Incontinence-Associated Dermatitis (IAD): A significant risk factor for pressure ulcers

IAD is defined as “an inflammation of the skin that occurs when urine or stool comes into contact with perineal or perigenital skin.”¹ IAD is also a major risk factor for pressure ulcers.²

Skin damage from a pressure ulcer occurs from the inside out, but IAD starts on the surface and works inward. When the two occur together, the results can be devastating.

IAD prevalence

Perineal skin damage occurs in as many as 33% of hospitalized adults.² One study found 20% of hospitalized patients were incontinent and of those, over 50% had IAD.³

Compared to a patient who is not incontinent, the odds of an incontinent patient developing a pressure ulcer is:

- 22x greater for a patient with fecal incontinence⁴
- 38x more likely for a patient with impaired mobility and fecal incontinence⁴

IAD risk factors:¹
- Fecal incontinence
- Frequency of incontinence
- Double (urinary and fecal) incontinence
- Compromised mobility
- Poor skin condition
- Poor skin oxygenation
- Moisture
- Alkaline pH
- Tissue tolerance impairments
- Pain
- Fever

Comfort Shield® Barrier Cream Cloths deliver proven IAD treatment and prevention

When used as part of a standardized incontinence cleanup intervention/protocol, Comfort Shield cloths have been clinically proven to help prevent IAD and help address HAPU, an IAD risk factor. The all-in-one cloths cleanse, moisturize, deodorize, treat and provide barrier protection with every use to help promote compliance to incontinence care protocols.

- Helps treat and prevent perineal dermatitis; helps seal out wetness
- CHG compatible
- Paraben free, hypoallergenic, gentle and non-irritating
- Breathable, transparent dimethicone barrier makes skin assessment easy
- Allows the use of other products such as anti-fungals
- Helps eliminate mess of standard zinc oxide and petroleum-based barriers; makes each cleanup easier

Maximize compliance
Help meet IHI recommendations to keep supplies at the bedside of at-risk patients

Not all skin barrier cloths are equal
Barrier effectiveness and product performance characteristics should be considered when choosing skin protectant products designed for barrier effect.

Guidelines and recommendations

2012 International IAD consensus group evidence-based guidelines for preventing and treating IAD

- The panel recommends the use of a disposable cloth impregnated with both acidic no-rinse cleansers and with a protectant such as dimethicone.
- The panel recommends use of combination cleansing-moisturizing-protectant wipes for prevention of IAD when feasible.

Product Selection

- Select a pH-balanced skin cleanser (one whose pH range approximates the acid mantle of healthy skin).
- No rinse skin cleansers are preferred over towel drying.
- Gentle cleansing is preferred over scrubbing techniques; use a soft cloth to minimize friction damage.
- A product that combines a cleanser and emollient-based moisturizer ensures application of both products in a single step.
- A skin protectant or disposable cloth that combines a cleanser, emollient-based moisturizer, and skin protectant is recommended for prevention of IAD in persons with urinary or fecal incontinence and for treatment of IAD, especially when skin is denuded.

IAD: a risk factor of HAPU

Address CMS Mandates

The Centers for Medicare and Medicaid Services (CMS) are 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.

Institute for Healthcare Improvement (IHI) Five Million Lives Campaign

Prevent Pressure Ulcers

- Cleanse skin at time of soiling and at routine intervals with “gentle use of a mild cleansing agent that minimizes irritation and dryness of the skin.”
- “Minimize exposure of the skin to moisture due to incontinence, perspiration or wound drainage.”
- “Use topical agents that act as moisture barriers and moisturize skin.”
- “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.”

Barrier-impregnated cloth helps prevent IAD and addresses Hospital-Acquired Pressure Ulcers (HAPU)

A 2015 2-phase evaluation of 200 patients at high-risk for developing IAD and HAPU found that in those who received an intervention that standardized incontinence cleanup with a barrier-impregnated cloth following each incontinent episode, none (0%) developed IAD or a HAPU.

| Control Group Intervention Group |
|-------------------------|------------------|
| Developed IAD | Developed HAPU |
| 6/24 | 5/24 |
| 0/25 | 0/25 |

83% of patients who developed IAD went on to develop HAPU.

Development of IAD and HAPU

References:
## Incontinence-Associated Dermatitis Intervention Tool (IAD-IT)

### Skin Care for Incontinent Persons

*The #1 priority is to address the cause of incontinence. Use this tool until incontinence is resolved.*

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>INTERVENTION</th>
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<tbody>
<tr>
<td><strong>HIGH-RISK</strong></td>
<td>Skin is not erythematous or warmer than nearby skin but may show scars or color changes from previous IAD episodes and/or healed pressure ulcer(s). Person not able to adequately care for self or communicate need and is incontinent of liquid stool at least 3 times in 24 hours.</td>
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<tr>
<td></td>
<td>1. Use a disposable barrier cloth containing cleanser, moisturizer and protectant.</td>
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<td>2. If barrier cloths not available, use acidic cleanser (6.5 or lower), not soap (soap is too alkaline); cleanse gently (soak for a minute or two – no scrubbing); and apply a protectant (ie: dimethicone, liquid skin barrier or petrolatum).</td>
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<td>3. If briefs or underpads are used, allow skin to be exposed to air. Use containment briefs only for sitting in chair or ambulating – not while in bed.</td>
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<td>4. Manage the cause of incontinence: a) Determine why the patient is incontinent. Check for urinary tract infection, b) Consider timed toileting or a bladder or bowel program, c) Refer to incontinence specialist if no success.</td>
</tr>
<tr>
<td><strong>EARLY IAD</strong></td>
<td>Skin exposed to stool and/or urine is dry, intact, and not blistered, but is pink or red with diffuse (not sharply defined), often irregular borders. In darker skin tones, it might be more difficult to visualize color changes (white or yellow color) and palpation may be more useful. Palpation may reveal a warmer temperature compared to skin not exposed. People with adequate sensation and the ability to communicate may complain of burning, stinging, or other pain.</td>
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<td></td>
<td>Include treatments from box above plus:</td>
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<td></td>
<td>5. Consider applying a zinc oxide-based product for weepy or bleeding areas 3 times a day and whenever stooling occurs.</td>
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<td></td>
<td>6. Apply the ointment to a non-adherent dressing (such as anorectal dressing for cleft, Telfa for flat areas, or ABD pad for larger areas) and gently place on injured skin to avoid rubbing. Do not use tape or other adhesive dressings.</td>
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<td></td>
<td>7. If using zinc oxide paste, do not scrub the paste completely off with the next cleaning. Gently soak stool off top then apply new paste covered dressing to area.</td>
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<tr>
<td></td>
<td>8. If denuded areas remain to be healed after inflammation is reduced, consider BHC ointment (balsam of peru, trypsin, castor oil) but remember balsam of peru is pro-inflammatory.</td>
</tr>
<tr>
<td></td>
<td>9. Consult WOCN if available.</td>
</tr>
<tr>
<td><strong>MODERATE IAD</strong></td>
<td>Affected skin is bright or angry red – in darker skin tones, it may appear white, yellow, or very dark red/purple. Skin usually appears shiny and moist with weeping or pinpoint areas of bleeding. Raised areas or small blisters may be noted. Small areas of skin loss (dime size) if any. This is painful whether or not the person can communicate the pain.</td>
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<td><strong>SEVERE IAD</strong></td>
<td>Affected skin is red with areas of denudement (partial-thickness skin loss) and oozing/bleeding. In dark-skin patients, the skin tones may be white, yellow, or very dark red/purple. Skin layers may be stripped off as the oozing protein is sticky and adheres to any dry surface.</td>
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<tr>
<td></td>
<td>† Include treatments from box above plus:</td>
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<td></td>
<td>10. Position the person semiprone for 30 minutes twice a day to expose affected skin to air.</td>
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<td>11. Consider treatments that reduce moisture: low air loss mattress/overlay, more frequent turning, astringents such as Domeboro soaks.</td>
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<td>12. Consider the air flow type underpads (without plastic backing).</td>
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<tr>
<td><strong>FUNGAL APPEARING RASH</strong></td>
<td>This may occur in addition to any level of IAD skin injury. Usually spots are noted near edges of red areas (white or yellow areas in dark-skinned patients) that may appear as pimples or just flat red (white or yellow) spots. Person may report itching which may be intense.</td>
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<td>Ask primary care provider to order an anti-fungal powder or ointment. Avoid creams in the case of IAD because they add moisture to a moisture damaged area (main ingredient is water). In order to avoid resistant fungus, use zinc oxide and exposure to air as the first intervention for fungal-appearing rashes. If this is not successful after a few days, or if the person is severely immuno-compromised, then proceed with the following:</td>
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<tr>
<td></td>
<td>1. If using powder, lightly dust powder to affected areas. Seal with ointment or liquid skin barrier to prevent caking.</td>
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<td>2. Continue the treatments based on the level of IAD.</td>
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<td>3. Assess for thrush (oral fungal infection) and ask for treatment if present.</td>
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<td>4. For women with vaginal rash, ask health care provider to evaluate for vaginal fungal infection and ask for treatment if needed.</td>
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<td>5. Assess skin folds, including under breasts, under pannus, and in groin.</td>
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<td>6. If no improvement, culture area for possible bacterial infection.</td>
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Plumbing protection
Traptex™ Plumbing Protection System incorporates flushing prevention devices, education and monitoring to change bad flushing behavior and cut calls for clogged pipes.

Validate your success
CustomerOne is a unique program offered by Sage to reinforce your decision to bring our products into your facility. It tracks performance and compliance and demonstrates improvement in outcomes.

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Our FREE basin sampling program will arm you with the clinical data you need to replace basins.
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Plumbing protection
Traptex™ Plumbing Protection System incorporates flushing prevention devices, education and monitoring to change bad flushing behavior and cut calls for clogged pipes.

REFERENCES:
1. GHX Market Intelligence Trend Report (Units) 2nd Quarter, 2016 data, Hospital Market

20490F © Sage Products LLC 2016
Simply cleaning and moisturizing your skin after an incontinence episode may not be enough to prevent many serious skin issues. Exposure to moisture can lead to Incontinence-Associated Dermatitis (IAD) and painful skin breakdown.

Soothing Comfort Shield® Barrier Cream Cloths cover your skin with a clear, protective dimethicone barrier cream to help seal out wetness while treating and protecting irritated skin.

Discount applies to products only. Excludes tax, shipping & handling. Normal rates apply.
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Visit shopsageproducts.com and enter code: H2H10 at checkout
Get the same quality product after you leave the hospital
An all-in-one solution that feels good
Comfort Shield's soft, disposable cloths replace basins and washcloths, which may contain harmful bacteria that can cause infection.

n All-in-one cloths are premoistened with cleansers, moisturizers, deodorizers and skin protectant
n The solution is hypoallergenic, latex-free, and gentle for even the most sensitive skin
n The long-lasting barrier cream reinforces confidence that your skin is receiving the ultimate in prevention
Incontinence care product ordering

**Comfort Shield® Barrier Cream Cloths**
- **24-pack** heavyweight barrier cream cloths/resealable package
  - 8.5" x 8.5"
  - 18 packages/case
  - Reorder #7526
  - NDC 53462-915-60

**Comfort Shield® Barrier Cream Cloths**
- **3-pack** heavyweight barrier cream cloths/easy-tear package
  - 9" x 8.5"
  - 90 packages/case
  - Reorder #7503
  - NDC 53462-915-50

**Comfort Shield® Barrier Cream Cloths**
- **8-pack** heavyweight barrier cream cloths/peel and reseal package
  - 9" x 8.5"
  - 48 packages/case
  - Reorder #7905
  - NDC 53462-915-80

**Comfort Shield® Barrier Cream Cloths**
- **3-pack** heavyweight barrier cream cloths/easy-tear package
  - medium size cloths
  - 8.5" x 5.5"
  - 100 packages/case
  - Reorder #7502
  - NDC 53462-915-51

*Medicare Reimbursement
HCPCS Code #A6250

**Incontinence Clean-up Cloths**
- **8-pack** resealable package
  - 8" x 8"
  - 30 packages/case
  - Reorder #7505

**Comfort Shield® Barrier Station**
- with removable adhesive strips for wall-mounting near the bedside
  - 24 stations/case
  - Reorder #7599

**Incontinence care product ordering**

[Images of products]
Simple Interventions. Extraordinary Outcomes.

Our market-leading, clinically proven products solve real problems in the healthcare industry.
We develop and manufacture these products to make it easier for you to deliver essential patient care, while helping to prevent infections, skin breakdown and staff injury.

- Help reduce SSIs by addressing a broad spectrum of microorganisms on your patient’s skin prior to surgery with 2% Chlorhexidine Gluconate Cloth
- Provide comprehensive oral care with Q•Care® Oral Cleansing and Suctioning Systems
- Standardize patient hygiene protocol with a clean technique using M-Care™ Meatal Cleansing Cloths for the Foley Catheterized Patient
- Address sacral pressure ulcer risk for the seated patient and help protect staff from injury with Prevalon™ Seated Positioning System
- Help reduce the risk of heel pressure ulcers by continuously offloading the heel with Prevalon® Heel Protector
- Help reduce SSIs by addressing a broad spectrum of microorganisms on your patient’s skin prior to surgery with 2% Chlorhexidine Gluconate Cloth
- Help reduce the risk of staff injury with the Prevalon™ Mobile Air Transfer System
- Comfort Bath® Cleansing Washcloths eliminate the contamination risk from bath basins
- Prevalon™ AirTAP Patient Repositioning System helps reduce sacral pressure ulcer risk and reduces the risk of staff injury

Receive more information at: www.shopsageproducts.com/htoh or call 800.323.2220