Skin Care

promoting healthy skin

Champions for Skin Integrity

This guidelines summary has been developed for health professionals caring for clients with impaired skin integrity or those at risk of loss of skin integrity. Assessment and management of skin integrity should be undertaken by health professionals with expertise in the area.

GUIDELINES SUMMARY

For this summary, all recommendations have had their levels of evidence classified as follows:

Level I	Evidence from a systematic review or meta-analysis of at least two level II studies
Level II	Evidence from a well designed randomised controlled trial (for interventions), or a prospective cohort study (for prognostic studies)
Level III	Evidence from non-randomised studies with some control or comparison group (pseudo-randomised controlled trial; non-randomised experimental trial, cohort study, case-control study, time series studies with a control group; historical control study, retrospective cohort study)
Level IV	Evidence from studies with no control or comparison group
EO	Consensus statements provided by a National or International Panel of experts in the area.

This is a summary of recommendations from the following sources, which should be accessed for further details as required:

1. Wounds UK, Best Practice Statement: Maintaining Skin Integrity. 2018, London: Wounds UK. https://www.wounds-uk.com/resources/details/maintaining-skin-integrity
2. Wounds Australia. Standards for Wound Prevention and Management. 3rd edition. Cambridge Media: Osborne Park, WA; 2016. http://www.woundsaustralia.com.au/2016/standards-for-wound-prevention-and-management-2016.pdf
3. Lichterfeld A, et al. Evidence-Based Skin Care. J Wound Ost Cont Nurs 2015; 42: 501-524.
4. Beeckman D, et al. Incontinence-associated dermatitis: moving prevention forward. Proceedings of the Global IAD Expert Panel, 2015, Wounds International. www.woundsinternational.com
5. Pather P, et al. Effectiveness of topical skin products in the treatment and prevention of incontinence-associated dermatitis: a systematic review. JBI Database Syst Rev Implement Rep 2017; 15: 1473-1496.
6. Beeckman D, et al. Interventions for preventing and treating incontinence-associated dermatitis in adults. Cochrane Database Syst Rev 2016; 11: CD011627.
7. Gray M, et al. Incontinence-associated dermatitis: A comprehensive review and update. J Wound Ost Cont Nurs 2012; 39: 61-74.
8. Carville K, et al. The effectiveness of a twice-daily skin-moisturising regimen for reducing the incidence of skin tears. Int Wound J 2014; 11: 446-53.
9. Danby S, et al. Effect of aqueous cream BP on the skin barrier in volunteers with a previous history of atopic dermatitis. Br J Dermatol 2011; 165: 329-334.
10. EPUAP, NPIAP and PPPIA, Prevention and treatment of Pressure Ulcers, Haesler E (Ed) 2019 EPUAP/NPIAP/PPPIA http://pppia.org/guideline/
11. Beeckman D, et al. A 3-in-1 perineal care washcloth impregnated with dimethicone 3% versus water and pH neutral soap to prevent and treat incontinence-associated dermatitis: RCT. J Wound Ost Cont Nurs 2011; 38: 627-34.

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Assessment

1. All clients should have a comprehensive, holistic, skin assessment, and reassessment if there is a change in condition [1,2] (EO)
2. Risk factors for skin damage include age, cognitive impairment, dehydration, poor nutrition, obesity, certain medications (e.g. immunosuppressive, anti-inflammatory, anticoagulant), incontinence, chronic disease, critical illness, impaired mobility, impaired circulation, radiation therapy [1] (EO)

Management and Prevention

3. Develop a prevention plan for those found at risk of loss of skin integrity [1] (EO)
4. Avoid dryness or maceration of skin (i.e. moisturise dry skin, avoid sustained contact of skin with fluids, encourage continence) [7] (EO)
5. Use of a soap substitute for cleansing reduces the drying effect from soap [1] (IV)
6. Use of cleansers with pH close to skin pH is recommended [3] (EO)
7. Skin cleansers (e.g. no-rinse cleansers, foam cleansers) are more effective than soap and water for prevention and decreased severity of incontinence-related skin problems [3-6] (II)
8. Dry skin gently and carefully after washing. Dry skin by patting, not rubbing. [1,3,4] (EO)
9. Moisturise dry skin at least twice daily [1,8] (II)
10. Gently smooth on the moisturiser or barrier cream in the direction of body hair, don't rub [1] (EO)
11. Moisturisers containing humectants (e.g., urea, glycerin) are recommended for optimal prevention of dry skin [3] (III)
12. Check the ingredients of a product before applying to skin to ensure it does not contain any substance to which the user is sensitive or allergic [4] (EO)
13. Avoid using aqueous cream containing sodium lauryl sulphate (SLS) for moisturising,[1,9] to avoid sensitivities and drying (III)
14. Structured documented protocols for skin care can help maintain skin integrity for those with incontinence [4,7,11] (III)
15. Applying a skin protectant/moisture barrier product may help prevent IAD [4,7] (III)
16. Protect skin exposed to friction, consider use of prophylactic polyurethane foam dressings on bony prominences, and/or silk-like fabrics, to reduce sheer and friction [10] (IV)
17. Avoid vigorous massage over bony prominences [10] (EO)
18. Avoid overheating skin e.g. consider support surface covers, avoid heating devices [10] (EO)
19. Employ correct lifting and manual handling techniques [10] (EO)
20. Maintain optimal nutritional status and provide nutrition support to those at risk of, or with, a nutritional deficiency [10] (EO)