

Moisture Associated Skin Damage (MASD) Pathway A

Assessment

Carry out a full holistic assessment.
Consider: mobility, nutritional status, personal hygiene, sensitivities.
Moisture specific: continence, excessive perspiration, skin folds.

Patients with moisture lesions are at high risk of developing pressure ulcers. ASSKING pressure ulcer bundle to be implemented as per trust policy.

Is the skin damage caused by:

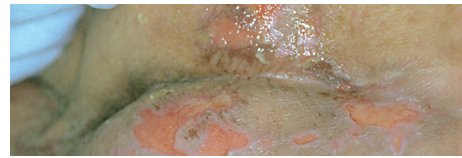
1 Incontinence Associated Dermatitis (IAD)

Source of MASD: Urine and/or faeces



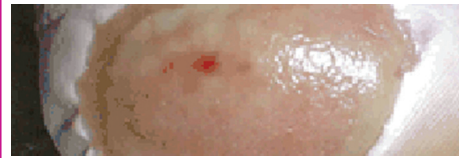
2 Intertriginous Dermatitis (MASD within skin folds)

Source of MASD: Perspiration +/- friction



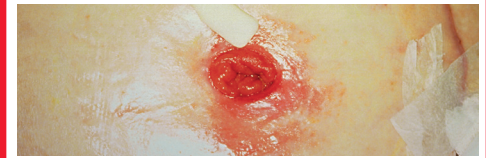
3 Periwound Dermatitis

Source of MASD: Exudate +/- adhesive skin stripping



4 Peristomal and Peri-tube Moisture Associated Dermatitis

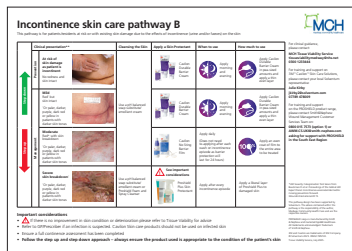
Source of MASD: Bodily fluids e.g. urine, faeces, gastric +/- adhesive skin stripping



Management

1 Incontinence Associated Dermatitis (IAD)

- ▶ Ensure a full continence assessment has been completed
- ▶ Refer to Incontinence Skin Care Pathway



2 Intertriginous Dermatitis (MASD within skin folds)

- ▶ Examine entire area of the skin folds, including base
- ▶ Gently lift the fold without creating or exacerbating traction and fissure formation
- ▶ Avoid products containing, alcohol, or perfumes as these can be absorbed by damaged skin
- ▶ Consider the potential for secondary infection
- ▶ Cavilon No Sting Barrier Film to be applied every 24 hours. Frequency can be reduced to 48-72 hours in line with skin improvement
- ▶ If skin damage is moderate/severe or deteriorating consider use of an Advanced Skin Barrier e.g. Cavilon Advanced Skin Protectant and refer to Tissue Viability



3 Periwound Dermatitis

- ▶ Base dressing choice on exudate levels
- ▶ Consider the potential for wound infection
- ▶ If the wound is not healing or progressing, reassess and refer as required
- ▶ Protect peri-wound area from further breakdown, maceration and adhesive trauma. Apply Cavilon No Sting Barrier Film at every dressing change or as per protocol
- ▶ If skin damage moderate/severe or deteriorating consider use of an Advanced Skin Barrier e.g. Cavilon Advanced Skin Protectant and refer to Tissue Viability



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 No Sting Barrier Film at every pouch/appliance change or as per protocol
- ▶ If skin damage moderate/severe or deteriorating consider use of an Advanced Skin Barrier e.g. Cavilon Advanced Skin Protectant and refer to Tissue Viability



2 3 4 Once skin condition has resolved, discontinue use of Cavilon No Sting Barrier Film unless patient continues to be at high risk of skin breakdown


For clinical guidance please contact MCH Tissue Viability Service tissueviabilitymedway@nhs.net 0300 1233444.

For training and support on 3M™ Cavilon™ Skin Care Solutions, please contact your local Solventum representative, Julie Kirby on jkirby2@solventum.com or 07789 478009

For training and support on the PROSHIELD product range, please contact Smith&Nephew Wound Management Customer Services Team on: 0800 015 7573 (option 1) or AWM.CS.UKI@smith-nephew.com asking for support with PROSHIELD in the South East Region

Incontinence skin care pathway B

This pathway is for patients/residents at risk or with existing skin damage due to the effects of incontinence (urine and/or faeces) on the skin

Clinical presentation**		Cleansing the Skin	Apply a Skin Protectant	When to use	How much to use
<div>Step down</div> <div>Step up</div>	Prevention At risk of skin damage as patient is incontinent No redness and skin intact 	Use a pH balanced soap substitute/emollient cream	 Cavilon Durable Barrier Cream	 Apply morning and evening	 Apply Cavilon Durable Barrier Cream in pea-sized amounts and apply a thin even layer
	Mild Red* but skin intact *Or paler, darker, purple, dark red or yellow in patients with darker skin tones 		 Cavilon Durable Barrier Cream	 Apply morning and evening	 Apply Cavilon Durable Barrier Cream in pea-sized amounts and apply a thin even layer
<div>Step down</div> <div>Step up</div>	Management Moderate Red* with skin breakdown *Or paler, darker, purple, dark red or yellow in patients with darker skin tones 	Use a pH balanced soap substitute/emollient cream or Proshield Foam and Spray Cleanser	 Cavilon No Sting Barrier Film	Apply daily (Does not need re-applying after each wash or incontinence episode as barrier protection will last for 24 hours)	 Apply an even coat of film to the entire area to be treated
	Severe skin breakdown* *Or paler, darker, purple, dark red or yellow in patients with darker skin tones 		 See important considerations  Proshield Plus Skin Protectant	Apply after every incontinence episode	Apply a liberal layer of Proshield Plus to damaged skin

Important considerations

- ⚠ If there is no improvement in skin condition or deterioration please refer to Tissue Viability for advice
- Refer to GP/Prescriber if an infection is suspected. Cavilon Skin care products should not be used on infected skin
- Ensure a full continence assessment has been completed
- Follow the step up and step down approach – always ensure the product used is appropriate to the condition of the patient's skin**

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*IAD Severity Categorisation Tool taken from Beekman D *et al.* Proceedings of the Global IAD Expert Panel. Incontinence-associated dermatitis: moving prevention forward. *Wounds International* 2015.

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