# Incontinence-Associated Dermatitis Intervention Tool (IADIT)

## Skin Care for Incontinent Persons

The #1 priority is to address the cause of incontinence. Use this tool until incontinence is resolved.

<table>
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<th>Definition</th>
<th>Intervention</th>
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<tr>
<td><strong>HIGH-RISK</strong></td>
<td>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). Person not able to adequately care for self or communicate need and is incontinent of liquid stool at least 3 times in 24 hours.¹</td>
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<td><strong>EARLY IAD</strong></td>
<td>Skin exposed to stool and/or urine is dry, intact, and not blisters, 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, yellow, very dark red/purple) and palpation may be more useful. 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.</td>
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<td><strong>MODERATE IAD</strong></td>
<td>Affected skin is bright or angry red – in darker skin tones, it may appear white, yellow, or very dark red/purple. Skin usually appears shiny and moist with weeping or pinpoint areas of bleeding. Raised areas or small blisters may be noted. Small areas of skin loss (dime size) if any. This is painful whether or not the person can communicate the pain.</td>
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<tr>
<td><strong>SEVERE IAD</strong></td>
<td>Affected skin is red with areas of denudement (partial-thickness skin loss) and oozing/bleeding. In dark-skinned persons, the skin tones may be white, yellow, or very dark red/purple. Skin layers may be stripped off as the oozing protein is sticky and adheres to any dry surface.</td>
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<tr>
<td><strong>FUNGAL-APPEARING RASH</strong></td>
<td>This may occur in addition to any level of IAD skin injury. Usually spots are noted near edges of red areas (white, yellow, or very dark red/purple areas in dark-skinned patients) that may appear as pimples or just flat red (white or yellow) spots. Person may report itching which may be intense.</td>
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1. Use a disposable barrier cloth containing cleanser, moisturizer, and protectant.²³
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).³
3. If briefs or underpads are used, allow skin to be exposed to air for 30 minutes twice a day by positioning semi-prone. Use containment briefs only for sitting in chair or ambulating – not while in bed.³
4. Managethe cause of incontinence: a) Determine why the person 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.⁴

**Include treatments from box above plus:**

5. Consider applying a zinc oxide-based product for weepy or bleeding areas 3 times a day and whenever stooling occurs.²
6. Apply the ointment to a non-adhesive dressing (such as anorectal dressing for clef, 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.³
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.³
8. If denuded areas remain to be healed after inflammation is reduced, consider BTC ointment (balsam of peru, tryptox, castor oil) but remember balsam of peru is pro-inflammatory.³
9. Consult WOCN if available.³

**Include treatments from box above plus:**

10. Position the person semiprone for 30 minutes twice a day to expose affected skin to air.³
11. Consider treatments that reduce moisture: low air loss mattress/overlay, more frequent turning, astringents such as Domeboro soaks.³
12. Consider the air flow type underpads (without plastic backing).³

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