















Product Information Sheet

Remedy Prevent			
Classification	Skin Care: Protectant - Silicone		
British Columbia Practice	The British Columbia Perinatal Services and the British Columbia Provincial Nursing Skin & Wound Committee have determined Remedy Prevent may be used for neonates in: NICUs with a corrected gestational age greater than 31 weeks + 6 days. Maternity/pediatric units who are less than 28 days in age.		
Key Points	 Remedy Clinical Prevent Silicone Cream is made with 24% silicone blended with botanical nutrients to provide moisturizing protective barrier. May be used on intact and non-intact skin. Fragrance-free, hypoallergenic, paraben-free, sulfate-free. Can be used in the presence of Chlorhexidine Gluconate (CHG). Does not interfere with the integrity of latex, nitrile, and vinyl gloves. 		
Indications	 For all ages of patients/clients/residents including neonates (see practice statement above) for the: Prevention and treatment of mild/moderate Incontinence Associated Dermatitis (IAD). Prevention and treatment of Moisture Associated Skin Damage (MASD) around wounds, tubes/ drains. Treatment of chafed, chapped or cracked skin. 		
Precautions	When cream is used on the feet, do not apply cream between the toes; remove any cream that may inadvertently get between toes. Ensure socks and shoes are worn when walking to prevent a fall.		
Contraindications	 Do not use for clients with known sensitivity or allergy to product ingredients. Do not use on wounds, (e.g. Stage 2 Pressure Injury). Do not use as a treatment for severe Incontinence-Associated Dermatitis (IAD) (see <u>Secura EPC</u>). Do not use with silicone-based dressings or tapes. 		
Formats & Sizes	■ Tube □ 59mL □ 256mL □ 256mL		

Directions	Rationale / Key Points
Selection	
Select the size of tube appropriate to the client situation, (e.g., short stay consider the 59mL sized tube).	The tube is for single-patient use only and is to be used within three years of opening.
Label the tube with date and the client's name.	
Application	
Apply a thin layer to clean skin and gently smooth in until cream is absorbed.	Should not be applied so thick that there is a white layer such that the skin not visible. A thin, transparent application provides good protection and allows for visual inspection of the skin.
Prevention of IAD & treatment of mild/moderate IAD: Apply a thin layer to skin that may come in contact with urine, stool or moisture/exudate.	
 Treatment of dry, chafed, chapped, cracked skin: Apply a thin layer to dry, chafed, chapped or cracked skin. For feet, do not apply cream between the toes; remove any cream that may inadvertently get between toes. 	Product may make the soles of the feet slippery; ensure that socks/shoes are worn to prevent a fall.

















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Directions	Rationale / Key Points		
Prevention/treatment of periwound, peri-tube/drain MASD: Allow cream to dry for 1-2 minutes before applying a dressing.	The silicone in the barrier cream may prevent the silicone cover dressings/tapes from adhering properly.		
Note: cannot be used with silicone-based dressings or tapes.	This effect may also occur with other types of cover dressings/tapes.		
Frequency of Application	<u> </u>		
After each incontinent episode, apply to clean and dry skin.			
Dry, chafed, chapped or cracked skin; reapply at least twice/day.			
Expected Outcomes			
Prevention of IAD. Resolution of mild /moderate IAD. If no resolution of IAD within 3 days, or condition worsen, then consider the use of a zinc-based cream and other continence strategies.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting a Supply Chain Product Concern Form.		
Resolution of dry, chafed, chapped, cracked skin.			
Prevention/resolution of periwound, peri-tube/drain MASD.			
Product performs as expected.			
For further information please contact NSWOC/Wound Clinician			

Revised: 2025 March