First Notions Health Authority Better Health Statistics of the Sta	terior Health island health	Adult Skin Care Prote Primary Products	K northern health	Provincial Health Services Authority Better health. Provide soutions. Providence Mealth Care Page 1/2
Skin Cleanser - Rinse	Skin Cleanser – No Rinse	Moisturizer	Protectant Silicone 24%	Protectant Zinc 30%
Remedy Cleanse Shampoo & Body Wash	Remedy Cleanse No Rinse	Remedy Moisturize	Remedy Prevent	Secura Extra Protective Cream (EPC)
 Indications: For cleansing of skin and hair in a shower/tub bath. DO NOT USE IN A BASIN. 	 Indications: For cleansing of skin and hair at bedside (when unable to do a shower/tub bath). DO NOT DILUTE. 	 Indications: For maintenance of skin health. For prevention of skin tears (may ↓ skin tears up to 50%). For treatment of dry skin. DO NOT use for prevention of IAD. 	 Indications: For prevention & treatment of Mild-Moderate IAD. For treatment of very dry, cracked skin. As barrier around wounds/ drains/ tubes. 	 Indications: For treatment of Moderate-Severe IAD. For prevention of IAD in the case of severe diarrhea, (e.g., C-diff).
 Application: Shower or Bath: Apply a quarter-sized dab/dollop of gel onto a damp cloth or directly onto skin. Gently wash skin. Repeat until bathing is completed. An average of 3-4 quarter-sized dabs/dollops of gel is needed for a complete bath. RINSE off fully, pat dry. Hair Cleansing: Apply to wet hair; gently work in. Rinse well and towel dry. Note: Gel produces a small amount of suds as it is sulfate-free. 	 Application: Bedside Bathing: Use palm of the hand to dispense 1-3 pumps either onto a damp, cloth or directly onto skin/soiled area. Gently wash. Repeat until bathing is completed. Maximum 10 pumps is needed for a complete bath. DO NOT RINSE off, pat dry. Hair Cleansing: Apply to wet or dry hair; gently work in. Do not rinse; towel dry. Perineal Cleansing: Following each incontinence 	 Application: Apply a <u>thin</u> layer to clean skin. Most effective when applied to slightly damp skin immediately after a shower/bath. Caution: For feet: DO NOT apply between toes. Remove any cream that does get between the toes. Ensure socks/shoes are worn to prevent falls. 	 Application: Apply a thin layer. If applied around wound/tube/ drain, let dry 1-2 min before applying dressing. Do not use with silicone dressings. Caution: For feet: DO NOT apply between toes. Remove any cream that does get between the toes. Ensure socks/shoes are worn to prevent falls. 	 Application: Apply cream onto palm of hand. Apply in one direction. The cream will "follow your hand". Do not rub. Apply a 5mm thick layer to ensure that skin is not visible through the cream. Repeat steps until affected area is covered. Cleansing an Incontinent Episode Apply Remedy Cleanse No-Rinse onto a damp cloth or directly onto soiled area. Wipe off the soiled EPC only. Re-apply more EPC cream as needed. Do not remove all EPC with every incontinence episode unless doing a skin assessment.
Frequency of Use: As needed.	 episode, cleanse area as per bed bath above. <i>Removal of Feces or Zinc:</i> Pump foam directly onto area. Allow to soak for 2-3 minutes. Gently remove soiling or zinc. Repeat if needed. Do not rinse; pat skin dry. Frequency of Use: As needed. 	Frequency of Use: Maintenance of skin health: Apply daily. Prevention of skin tears: Apply twice per day. Treatment of dry skin: Apply twice per day.	Frequency of Use: Prevention & treatment of Mild- Moderate IAD: After every incontinent episode. Treatment of very dry, cracked skin: Apply twice per day. Prevention & Treatment of Peri- wound/ tube/ drain MASD: Apply as ordered.	 Frequency of Use: After every incontinent episode. Removal of all EPC for skin assessment Q3days/prn: Apply Remedy Cleanse No Rinse or the Shampoo & Body Wash (if doing a shower/tub bath) directly onto the EPC. Let sit for 2-3 minutes then wipe with damp cloth. Repeat to remove all of the cream.

All tubes and bottles are single-client use only; must be labelled with the patient/client/resident's name and the date when opened.

Please re	Wound Care Protocol Page 2/2						
Advanced Moisturizer Urea 10% AHA 4%	Skin Fold Gauze - PHMB	Skin Fold Textile/Cloth – H ₂ O ₂	Hydrophilic Wound Dressing				
Atrac-Tain Cream	AMD/PHMB Gauze	DriGo-HP	Triad				
 Indications: Treatment of extremely dry skin; especially on lower legs/feet & for clients with diabetes or renal failure. AHA is effective for removing flakey skin which allows Urea moisturizer to penetrate the skin. Not indicated as a basic skin moisturizer unless there is a client specific order. Ensure a care plan is in place; developed by the NSWOC/RN/RPN as per PISheet. 	 Indications: Prevention & treatment of intertrigo/ moisture in skin folds, finger/toe web spaces and hands with contractures. 	 Indications: Prevention & treatment of intertrigo, (e.g., moisture in skin folds, finger/toe web spaces or hand contractures). 	 Caution: Product is not a skin barrier cream. Indications: A wound treatment plan must be in place. Triad is a zinc-based paste dressing that is used on moist, open, weeping areas and when left open to air, dries to provide a cover-like dressing. Application of the dressing paste may be assigned to a HCA/HSW, as per agency policy. Treatment plan must be in place and RN/RPN/LPN must do the initial application. 				
 Application: Cleanse to remove any loosened dead skin. Pat dry to remove excess moisture but leave skin slightly damp. Spread/gently rub cream over skin until cream is absorbed. Caution: Do not apply between toes. May sting if applied to irritated/broken skin. Test cream on a small area to assess client's tolerance prior to applying to large area(s). 	 Application: Cleanse area; pat dry. Skin Folds – cut a sufficient length/width of gauze to ensure it is in contact with all skin within skin fold (not just base of fold). Toes or Fingers – weave ribbon between toes/ fingers. Do not completely wrap the digit as this may cut off the blood flow. Caution: Do not use with creams, ointments, powders, sprays, petrolatum-based products or antifungals products, (e.g., Clotrimazole). 	 Application: Sheet may be cut to fit the area; either lengthwise or widthwise. Day 1: Cleanse area; pat dry. Lay a <u>single</u> layer of the sheet into base of skin fold. Smooth down. Ensure 5cm of sheet is outside the skin fold and exposed to air to allow for wicking of moisture out of the fold. Write date on exposed sheet. Secure PRN. Days 2, 3, 4, 5: Remove sheet daily, cleanse skin, pat dry. Reposition same piece as described above. Note: If needed, may be used in conjunction with antifungals products, (e.g., creams, powders). 	 Application: Use a sterile applicator to apply Triad to the wound bed and 2.5cm of the peri-wound skin. Application should be done in <u>one</u> <u>direction only</u> and to a thickness of 3mm such that the wound/periwound <u>is not</u> <u>visible through the cream</u>. Caution: Triad can be washed off if in contact with fluid, (e.g., urine), reapply if needed. 				
Frequency of Use: Twice a day. Stop using cream when all the dead skin is removed. Use a basic moisturizer to maintain healthy skin.	Frequency of change: Change at least daily or whenever soiled or damp.	Frequency of change: Assess daily. Change sheet on Day 5 or earlier depending upon the condition of the skin, soiling of the fabric, the amount of moisture and/or odour.	 Frequency of change: as per care plan. Apply a sterile normal saline compress to wound area to soften the paste; leave in place 2-3 minutes then wipe off top layers. DO NOT rub. Repeat as needed to remove all the cream, (e.g., in prep for doing a Full Wound Assessment). See PISheet for other removal methods. 				
IAD - Incontinence Associated De	IAD - Incontinence Associated Dermatitis MASD - Moisture Associated Skin Damage Intertrigo - dry, itchy, moist skin in skin folds						
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