

## BACKGROUND

Incontinence Associated Dermatitis (IAD) is defined as “an inflammation of the skin that occurs when urine or stool comes into contact with perineal or perigenital skin.”<sup>1</sup> Despite efforts to reduce the incidence of IAD, studies indicate that incidence rates range from 3.4% to 25%.<sup>1</sup> A 976-patient study found 20.3% of patients were incontinent.<sup>2,3</sup> IAD prevalence for incontinent patients was 54% at three hospitals, affecting 11% of the general patient population.<sup>2,3</sup>

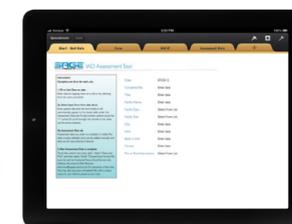


## OBJECTIVES

To evaluate our baseline IAD rates and evaluate the effectiveness of an evidence based incontinence care regimen on the prevention of IAD.

## METHODOLOGY

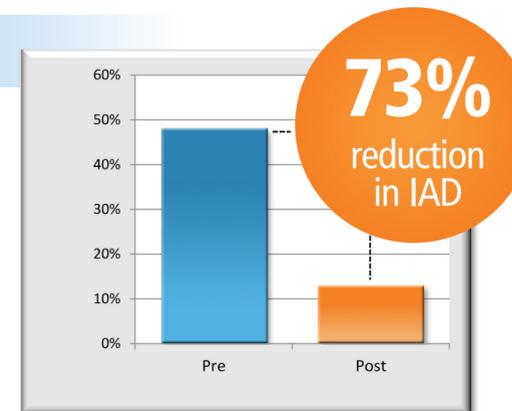
The incontinence cleansing protocol was standardized to include the use of an all-in-one, disposable, dimethicone-infused barrier cloth with each episode of incontinence. Staff education was provided regarding best practices for IAD and pressure ulcer prevention. A pre and post IAD point prevalence assessment was conducted on all hospitalized incontinent patients on a stroke ward (29 beds) and a general elderly care ward (36 beds) using a computerized IAD assessment tool.



IAD ASSESSMENT TOOL

## RESULTS

Pre-implementation, the baseline IAD rate was 48%. Following implementation of a standardized incontinence protocol the IAD rate was 13%. This represents an IAD reduction of 73%.



## DISCUSSION

Chronic exposure to urine and/or fecal material compromises the integrity of a patient’s skin, increasing a patient’s risk for infection and the development of PUs. IAD, like many complications, presents a challenge to healthcare providers. We are charged with the responsibility of evidence based care with effectively managing the cost associated with that care. For these reasons, early monitoring and prevention of IAD is critical.

## CONCLUSIONS

The initiation of a standardized evidence-based incontinence cleansing protocol enhanced prevention and care for IAD. The change in practice enabled effective incontinence cleansing in our high-risk patient population and provided an easy and consistent method for applying a barrier with every episode of incontinence care.

### REFERENCES:

1. Gray M, et al., J Wound Ostomy Continence Nurs. 2007 Jan-Feb;34(1):45-54.
2. Junkin J, Moore-Lisi G, Lerner-Selekof J. What we don't know can hurt us: pilot prevalence survey of incontinence and related perineal skin injury in acute care. Poster presented at the Clinical Symposium on Advances in Skin and Wound Care (ASWC), Las Vegas, NV, 2005 Oct.
3. Lyder CH, et al., Ost/Wound Mgmt Apr 2002;48(4):52-62.