI Five Million Lives Campaign

Prevent Pressure Ulcers

4. Manage Moisture

“Provide supplies at the bedside of each at-risk patient who is incontinent. This provides the staff with the supplies they need to immediately clean, dry and protect the patient’s skin after each episode of incontinence.”

“Provide premoistened, disposable barrier wipes to help cleanse, moisturize, deodorize and protect patients from perineal dermatitis due to incontinence.”

Getting started kid: prevent pressure ulcers, how-to guide. Protecting 5 Million Lives from Harm Campaign, Institute for Healthcare Improvement. 2006 Dec.

CMS Reimbursement Mandates

The Centers for Medicare and Medicaid Services (CMS) is no longer reimbursing facilities for pressure ulcers not present on admission (POA). CMS’s opinion is that this will provide hospitals the incentive to:

- Improve screening of patients for pressure ulcers on admission.
- Promote early identification of pressure ulcers to improve treatment.
- Greatly improve patients’ quality of care.

Federal Register, Vol 72 No 162, 2007 Aug:47201-47205.

WOCN Wound Ostomy and Continence Nurses Society

“Use incontinence skin barriers such as creams, ointments, pastes and film-forming skin protectants as needed to protect and maintain intact skin.”

Guidelines for Prevention and Management of Pressure Ulcers, III. Interventions: Prevention, WOCN Clinical Practice Guideline Series, Glenview, IL, 2003:14.

NPUAP National Pressure Ulcer Advisory Panel

“When incontinence cannot be controlled, cleanse skin at time of soiling, use a topical moisture barrier...”

Taken from www.npuap.org from “Pressure Ulcer Prevention Points,” the National Pressure Ulcer Advisory Panel’s summary of the AHCPR Clinical Practice Advisory Guideline, “Pressure Ulcers in Adults: Prediction and Prevention” (AHCPR Publication No 92-0047, Rockville, MD, May 1992).

NIH Clinical Center, National Institutes of Health, U.S. Department of Health and Human Services

“Clean incontinence episodes immediately to protect skin from breakdown. Use plain water or no-rinse cleanser such as Sage Perineal Washcloth.”

“Standard of Practice: Pressure Ulcer Prevention for the ‘At Risk’ Patient,” NIH Clinical Center, National Institutes of Health, U.S. Department of Health and Human Services.

IAD—A RISK FACTOR FOR PRESSURE ULCERS

“...Patients with fecal incontinence were 22 times more likely to have pressure ulcers than patients without fecal incontinence.”

“...The odds of having a pressure ulcer were 37.5 times greater in patients who had both impaired mobility and fecal incontinence than in patients who had neither.”

Maklebust J, Magnan MA, Adv Wound Care. Nov 1994;7(6):25, 27-28, 31-4 passim.

PROVEN RESULTS

“Our intervention of an all-in-one incontinence barrier cloth that includes a skin protectant led to a 77.7% reduction in IAD. The prepackaged bath product resulted in enhanced productivity and cost savings. Furthermore, the staff found the products convenient and easy to use.”

Wolfman A, It’s easy: preventing incontinence-associated dermatitis and early stage pressure injury. 3rd Congress of the World Union of Wound Healing Societies, Toronto, Canada, June 4-8, 2008.

“This study demonstrated that a streamlined cleansing and protectant washcloth produced similar outcomes in patients with incontinence to those produced by a multi-step cleansing and protectant process. The (one-step) process was adopted as the new standard for evidence-based incontinence clean-up care because of comparable skin outcomes and improved care costs.”

Dieter L, Drolshagen C, Blum K, The development of cost-effective quality care for the patient with incontinence. Poster presented at WOCN Annual Conference, Minneapolis, MN, June 2006.