









Guideline Summary: Prevention & Treatment Interventions for Moisture-Associated Skin Damage (MASD)

Description	Clinical Presentation	Prevention Interventions	Treatment Steps
<p style="color: red; font-weight: bold;">Incontinence-Associated Damage (IAD) Mild, Moderate, or Severe</p>	<p style="text-align: center; font-weight: bold;">Mild IAD</p> 	<p>Light redness of the intact skin; the client experiences mild discomfort</p>	<ul style="list-style-type: none"> • TREAT the cause of urine &/or fecal incontinence. • CLEANSE skin with a no-rinse, pH-balanced, fragrant-free skin cleanser e.g RemedyFoam Cleanser • PROTECT the skin from urine/feces using a silicone protectant e.g Hydraguard • MANAGE urine/feces using a regular toileting program if client able. If not, then consider: <ul style="list-style-type: none"> ○ external collection devices ○ use of a continence pad/linen protector eg Ultrasorb ○ mesh pants/pads/containment devices • Avoid briefs as they contribute to IAD • ASSESS for skin breakdown at least 2x daily.
	<p style="text-align: center; font-weight: bold;">Moderate IAD</p> 	<p>Medium redness of the skin, the skin is peeling or flaking, small redness of partial-thickness skin damage and or small blisters are evident; client experiences discomfort/pain.</p>	
	<p style="text-align: center; font-weight: bold;">Severe IAD</p> 	<p>Dark or intense redness and rash, with deeper skin peeling or larger areas of erosion, large blisters, weeping skin, client experiences pain,</p>	
<p style="color: blue; font-weight: bold;">Intertriginous Dermatitis (Intertrigo)</p>		<ul style="list-style-type: none"> • Occurs when skin comes in contact with another skin surface in the presence of moisture. • Presents as a diffuse area of erythema, maceration, and itching. • Possible secondary bacterial or fungal infection. 	<ul style="list-style-type: none"> • CLEANSE the skin folds, axilla, pendulous breasts, abdominal pannus, inguinal folds, and/or between toes with a pH-balanced skin cleanser. .g RemedyFoam Cleanser • PROTECT the skin folds from moisture & friction. Consider separating the skin surfaces with a moisture wicking textile e.g Interdry. Do not use talc or other powders • ASSESS for skin breakdown 2x daily.

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Periwound MASD		<ul style="list-style-type: none"> • Redness or inflammation of the periwound skin within 2cm of wound edge. • May be accompanied by erosion or denudation related to skin exposure to wound exudate, infection. • May be exacerbated by traumatic removal of adhesive materials. 	<ul style="list-style-type: none"> • CLEANSE skin with normal saline, sterile water or a wound cleanser. • PROTECT skin with an acrylate skin barrier film e.g No-Sting • MANAGE MOISTURE use an appropriate wound cover dressing and/or wound exudate transfer layer. • ASSESS for skin breakdown with every dressing change. 	<ol style="list-style-type: none"> 1. Continue with preventive interventions . 2. Choose one of the following: <ul style="list-style-type: none"> • Silicone based skin protectant e.g. Remedy Hydroguard • Zinc-based skin barrier e.g. Seucra EPC • Cyanoacrylate skin protectant e.g. Cavilon Advanced Protectant or Marathon • Hydrocolloid or a transparent film dressing to frame wound area (not for fragile skin) 3. Assess for improvement with dressing change. 4. Consult ETN/WOCN/Wound Clinician.
Peri-Tube/ Drain MASD		<ul style="list-style-type: none"> • Erythema and/or denudement of the peri-tube/drain skin. • Associated with poorly fitted/sized tubes or drains. 	<ul style="list-style-type: none"> • CLEANSE area as per the specific tube/drain guideline • PROTECT use an acrylate skin barrier film e.g No-Sting or silicone protectant e.g Hydraguard • MANAGE MOISTURE use an appropriate fluid collection device. • ASSESS for skin breakdown 2x daily. 	<ol style="list-style-type: none"> 1. Continue with preventive interventions . 2. Consult ETN/WOCN/Wound Clinician 3. Choose one of the following: <ul style="list-style-type: none"> • Acrylate skin barrier film e.g. No-Sting as part of the 'crusting' technique • Zinc-based skin barrier e.g. Secure EPC • Cyanoacrylate skin protectant e.g. Cavilon Advanced Protectant or Marathon • Hydrocolloid around the tube/drain • Pouching system as needed 3. Assess for improvement 2x daily.
Peri-Fistula MASD		<ul style="list-style-type: none"> • Erythema and/or denudement of the peri-fistula skin. • Associated with effluent being in contact with the skin. 	<ul style="list-style-type: none"> • CLEANSE as per care plan. • PROTECT use an acrylate skin barrier film e.g No-Sting or silicone protectant e.g. Hydraguard. • MANAGE MOISTURE with an appropriate dressing and/or a fluid collection device. • ASSESS for skin breakdown 2x daily. 	<ol style="list-style-type: none"> 1. Continue with preventive interventions . 2. Consult ETN/WOCN/Wound Clinician 3. Choose one of the following: <ul style="list-style-type: none"> • Wound Manager system as needed • Pouching system as needed • Zinc-based skin barrier e.g. Secura EPC • Cyanoacrylate skin protectant e.g. Cavilon Advanced Protectant or Marathon 4. Assess for improvement 2x daily.
Peristomal MASD		<ul style="list-style-type: none"> • Redness, erythema and/or denudement of the peristomal skin. • Skin irritation is related to use of stoma pouching system or leaking effluent. 	<ul style="list-style-type: none"> • CLEANSE with potable water. • PROTECT use the correct size of flange. • ASSESS for skin breakdown with every flange change. 	<ol style="list-style-type: none"> 1. Continue with preventive interventions . 2. Choose one of the following: <ul style="list-style-type: none"> • Acrylate skin film barrier • Skin barrier ring • 'Crusting' technique • Cyanoacrylate skin protectant e.g. Cavilon Advanced Protectant or Marathon 3. Assess for improvement with flange change. 4. Consult ETN/WOCN/Wound Clinician.