Moisture Associated Skin Damage Pathway

NHS Gloucestershire Hospitals NHS Foundation Trust

Assessment

General criteria
- Nutritional status
- Allergies
- Mobility
- Previous skin disorder
- Patient bathing/ skin care routine

MASD specific
- Urine or faecal incontinence
- excessive wound exudate
- excessive sweating
- Stoma leakage

Skin is intact but regular reassessment required

There is evidence of skin breakdown

Differential diagnosis

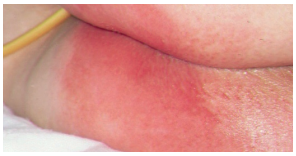
Is the skin damage caused by: (exclude pressure damage as a cause (3M Differentiation guide*)

1. Urine or faecal matter
2. Excessive moisture from sweating
3. Wound exudate
4. Stoma leakage

1 Incontinence Associated Dermatitis (IAD)

Source of MASD
Urine or liquid faeces

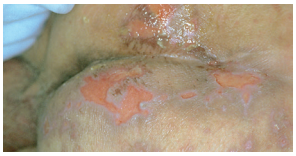
Erythema and inflammation of the skin, erosion and denudation can occur as result of exposure to urine and faeces



2 Intertriginous Dermatitis (MASD within skin folds)

Source of MASD
Perspiration

Mild, mirror image erythema on each side of the skin fold. May have erosion and denudation as result of exposure to chronic perspiration



3 Periwound Dermatitis

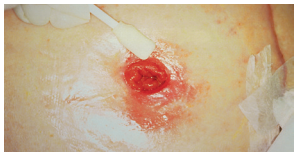
Source of MASD
Exudate, adhesive stripping or infection

Erythema and inflammation of skin within 4cm of wound edge, may show denudation or erosion

4 Peristomal and Peri-tube Moisture Associated Dermatitis

Source of MASD
Bodily fluids e.g. urine, faeces, gastric

Inflammation and erosion of skin related to moisture from bodily fluids such as urine, faeces and gastric fluids



Implement skin care regimen

- Ensure patient consent to any skin care practice and treatment
- Control symptoms and treat the underlying cause
- Adopt a multidisciplinary approach
- Moisturise and protect using appropriate barrier product(s), eg 3M™ Cavilon™ Skin care Range
- Educate all care providers on preferred method of skin care
- Remove irritants from skin and protect from further exposure
- Cleanse skin with ph neutral wipes/ cleanser
- Check skin folds for residual faeces/urine
- Use devices/products to wick moisture from affected skin
- Utilise disposable wash basins to reduce cross infection risk

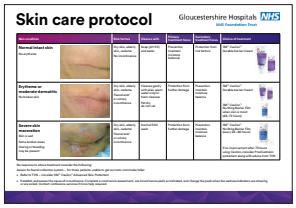
Include patient in all descisions relating to treatment

Management

Complete an assessment and care plan in all instances

1 Incontinence Associated Dermatitis (IAD)

- Refer to Incontinence Skin Care Protocol



2 Intertriginous Dermatitis (MASD within skin folds)

- Examine entire area of the skin folds, including the base
- Enlist assistance in order to gently lift the fold without creating or exacerbating traction and fissure formation
- Consider tissue type and treatment aim when selecting treatment
- Avoid products containing chlorhexidine gluconate, alcohol, or perfumes as these can be absorbed by damaged skin
- Measures to ensure the continued drying of the skin fold must be a primary treatment strategy
- Cavilon No Sting Barrier Film to be applied every 24 hours. Frequency can be reduced to 48–72 hours in line with skin improvement

3 Periwound Dermatitis

- Base dressing choice on exudate levels
- Consider the potential for wound infection
- If the wound is not healing or progressing, further investigation may be required to establish co-morbidities
- Protect peri-wound area from further breakdown, maceration and adhesive trauma. Apply Cavilon NSBF at every dressing change or as per protocol

4 Peristomal and Peri-tube Moisture Associated Dermatitis

- Consult Stoma Nurse specialist for guidance on appliances
- Protect peri-stomal/peri-tube area from further breakdown, maceration and adhesive trauma. Apply Cavilon NSBF at every pouch/ appliance change or as per protocol

Reassessment and evaluation: record outcomes

If no improvement or deterioration in condition, refer to TVN and/or Dermatology