

What the experts say

Incontinence care and pressure injury prevention

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.”¹ IAD is also a major risk factor for pressure ulcers.²

Recommendations & guidelines

IHI Five Million Lives Campaign Prevent Pressure Ulcers³

- “Provide supplies at the bedside of each at-risk patient who is incontinent. This provides the staff with the supplies that they need to immediately clean, dry and protect the patient’s skin after each episode of incontinence.”
- “Provide pre-moistened, disposable barrier wipes to help cleanse, moisturize, deodorize and protect patients from perineal dermatitis due to incontinence.”

CMS Reimbursement Mandates⁴

The Centers for Medicare and Medicaid Services (CMS) is no longer reimbursing facilities for pressure ulcers not present on admission (POA). CMS’s opinion is that this will provide hospitals the incentive to:

- Improve screening of patients for pressure ulcers on admission.
- Promote early identification of pressure ulcers to improve treatment.
- Greatly improve patients’ quality of care.

WOCN Wound Ostomy and Continence Nurses Society⁵

- “Use incontinence skin barriers such as creams, ointments, pastes, and film-forming skin protectants as needed to protect and maintain intact skin in individuals who are incontinent and at risk for pressure ulcers.”

National Pressure Ulcer Advisory Panel⁶

- “Cleanse the skin promptly after episodes of incontinence. Use skin cleansers that are pH balanced for the skin. Use skin moisturizers daily on dry skin.”

NIH Clinical Center, National Institutes of Health, U.S. Department of Health and Human Services⁷

- Clean incontinence episodes immediately to protect skin from breakdown. Use...no-rinse cleanser such as Sage Comfort Shield Barrier Cream Cloths.

Published outcomes

Incontinence-Associated Dermatitis, Characteristics and Relationship to Pressure Injury A Multisite Epidemiologic Analysis⁸

- “More than one-third of patients (n = 2492 of 5342 patients; 46.6%) were incontinent of urine, stool, or both.”
- “The prevalence of facility-acquired pressure injury in the sacral area among individuals with incontinence was 17.1% (427/2492), and the prevalence of facility-acquired full-thickness pressure injury was 3.8% (95/2492).”
- Multivariate analysis also revealed that patients with dual incontinence were more likely to develop facility acquired sacral pressure injury compared with those with urinary incontinence, fecal incontinence, or no incontinence (OR, 1.626; 95% CI, 1.187-2.226, P = .002).

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Published outcomes (cont.)

It's easy: preventing incontinence-associated dermatitis and early stage pressure injury⁹

- "Our intervention of an all-in-one incontinence barrier cloth that includes a skin protectant led to a 77.7% reduction in IAD. The prepackaged bath product resulted in enhanced productivity and cost savings. Furthermore, the staff found the products convenient and easy to use."

Risk Factors Associated with Having a Pressure Ulcer: A Secondary Data Analysis¹⁰

- ...The odds of having a pressure ulcer were 22 times greater for hospitalized adult patients with fecal incontinence compared to hospitalized adult patients without fecal incontinence.
- ...The odds of having a pressure ulcer were 37.5 times greater in patients who had both impaired mobility and fecal incontinence relative to patients who had neither.

The development of cost-effective quality care for the patient with incontinence¹¹

- "This study demonstrated that a streamlined cleansing and protectant washcloth produced similar outcomes in patients with incontinence to those produced by a multi-step cleansing and protectant process. The (one-step) process was adopted as the new standard for evidence-based incontinence clean-up care because of comparable skin outcomes and improved care costs."

Pressure Ulcer Risk in the Incontinent Patient: Analysis of Incontinence and Hospital-Acquired Pressure Ulcers From the International Pressure Ulcer Prevalence™ Survey¹²

- The prevalence of pressure ulcers was 4.1% for continent patients and 16.3% for incontinent patients; the prevalence of facility acquired pressure ulcers was 1.6% and 6.0%, respectively.

References:

1. Gray M et al., J Wound Ostomy Continence Nurs. 2007 Jan-Feb;34(1):45-54. 2. Nix D, Ermer-Seltun J. A review of perineal skin care protocols and skin barrier product use. Ostomy Wound Manage. 2004;50(12):59-67. 3. Protecting 5 Million Lives from Harm Campaign, An Initiative of the Institute for Healthcare Improvement. 2006 Dec. 4. Federal Register, Vol 72 No 162, 2007 Aug:47201-47205. 5. Guidelines for Prevention and Management of Pressure Ulcers, III. Interventions: Prevention, WOCN Clinical Practice Guideline Series, Glenview, IL, 2003:14. 6. National Pressure Ulcer Advisory Panel (NPUAP) Pressure Ulcer Prevention Points, 2016. 7. "Standard of Practice: Pressure Ulcer Prevention for the 'At Risk' Patient," NIH Clinical Center, National Institutes of Health, U.S. Department of Health and Human Services. 8. Gray, M and Giuliano, K. Incontinence-Associated Dermatitis, Characteristics and Relationship to Pressure Injury A Multisite Epidemiologic Analysis, Journal of Wound Ostomy Continence Nursing, January/February 2018;45(1):63-67. 9. Wolfman A., "It's easy: preventing incontinence-associated dermatitis and early stage pressure injury", 3rd Congress of the World Union of Wound Healing Societies, Toronto, Canada, June 4-8, 2008. 10. Maklebust J, Magnan MA, "Risk Factors Associated with Having a Pressure Ulcer: A Secondary Data Analysis" Adv Wound Care. Nov 1994;7(6):25, 27-28, 31-4. 11. Dieter L, Drolshagen C, Blum K, "The development of cost-effective quality care for the patient with incontinence" Poster presented at WOCN Annual Conference, Minneapolis, MN, June 2006. 12. Lachenbruch, C. et al, Pressure Ulcer Risk in the Incontinent Patient: Analysis of Incontinence and Hospital-Acquired Pressure Ulcers From the International Pressure Ulcer Prevalence™ Survey, Journal of Wound Ostomy Continence Nursing, 2016 May-Jun;43(3):235-41.