

IAD – Getting the right product at the right time

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Objectives: IAD

- Background
- Characteristics
- Management
- Recommendations



BEST PRACTICE PRINCIPLES

INCONTINENCE-ASSOCIATED DERMATITIS: **MOVING PREVENTION FORWARD**

Addressing evidence gaps for best practice

Identifying causes and risk factors for IAD

IAD and pressure ulceration

IAD assessment and severity-based categorisation

IAD prevention and management strategies

IAD: Characteristics

- 2 Categories: **mild** with red intact skin
: **mod-severe** red broken skin
- “Top down”
- May feel warmer and firmer to touch
- Pain, burning, itching, tingling



Pressure Injury

- 4 categories
- “Bottom up”
- Bony prominences
- Distinct edges
- Painful



IAD: management

- Identification of those at risk
- Manage/Improve/Cure incontinence
- Prevention
- Structured skin management

IAD: Management

C
P
R



IAD: Management

Cleanse
Protect
Restore



Cleansers

- Many ingredients (including surfactants)
- No rinse
- Quick drying
- Soft, disposable, non-woven cloth
- May be a combination product

Cleansers: Surfactants

- **Non-ionic** surfactants: Polyethylene glycol (PEG), Acyl-polyglycoside (APG), polysorbates, Octoxynols
- **Amphoteric** surfactants: Cocamido proyl betaine
- **Anionic** surfactants : Sodium lauryl sulfate (SLS), Sodium laureth sulfate, Sodium sulphosuccinate, Sodium stearate

Management: protectants

- Apply as per manufacturers instructions e.g. frequency and amount
- Ensure compatibility with other products being used
- Apply to all skin affected and potentially affected

Other applications

- **Cleansers:**
(sticky poo)



- **Protectants: fungal infections**

Non Chemical Protectants



References

- <https://www.woundsinternational.com/resources/details/incontinence-associated-dermatitis-moving-prevention-forward>