Incontinence Associated Dermatitis

promoting healthy skin
Champions for Skin Integrity

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
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 evidence summary has been developed for health professionals caring for people with impaired skin integrity or those at risk of loss of skin integrity. Assessment, management and prevention of Incontinence Associated Dermatitis should be undertaken by health professionals with expertise in the area.

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

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2. Deprez J, et al. Prognostic Factors for the Development of Incontinence-Associated Dermatitis (IAD): A Systematic Review. International Wound Journal. 2024;21(7):e14962
3. Fletcher J, Beeckman D, Boyles A, et al. 2020. International Best Practice Recommendations: Prevention and Management of Moisture-Associated Skin Damage (MASD): Wounds International. www.woundsinternational.com
4. LeBlanc K, Forest-Lalande L, Rajhathy E, Parsons L, Hill M, Kuhnke JL, et al 2020. Best Practice Recommendations for the Prevention and Management of Moisture-Associated Skin Damage. In: Foundations of Best Practice for Skin and Wound Management. A supplement of Wound Care Canada. www.woundscanada.ca/docman/public/health-care-professional/bprworkshop/1814-wc-bpr-prevention-and-management-of-moisture-associated-skin-damage-1949e-final/file.
5. Beeckman D, et al. 2015. Proceedings of the Global IAD Expert Panel. Incontinence Associated Dermatitis: Moving Prevention Forward: Wounds International. www.woundsinternational.com
6. Tezcan B, et al. Evaluating the Scales Used To Diagnose Incontinence-Associated Dermatitis: A Systematic Review. Advances in Skin & Wound Care. 2022;35(5):1-9
7. Zhang X, et al. A Structured Skin Care Protocol for Preventing and Treating Incontinence-Associated Dermatitis in Critically Ill Patients. Advances in Skin & Wound Care. 2022;35(6):335-42
8. Rogers S, et al. A Quality Improvement Approach to Perineal Skin Care. Practice Improvements in Neonatal Care. 2020;21:189-97
9. Fastner A, et al. Skin Assessments and Interventions for Maintaining Skin Integrity in Nursing Practice: An Umbrella Review. International Journal of Nursing Studies. 2023;143:104495-
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11. Beeckman D, et al. 2020. Best Practice Recommendations for Holistic Strategies to Promote and Maintain Skin Integrity: Wounds International. www.woundsinternational.com.
12. Wang C-M, et al. Management of Incontinence-Associated Dermatitis with Topical Antibiotics and Antifungal Medication. Journal of Wound Care. 2021;30(4):S24-S7
13. Wang J, et al. Meta-Analysis Investigating the Efficacy of Liquid Dressing and Ostomy Powder for the Treatment of Incontinence-Associated Dermatitis. Advances in Skin & Wound Care. 2023;36(9):481-5
14. Coyer F, et al. An Interventional Skin Care Protocol (InSPiRE) to Reduce Incontinence-Associated Dermatitis in Critically ill Patients in the Intensive Care Unit: A Before and After Study. Intensive & Critical Care Nursing. 2017;40:1-10

QUT Queensland University of Technology

Queensland University of Technology
E: woundresearch@qut.edu.au

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Assessment

1. Undertake a risk assessment for IAD for all older adults.[1] (II)

   Risk factors include:

   - urine and faecal incontinence, increased stool frequency[2-4]
   - skin overhydration (increased wetness)[2]
   - skin exposure to friction or mechanical forces[2,3]
   - pain[3]
   - smoking[3]
   - use of occlusive containment products[3]
   - fever, airflow restriction[2-4]
   - altered skin oxygenation[3,4]
   - aged skin or poor skin condition[3,4]
   - extended use of antibiotics, steroids or promotility agents, or these agents in urine/stool[3-5]
   - altered emotional, cognitive or functional status and/or mobility[3-5]
   - poor nutrition[3-5]

2. Assess for IAD as part of routine skin care and continence care.[5] (EO)
3. Check skin for IAD at least daily, or more regularly based on risk factors or frequency of incontinence for persons with incontinence. Carefully inspect skin folds or areas where soilage or moisture may be trapped.[5] EO
4. Assess and document severity of IAD.[1] (II)
5. Valid and reliable scales that can be used to diagnose, categorise, monitor and reassess IAD include the Michigan Incontinence Symptom Index (M-ISI), the Incontinence Associated Dermatitis and Its Severity Instrument (IADS), the Incontinence Associated Dermatitis Assessment Scale (IADAS), the Revised Incontinence Associated Skin Damage Severity Instrument (IASD.D.2), the Incontinence Associated Dermatitis Intervention Tool- D (IADIT-D), the Ghent Global IAD Categorisation tool (GLOBIAD), the Minimum Data Set for Incontinence Associated Dermatitis (MDS-IAD) (I), and the Ghent Global IAD Monitoring Tool (GLOBIAD-M) (IV) [6]

Management and Prevention

6. Develop and implement a personalised evidence-based prevention protocol to manage and prevent risk factors for skin integrity deterioration, taking into account physical, emotional and social needs, any wounds, and environmental or systemic factors.[4] (EO)
7. Implementing a structured skin care protocol can reduce both the incidence and severity of IAD in critically ill patients.[7] (III)
8. A standardised approach to skin assessment, documentation, prevention and treatment using guidelines helps reduce the incidence and severity of IAD in neonatal intensive care infants.[8] (IV)
9. Manage incontinence using suitable incontinence products and non-invasive behavioural interventions.[1] (II)
10. Cleanse the skin of incontinent adults at least once per day and post-episode of faecal incontinence.[1] (II)
11. Gentle, low-irritant, low pH cleansers should be used, no-rinse products or with lukewarm water and soft cloths for skin cleansing.[1] (II) Cleansers with dimethicone, emollients and low pH are more effective than soap and water.[9] (II)
12. Application of leave-on products (skin protectants/barriers, moisturisers and combination products) are effective for prevention and healing.[9,10] (I) Apply regularly and pat gently to avoid friction, in the appropriate quantity to avoid softening of the skin.[11] (EO)
13. The combination of a topical antibiotic and a topical antifungal medication may enhance the management of grade 2 IAD

(erythema and associated skin breakdown).[12] (IV)

14. A liquid dressing and ostomy powder, compared to standard care, may significantly reduce healing time, and lower the risk of recurrence of IAD.[13] (II)
15. Management of diaper dermatitis should involve products that are left on such as zinc oxide, lanolin, cod liver oil, dexpantherol, paraffin and beeswax have shown beneficial outcomes.[9] (II)
16. The use of superabsorbent pads decreases severity of IAD, and speeds recovery .[9] (II)
17. Use of a skin protectant can alleviate pain and enhance comfort. While, for those at risk of IAD, the application of a skin protectant will repel moisture and irritants.[3] (EO)
18. An evidence-based bundle (including ongoing assessment, photographs, skin hygiene, barrier film spray, management of risk factors) can reduce the incidence and delay the development of IAD in patients who are critically ill.[14] (III)