



# PROVEN TREATMENT FOR INCONTINENCE-ASSOCIATED DERMATITIS (IAD) WITH COMFORT SHIELD® BARRIER CLOTHS



**DAY 1<sup>1</sup>**  
72-year-old Canadian patient with severely excoriated, blistered skin and extreme pain from incontinence.



**DAY 4<sup>1</sup>**  
After 3 days using Shield Barrier Cloths, patient's skin vastly improved; no discomfort.

Comfort Shield Barrier Cloths help provide consistent patient care by applying a Dimethicone barrier every time. Each cloth delivers all-in-one skin cleansing, moisturizing, deodorizing, treatment and barrier protection.

- Proven barrier protection. 3% dimethicone formula was proven equivalent to traditional tube barrier creams.<sup>2</sup> Breathable and transparent, it makes skin assessment easy without removal.
- Helps “protect skin from excessive moisture and incontinence” as recommended by the Registered Nurses Association of Ontario (RNAO).<sup>3</sup> Helps prevent perineal dermatitis; helps seal out wetness.
- Fully insulated, resealable packaging keeps washcloths warm.
- Helps maximize compliance to your incontinence care protocol by delivering an effective barrier every time it's used.
- Hypoallergenic, gentle, and non-irritating.

1. Sluser S, Consistency the key for treating severe perineal dermatitis due to incontinence. Poster presented at the Clinical Symposium on Advances in Skin and Wound Care (ASWC), Las Vegas, NV, 2005 Oct. 2. Clever K, et al., Ost/Wound Mgmt. Dec 2002;48(12):60-7. 3. Risk assessment & prevention of pressure ulcers (revised). Registered Nurses Association of Ontario (RNAO) (accessed 02-27-07 at: [http://www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=7006&nbr=4215](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=7006&nbr=4215))

For further information, visit:  
<http://www.sageproductsglobal.com/en/shield.cfm>



**COMFORT SHIELD® BARRIER CLOTHS**  
with dimethicone

8-pack  
peel and reseal package  
large size cloths

48 packages/case  
**Reorder #7905-X**



**COMFORT SHIELD® BARRIER CLOTHS**  
with dimethicone

3-pack  
easy-tear package  
large size cloths

90 packages/case  
**Reorder #7453-X**



**COMFORT SHIELD® BARRIER CLOTHS**  
with dimethicone




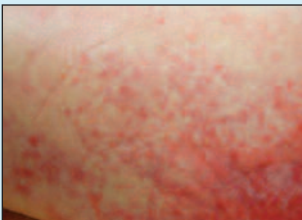
32-pack  
resealable tub  
large size cloths

12 tubs/case  
**Reorder #7996P-X**

## INCONTINENCE-ASSOCIATED DERMATITIS INTERVENTION TOOL (IAD-IT)

### Skin Care for Incontinent Persons

1. Cleanse incontinence ASAP and apply barrier.
2. Document condition of skin at least once every shift in nurse's notes.
3. Notify primary care provider when skin injury occurs and collaborate on the plan of care.
4. Consider use of external catheter or fecal collector.
5. Consider short term use of urinary catheter only if necessary.

	DEFINITION	INTERVENTION
<b>HIGH-RISK</b>	<p>Skin is not erythematous or warmer than nearby skin but may show scars or color changes from previous IAD episodes and/or healed pressure ulcer(s).</p> <p>Person not able to adequately care for self or communicate need and is incontinent of liquid stool at least 3 times in 24 hours.<sup>1</sup></p>	<ol style="list-style-type: none"> <li>1. Use a disposable barrier cloth containing cleanser, moisturizer and protectant.<sup>2</sup></li> <li>2. If barrier cloths not available, use acidic cleanser (6.5 or lower), not soap (soap is too alkaline); cleanse gently (soak for a minute or two – no scrubbing); and apply a protectant (ie: dimethicone, liquid skin barrier or petrolatum).</li> <li>3. If briefs or underpads are used, allow skin to be exposed to air. Use containment briefs only for sitting in chair or ambulating – not while in bed.</li> </ol>
<b>EARLY IAD</b>	 <p>Skin exposed to stool and/or urine is dry, intact, and not blistered, but is pink or red with diffuse (not sharply defined), often irregular borders. In darker skin tones, it might be more difficult to visualize color changes (white or yellow color) and palpation may be more useful.</p> <p>Palpation may reveal a warmer temperature compared to skin not exposed. People with adequate sensation and the ability to communicate may complain of burning, stinging, or other pain.</p>	<ol style="list-style-type: none"> <li>4. Manage the cause of incontinence: a) Determine why the patient is incontinent. Check for urinary tract infection, b) Consider timed toileting or a bladder or bowel program, c) Refer to incontinence specialist if no success.<sup>3</sup></li> </ol>
<b>MODERATE IAD</b>	 <p>Affected skin is bright or angry red – in darker skin tones, it may appear white or yellow.</p> <p>Skin usually appears shiny and moist with weeping or pinpoint areas of bleeding. Raised areas or small blisters may be noted.</p> <p>Small areas of skin loss (dime size) if any.</p> <p>This is painful whether or not the person can communicate the pain.</p>	<p>↑ <b>Include treatments from box above plus:</b></p> <ol style="list-style-type: none"> <li>5. Consider applying a zinc oxide-based product for weepy or bleeding areas 3 times a day and whenever stooling occurs.</li> <li>6. Apply the ointment to a non-adherent dressing (such as anorectal dressing for cleft, Telfa for flat areas, or ABD pad for larger areas) and gently place on injured skin to avoid rubbing. Do not use tape or other adhesive dressings.</li> <li>7. If using zinc oxide paste, do not scrub the paste completely off with the next cleaning. Gently soak stool off top then apply new paste covered dressing to area.</li> <li>8. If denuded areas remain to be healed after inflammation is reduced, consider BTC ointment (balsam of peru, trypsin, castor oil) but remember balsam of peru is pro-inflammatory.</li> <li>9. Consult WOCN if available.</li> </ol>
<b>SEVERE IAD</b>	 <p>Affected skin is red with areas of denudement (partial thickness skin loss) and oozing/bleeding. In dark skinned patients, the skin tones may be white or yellow.</p> <p>Skin layers may be stripped off as the oozing protein is sticky and adheres to any dry surface.</p>	<p>↑ <b>Include treatments from box above plus:</b></p> <ol style="list-style-type: none"> <li>10. Position the person semiprone BID to expose affected skin to air.</li> <li>11. Consider treatments that reduce moisture: low air loss mattress/overlay, more frequent turning, astringents such as Domeboro soaks.</li> <li>12. Consider the air flow type underpads (without plastic backing).</li> </ol>
<b>FUNGAL APPEARING RASH</b>	 <p>This may occur in addition to any level of IAD skin injury.</p> <p>Usually spots are noted near edges of red areas (white or yellow areas in dark skinned patients) that may appear as pimples or just flat red (white or yellow) spots.</p> <p>Person may report itching which may be intense.</p>	<p>Ask primary care provider to order an anti-fungal powder or ointment. Avoid creams in the case of IAD because they add moisture to a moisture damaged area (main ingredient is water).</p> <ol style="list-style-type: none"> <li>1. If using powder, lightly dust powder to affected areas. Seal with ointment or liquid skin barrier to prevent caking.</li> <li>2. Continue the treatments based on the level of IAD.</li> <li>3. Assess for thrush (oral fungal infection) and ask for treatment if present.</li> <li>4. For women with fungal rash, ask health care provider to evaluate for vaginal fungal infection and ask for treatment if needed.</li> <li>5. Assess skin folds, including under breasts, under pannus, and in groin.</li> <li>6. If no improvement, culture area for possible bacterial infection.</li> </ol>