

CONSISTENCY THE KEY FOR TREATING SEVERE PERINEAL DERMATITIS DUE TO INCONTINENCE

Shelley Sluser, RN, ET • Sturgeon Community Hospital and Health Centre

ABSTRACT

Problem

Perineal dermatitis is physically painful and emotionally upsetting.

Rationale

Patients presenting with severe perineal dermatitis require appropriate, prompt and consistent treatment for the skin.

Methodology

72-year-old NIDDM male was admitted with generalized weakness and bilateral cellulitis to lower legs, secondary to anorexia, depression, and medication noncompliance. Patient was found at home in a chair, too weak to get up for 4 days. Due to incontinence, the buttocks, groin, scrotum and thighs were severely excoriated and blistered. Patient complained of extreme pain and burning.

Results

Foley catheter was inserted and a trial of incontinence care washcloths impregnated with 3% dimethicone commenced. Staff were instructed to use this product exclusively for each incontinent episode, morning and evening care. Rapid progress was observed. By day 4, epithelialization of the right buttock and left thigh occurred with a general decrease in redness. Patient denied any discomfort. However, on day 6 the patient experienced

increased redness and complained of burning. Patient commented that the new washcloths had not been used the preceding day. This revealed a communication breakdown resulting in compliance issues with the dimethicone washcloths. Staff were reeducated and other skin products removed. Immediate improvement was noted on day 7 with decreased redness and no burning. By day 8, all open areas were closed and skin was returning to normal color.

Conclusion:

It was gratifying for patient and staff to see rapid, steady improvement of skin integrity. Inconsistencies with product usage resulted in increased redness and discomfort for the patient. The 3% dimethicone washcloths were the solution to restoring healthy skin.

Learning Objectives:

1. The learner will understand the importance of early skin care interventions for patients with urinary and fecal incontinence.
2. The learner will understand that positive patient outcomes can be achieved by implementing a consistent skin care program for incontinent patients.
3. The learner will identify appropriate interventions for the prevention and treatment of perineal dermatitis.

INTRODUCTION

Incontinence which has not been managed in a home setting can result in severe skin breakdown in a short time period. Patients presenting to healthcare facilities with skin breakdown due to incontinence require immediate, appropriate and consistent care plans to reverse their condition.

RATIONALE

Recent literature shows that even though most healthcare professionals see the value in standard protocols for managing incontinence, these care plans can often be difficult to administer on a regular basis. Inconsistent incontinence management can result in setbacks for the patient.

METHODOLOGY

72-year-old NIDDM male was admitted with generalized weakness and bilateral cellulitis to lower legs, secondary to anorexia, depression, and medication noncompliance. Patient was found at home in a chair, too weak to get up for 4 days. Due to incontinence, the buttocks, groin, scrotum and thighs were severely excoriated and blistered. Patient complained of extreme pain and burning.



DAY 1: Patient admitted with severe excoriation due to incontinence.



DAY 9: Very little redness remaining. Skin almost back to normal color, general skin condition healthy.

washcloth impregnated with 3% dimethicone used for the prevention and treatment of perineal dermatitis. The washcloths were utilized each time the patient was incontinent. The patient improved rapidly, but suffered a relapse when nursing switched back to the previous standard of care for incontinence. This helps to demonstrate the importance of compliance to hospital skin care protocols to maintain optimal results.

REFERENCES

Gray M. Preventing and Managing Perineal Dermatitis. JWOCN. 2004;31(1)(Suppl):S2-S9.

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TREATMENT PLAN

A Foley catheter was inserted. Physician agreed to trial an incontinence cleansing washcloth impregnated with 3% dimethicone. All other wound and skin care products were removed from the patient's room and staff were instructed to use this product exclusively for each incontinent episode, as well as morning and evening care.

CONCLUSION

The care plan implemented in this case study resulted in improved skin outcomes and improved comfort for the patient. The immediate and appropriate intervention focused on treating the patient's condition, perineal dermatitis. Treatment for pressure ulcers or fungal infection was not indicated. The treatment plan included management of urinary incontinence utilizing a Foley catheter and the implementation of an incontinence care

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY
							
<p>DAY 1</p> <p>Patient complained of extreme pain and burning of the excoriated areas of the perineum, scrotum, groin and thighs. All areas were wiped very gingerly and were very tender to the touch.</p>	<p>DAY 2</p> <p>Rapid progress was observed. Epithelialization occurred to the right buttock and left thigh. Patient stated burning and pain had decreased remarkably and cloths felt very soothing to his tender "bottom."</p>	<p>DAY 4</p> <p>Patient happy and smiling when we entered the room, thanking us for the relief from pain and burning to his "bottom." Patient denied any discomfort to perineum, scrotum, groin or thighs. Condition of skin had continued to improve with decreased redness. Area to right buttock still open slightly.</p>	<p>DAY 6</p> <p>Increased redness to perineum, scrotum, groin and thighs. Patient complained of burning to areas. Patient informed us that cloths had not been used. Instead, a cream containing zinc oxide was found in bedside table. This revealed a communication breakdown resulting in compliance issues with the dimethicone washcloths. Staff were reeducated and other skin products removed.</p>	<p>DAY 7</p> <p>Immediate improvement was noted with decreased redness and no burning.</p>	<p>DAY 8</p> <p>Right buttock open area had closed and was covered by epithelium.</p>		