

# Moisture Pathway for Incontinence Associated Dermatitis

## General criteria

- Nutritional assessment (must)
- Hygiene
- Allergies
- Previous skin integrity
- Risk assessment
- Pain assessment
- Mobility
- Exclude pressure damage as a cause

**Barrier products can reduce erythema by protecting the skin which may help to reduce pain and discomfort.**

### **Skin intact – Think aSSKING**

Skin, Surface, Keep moving, Incontinence, Nutrition and hydration

A barrier product can be applied to intact and broken skin but only barrier cream will moisturise the skin.

## Implement patient-centred care

- Consent obtained for photos
- Control symptoms and treat underlying cause
- Educate care/patient on management
- Moisturise and protect using appropriate 3M™ Cavilon™ Skin Solution
- Involve multidisciplinary team
- Remove and irritants from skin and protect from any further exposure cleanse skin with non-soap substitute – Prontosan Solution or foam cleanser if IAD
- Consider pressure prevention and equipment
- Check skin folds for residual faeces or urine

**If appropriate then consider an appropriate dressing.**

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## Urine or faecal matter

### Urine or faecal matter, incontinence associated dermatitis (IAD)

- Urine or faeces – erythema and inflammation of the skin, erosion and skin stripping can occur as a result of urine and faeces and may appear as a kissing lesion or mirror image
- Check for fungal screen
- Treat any areas of *Cutaneous Candidiasis* (Thrush) with Lotriderm cream on a reducing regime if clear of fungal infection then follow '3M MASD Decision Making Tool'
- Consider appropriate devices to divert urine or stool
- Keep skin clean and dry
- With complex continence issue please contact the Bladder and Bowel Service

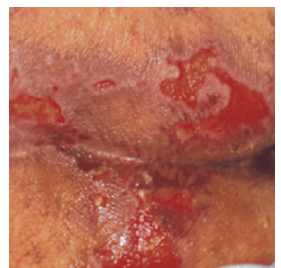
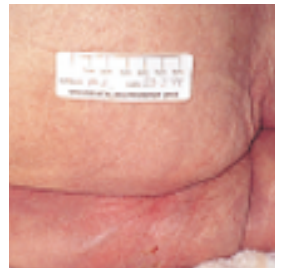
### Suggested treatment/product selection

**MILD – 3M™ Cavilon™ Durable Barrier Cream**

**MODERATE – 3M™ Cavilon™ No Sting Barrier Film**
















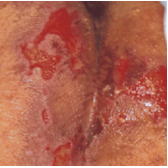




**SEVERE – 3M™ Cavilon™ Advanced Skin Protectant**

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# Incontinence skin care pathway

This pathway is for patients/residents at risk or with existing skin damage due to the effects of incontinence (urine and/or faeces) on the skin.  
**Please consider using Cavilon Advanced for patients with acute liquid corrosive stools to prevent skin breakdown.**

Prevention	Clinical presentation	Cleansing the skin	Apply a skin protectant	When to use	How much to use
<p><b>Healthy intact skin</b> No redness present Patient incontinent</p> 	<p>Use a pH balanced soap substitute or non perfumed soap as available</p> 	<p>3M™ Cavilon™ Durable Barrier Cream</p> 	<p>Apply morning and evening</p> 	<p>Apply Cavilon Durable Barrier Cream in pea-sized amounts and apply a thin even layer</p> 	
<p><b>Mild incontinence related dermatitis</b> Redness of skin but no broken areas</p> 	<p>Use a pH balanced soap substitute or non perfumed soap as available</p> 	<p>3M™ Cavilon™ Durable Barrier Cream</p> 	<p>Apply morning and evening</p> 	<p>Apply Cavilon Durable Barrier Cream in pea-sized amounts and apply a thin even layer</p> 	
<p><b>Moderate incontinence related dermatitis</b> Redness with less than 50% broken skin Bleeding may be present</p> 	<p>Warm water</p> <p><b>DO NOT USE SENSET FOAM WITH CAVILON ADVANCED</b></p> 	<p>3M™ Cavilon™ No Sting Barrier Film</p> 	<p>Daily or maximum twice a day Step up to Cavilon Advanced if requires more than 2x daily</p> 	<p>Apply an even coat of film to the entire area to be treated</p> 	
<p><b>Broken, severe dermatitis</b> Extensive excoriated weeping skin</p> 	<p>Warm water</p> <p><b>DO NOT USE SENSET FOAM WITH CAVILON ADVANCED</b></p> 	<p>3M™ Cavilon™ Advanced Skin Protectant</p> 	<p>2x per week Note: this can be used in conjunction with a faecal management system if required</p> 	<p>Apply an even coat to the entire area to be treated</p> 	

Step down

Step up

**Do not use any other creams or sprays with Cavilon Advanced.**

Photo credit: Valerie Hanssens.  
 Use of a high endurance elastomeric skin protectant to treat severe IAD and MASD.

# Proven solutions with the power to make a positive difference.

## Ordering information

### Hospital

3M code	Name	Description	Size	Box/ pack qty	Boxes/ case	NPC code
5050G	3M™ Cavilon™ Advanced Skin Protectant	Foam applicator (sterile)	2.7ml	20	1	–
5050G-4P	3M™ Cavilon™ Advanced Skin Protectant	Foam applicator (sterile)	2.7ml	4	1	ELY842
5051G	3M™ Cavilon™ Advanced Skin Protectant	Foam applicator (sterile)	0.7ml	20	1	ELY841
3343E	3M™ Cavilon™ No Sting Barrier Film	Foam applicator (sterile)	1ml	25	4	ELY038
3344E	3M™ Cavilon™ No Sting Barrier Film	Wipe (sterile)	1ml	30	6	ELY190
3345E	3M™ Cavilon™ No Sting Barrier Film	Foam applicator (sterile)	3ml	25	4	ELY039
3346E	3M™ Cavilon™ No Sting Barrier Film	Spray bottle (pump action)	28ml	12	1	ELY040
3392GS	3M™ Cavilon™ Durable Barrier Cream	Sachet	2g	20	12	–
3391G	3M™ Cavilon™ Durable Barrier Cream	Tube	28g	1	12	–
3392G	3M™ Cavilon™ Durable Barrier Cream	Tube	92g	1	12	–
9274	3M™ Cavilon™ Continence Care Wipes	Wipe	20x30cm	8	12	ELY566
9272	3M™ Cavilon™ Bathing & Cleansing Wipes	Wipe	20x30cm	8	12	–

### Drug tariff

3M code	Name	Description	Size	Box/ pack qty	Boxes/ case	PIP code
5050G-4P	3M™ Cavilon™ Advanced Skin Protectant	Foam applicator (sterile)	2.7ml	4	1	413-7899
5051G	3M™ Cavilon™ Advanced Skin Protectant	Foam applicator (sterile)	0.7ml	20	1	418-8215
3343P	3M™ Cavilon™ No Sting Barrier Film	Foam applicator (sterile)	1ml	5	20	252-8941
3344E	3M™ Cavilon™ No Sting Barrier Film	Wipe (sterile)	1ml	30	6	317-5692
3345P	3M™ Cavilon™ No Sting Barrier Film	Foam applicator (sterile)	3ml	5	20	252-8958
3346P	3M™ Cavilon™ No Sting Barrier Film	Spray bottle (pump action)	28ml	1	12	252-8966
3392GS	3M™ Cavilon™ Durable Barrier Cream	Sachet	2g	20	12	288-2272
3391G	3M™ Cavilon™ Durable Barrier Cream	Tube	28g	1	12	301-7480
3392G	3M™ Cavilon™ Durable Barrier Cream	Tube	92g	1	12	277-1079