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Incontinence Associated Dermatitis - Guidance for Practice

Fiona Willis RGN RNT HDip MHSc PGDip
Nursing and Midwifery Planning and Development Officer

Office of the Nursing & Midwifery Services Director

Mercy University Hospital
Centre of Nursing Education
Continence Conference
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Incontinence Associated Dermatitis (IAD)

"IAD is a type of irritant contact dermatitis found in patients with *faecal* and/or *urinary* incontinence."

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Prevalence and Incidence of IAD

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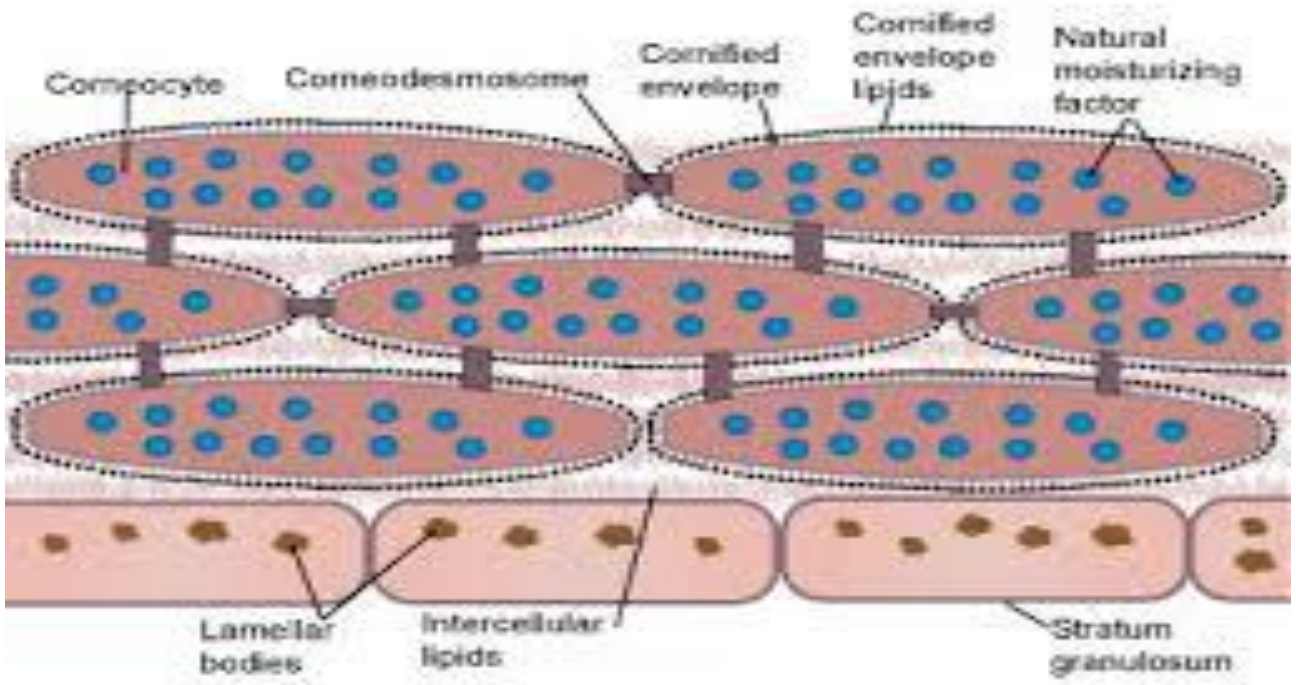
Aetiology of IAD



Aetiology of Incontinence Associated Dermatitis

"Disruption to the normal barrier function of the skin which triggers the inflammatory process leading to over hydration and increased alkalinity."

Aetiology of IAD

"Faecal +/- urinary incontinence predisposes a person to a higher risk of developing IAD than those with urinary incontinence alone."

Aetiology of IAD

- Poor management of incontinence can contribute to the development of IAD.

Recognising IAD

- Colour
- Temperature
- Intact/Broken Skin
- Sensation
- Skin Infection
- Area of skin affected
- Appearance of the affected area

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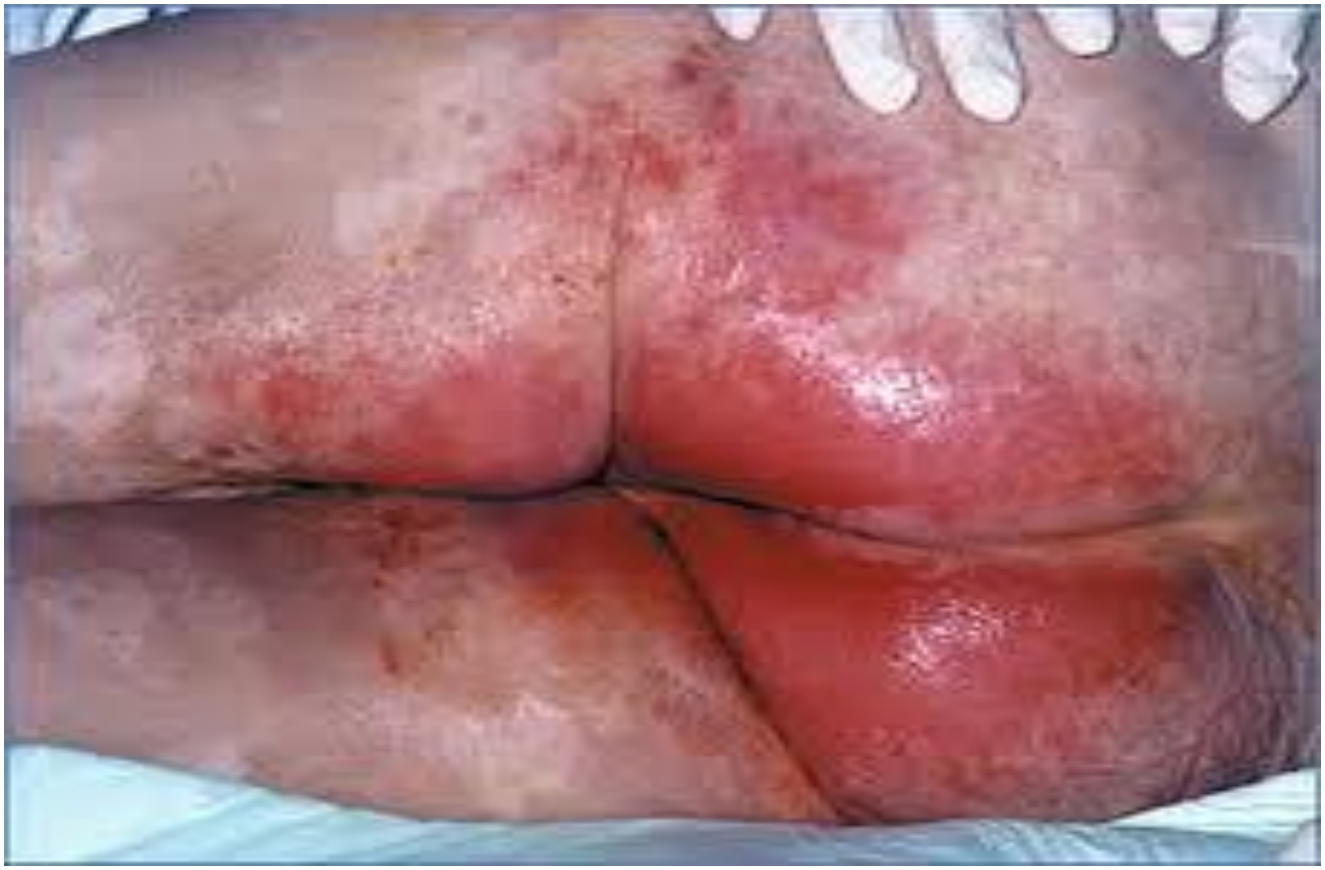
Incontinence Associated Dermatitis



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IAD and Pressure Ulceration

"….a number of risk factors in common. Incontinence is a risk factor for pressure ulceration *BUT* IAD can occur in the absence of any other pressure ulcer associated risk factors and vice versa."

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IAD and Pressure Ulceration

IAD and Pressure Ulceration have different aetiologies but may co-exist.

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Differentiation of Incontinence-Associated Dermatitis versus Category I and Category II Pressure Ulcers

Factors	IAD	Category I PU	Category II PU
History of condition	Exposure to urine or stool	Exposure to pressure, shear and/or microclimate from immobility or inactivity	Exposure to pressure, shear and/or microclimate from immobility or inactivity
Location of affected skin	Skin folds in areas where urine or stool can accumulate	Skin usually over bony prominences or exposed to other external pressure	Skin usually over bony prominences or exposed to other external pressure
Colour of wound bed	Shiny, red, glistening, no slough in wound bed	Non-blanchable erythema of intact skin	Shiny, pink or red, open wound, no slough in wound bed
Colour of periwound tissue	Red, irritated, oedematous	Normal for race/ethnicity, oedema may be palpable	Normal for race/ethnicity, oedema may be palpable
Characteristics of involved area	Blotchy, not uniform in appearance	Tend to be single areas of erythema	Tend to be single ulcers with distinct wound margins
Pain	Burning, itching and tingling	Sharp pain, usually no itching: pain may intensify when the patient is initially moved off of the injured area	Sharp pain, usually no itching: pain may intensify when the patient is initially moved off of the injured area
Odour	Urine or faecal odour	None	None unless infected and then may have the odour of the infecting organism
Other factors	Candidiasis common	Redness tends to resolve with repositioning or offloading	Ulcer bed is shallow and heals through epithelialisation

Risk Assessment for IAD

"The presence of urinary and/or faecal incontinence

=

Need for a prevention protocol."

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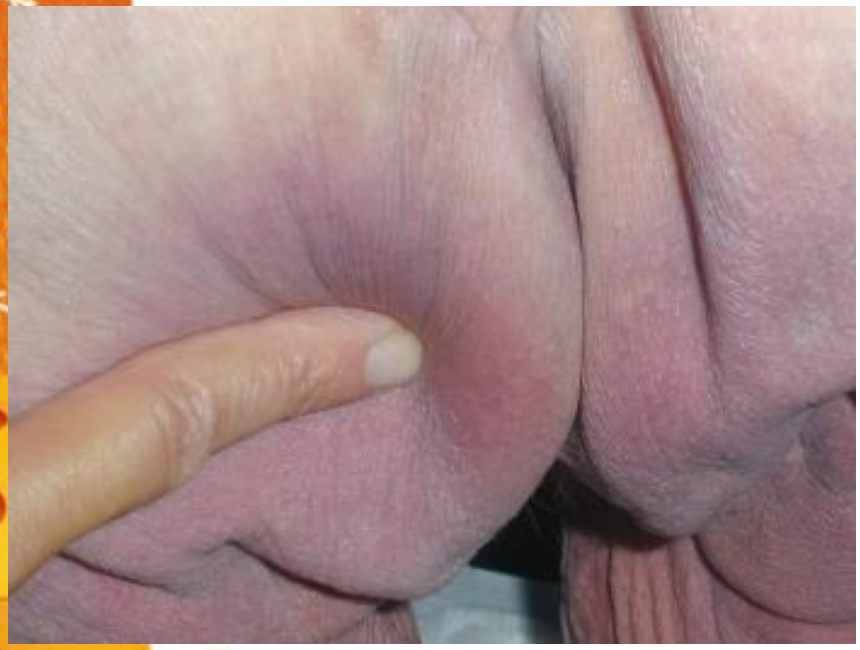
IAD Assessment



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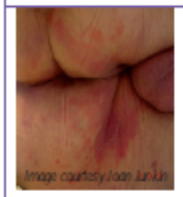
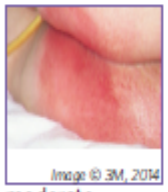
IAD Severity Categorisation Tool

TABLE 1 | IAD Severity Categorisation Tool

Clinical presentation	Severity of IAD	Signs**
	No redness and skin intact (at risk)	Skin is normal as compared to rest of body (no signs of IAD)
	Category 1 – Red* but skin intact (mild)	Erythema +/-oedema
 moderate  severe	Category 2 – Red* with skin breakdown (moderate-severe)	As above for Category 1 +/-vesicles/bullae/skin erosion +/- denudation of skin +/- skin infection

* Or paler, darker, purple, dark red or yellow in patients with darker skin tones

**If the patient is not incontinent, the condition is not IAD

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Prevention and Management of IAD

- Manage incontinence
- Implement a structured skin care regimen
  - » ***CLEANSE***
  - » ***PROTECT***
  - » ***RESTORE***

Prevention and Management of IAD

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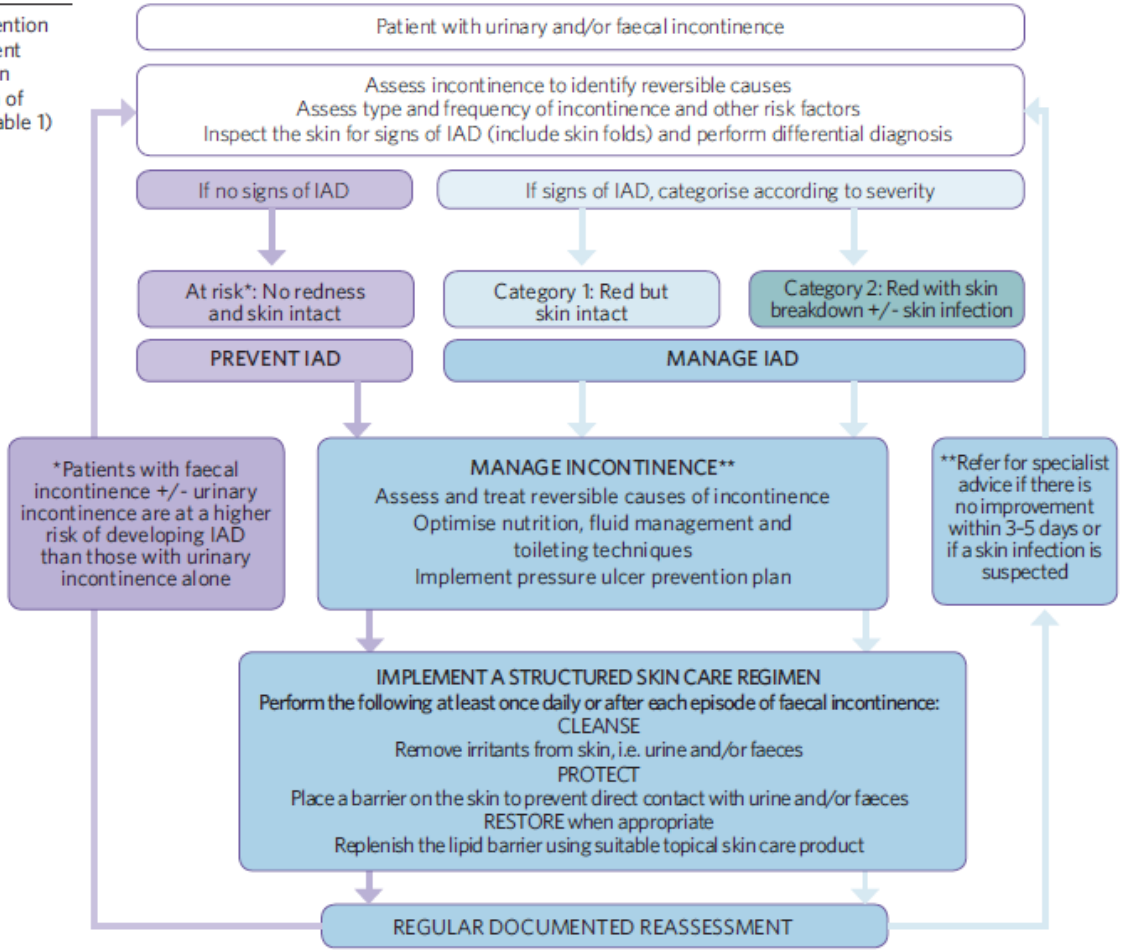
Figure 8 | Prevention and management of IAD based on catergorisation of severity (see Table 1)



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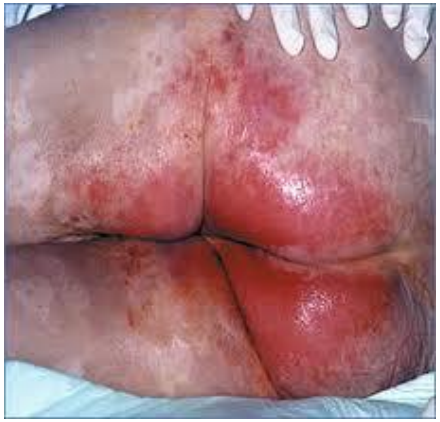
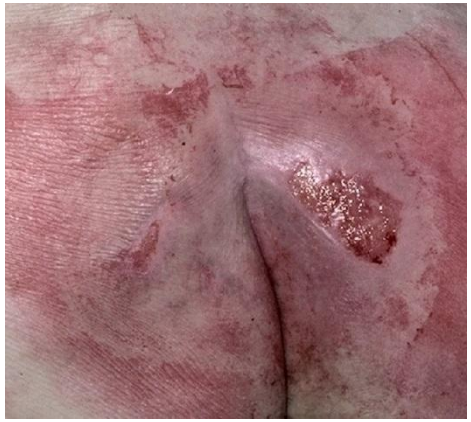
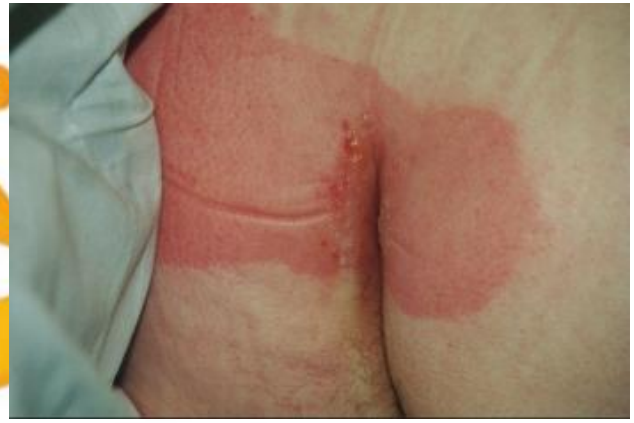
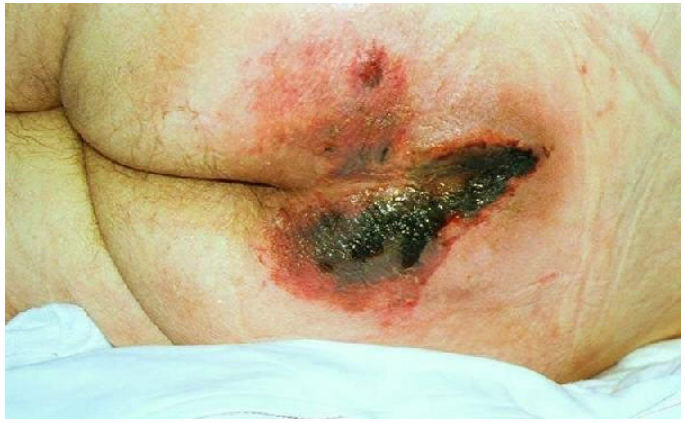
Incontinence Associated Dermatitis or Pressure Ulcer?

Photographs from PUCLAS 2









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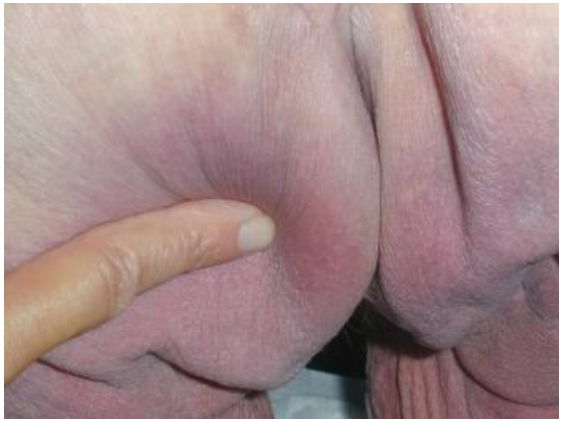

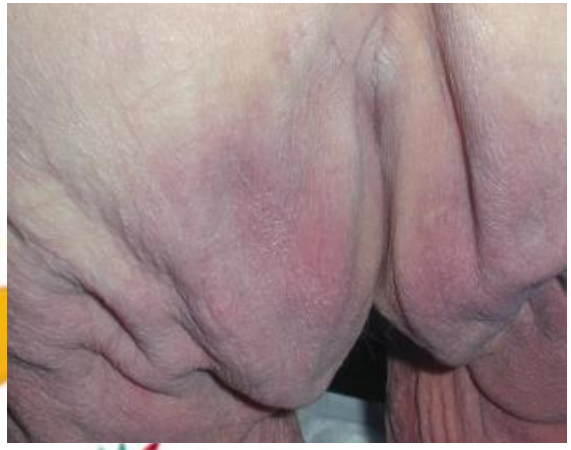

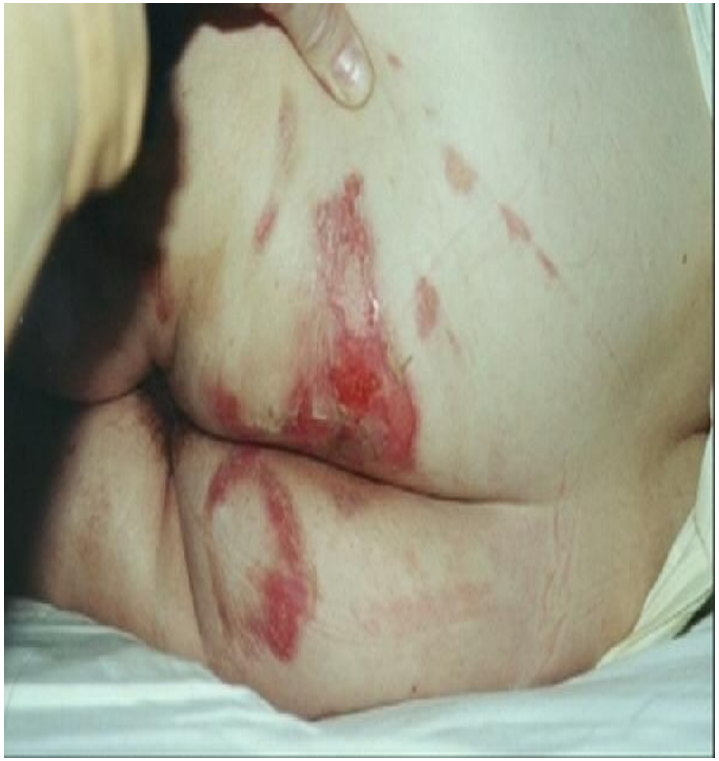

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Proceedings from the Global IAD Expert Panel

BEST PRACTICE PRINCIPLES

INCONTINENCE-ASSOCIATED DERMATITIS:

MOVING PREVENTION FORWARD

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Further Information

www.epuap.org

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