



This is a guide only and does not replace clinical judgment

Products listed or pictured are examples only and do not represent an endorsement of any company or particular product

References

Beeckman D et al. 2020. Best Practice Recommendations for Holistic Strategies to Promote and Maintain Skin Integrity: Wounds International. www.woundsinternational.com.

Beeckman D, et al. 2015. Proceedings of the Global IAD Expert Panel. Incontinence Associated Dermatitis: Moving Prevention Forward: Wounds International. www.woundsinternational.com

Coyer F et al. Interventional skin care protocol to reduce incontinence-associated dermatitis in critically ill patients in the ICU. Int Crit Care Nurs 2017;40:1-10.

Deprez J et al. Prognostic factors for development of incontinence-associated dermatitis: systematic review. International Wound J 2024;21:e14962.

Fastner A, et al. Skin Assessments and Interventions for Maintaining Skin Integrity in Nursing Practice: An Umbrella Review. Int J Nurs Studies. 2023;143:104495

Fletcher J et al. 2020. Prevention and Management of Moisture-Associated Skin Damage (MASD): Wounds International. www.woundsinternational.com

LeBlanc K et al. 2020. Best Practice Recommendations for Prevention and Management of Moisture-Associated Skin Damage. Wounds Canada, www.woundscanada.ca

Ousey K et al. Incontinence-Associated Dermatitis Made Easy, London: Wounds International 2017;8 Issue 2, www.woundsinternational.com

Rogers S et al. Quality improvement approach to perineal skin care. Pract Improve Neonatal Care 2020;21:189-97.

Tezcan B et al. Evaluating scales used to diagnose incontinence-associated dermatitis: systematic review. Advances Skin & Wound Care 2022;35:1-9.

Wang C-M et al. Management of incontinence-associated dermatitis with topical antibiotics and antifungal medication. J Wound Care 2021;30:524-57.

Wang J et al. Meta-analysis investigating efficacy of liquid dressing and ostomy powder for treatment of IAD. Adv Skin Wound Care 2023;36:481-5.

Whitehorn A. Evidence Summary. Incontinence Associated Dermatitis (Older Adults): Prevention and Management. The JBI EBP Database. 2023:JBI-ES-2502-5.

Zhang X et al. Structured skin care protocol for preventing and treating incontinence-associated dermatitis in critically ill patients. Advances in Skin & Wound Care 2022;35:335-42.



School of Nursing, Faculty of Health
Queensland University of Technology
Kelvin Grove Qld 4059 Australia
E: woundresearch@qut.edu.au

This Project was previously funded by the Australian Government Department of Health and Ageing under the Encouraging Better Practice in Aged Care (EBPAC) program.

© QUT 2024

TEQSA Provider ID PRV12079 Australian University | CRICOS No.00213J

Incontinence-Associated Dermatitis

Information for health professionals



Incontinence-Associated Dermatitis

IAD is an irritant-contact dermatitis, resulting from skin exposure to urine and/or faeces. The condition usually affects perigenital, buttock or peristomal skin; characterised by erythema or darkened skin, with/without superficial skin loss and signs of infection.

Assessment

- Undertake risk assessment for IAD for all older adults. Risk factors include:
 - urine and/or faecal incontinence, or increased frequency
 - skin overhydration
 - skin exposed to friction /mechanical forces
 - use of occlusive containment products
 - illness or comorbidities (e.g., fever, altered skin oxygenation)
 - skin is fragile or in poor condition
 - some medications (e.g., antibiotics, steroids, promotility agents)
 - altered emotional, cognitive or functional status or mobility
 - smoking
 - poor nutrition
- Assess for IAD during routine skin care and continence care at least daily, or more frequently based on risk factors. Inspect skin folds where moisture may be trapped.
- Assess and document severity of IAD

- Valid and reliable scales to diagnose, categorise, monitor and reassess IAD include the Michigan Incontinence Symptom Index, Revised Incontinence-Associated Skin Damage Severity Instrument, Global IAD Categorisation tool (GLOBIAD), and GLOBIAD Monitoring Tool (GLOBIAD-M)

Management

- Implementing a structured skin care protocol can reduce both the incidence and severity of IAD in critically ill adults
- A standardised evidence-based approach to skin assessment, documentation, prevention and treatment helps reduce incidence and severity of IAD in neonatal intensive care
- The combination of a topical antibiotic and antifungal medication may enhance management of grade 2 IAD (erythema and skin breakdown)
- Use of a skin protectant can alleviate pain
- A liquid dressing and ostomy powder may reduce healing time and lower risk of recurrence of IAD.
- Use of superabsorbent pads decreases severity of IAD
- Leave-on products such as zinc oxide, lanolin, dexpantherol, paraffin or beeswax help management of diaper dermatitis



Prevention

- Develop and implement a personalised evidence-based prevention protocol to manage and prevent risk factors for IAD, taking into account physical, emotional and social needs, any wounds and environmental or systemic factors
- A bundle including ongoing assessment, skin hygiene, barrier film spray and management of risk factors can reduce the incidence of IAD in critically ill adults
- Manage incontinence using suitable incontinence products and non-invasive behavioural interventions
- Cleanse the skin of incontinent adults at least once/day and post-episode of faecal incontinence
- Use gentle, low-irritant, low pH cleansers, no-rinse products or with warm water and soft cloths. Cleansers with dimethicone or emollients and low pH are more effective than soap and water.
- Application of leave-on products (skin protectants /barriers, moisturisers and combination products) are effective for prevention and healing. Apply regularly and pat gently to avoid friction, in an appropriate quantity to avoid softening of the skin.