

Incontinence skin care Treatment Plan

This pathway is for patients/residents at risk of or with existing skin damage due to the effects of incontinence (urine and/or faeces) on the skin

	Clinical presentation	Cleansing the Skin	Apply a Skin Protectant	When to use	How to use
STEP DOWN STEP UP	 At risk of skin damage as patient is incontinent	pH balanced soap or soap substitute	Medi DERMA S Total barrier cream	Once or twice daily	Apply direct to clean dry skin to cover affected area. A Pea sized amount of cream will cover an area the size of your palm
	 1A – Persistent redness without clinical signs of infection		Medi DERMA S Total Barrier Cream	Once or twice daily	
	 1B – Persistent redness with clinical signs of infection		Medi honey barrier cream Flaminal	After each episode of incontinence after cleansing	As per manufacturers Guidance
	 2A – Skin loss without clinical signs of infection		Dependent on severity Medi DERMA S Total Barrier Film (Applicator or spray) Cavilon Advanced following TVN advice	See over page	See over page
	 2B – Skin loss with clinical signs of infection	Medi Derma Pro skin foam and spray Incontinence Cleanser	Dependent on severity Medi Honey, Medi DERMA PRO skin protectant ointment	After each episode of incontinence after cleansing	For mild skin loss apply a uniform layer over the affected area. For more moderate skin loss apply a generous layer and contact TV team if severe skin loss is present

Levels of skin loss can range from mild to Severe please see reverse for advice

Determine the severity of skin loss associated with 2A (No Infection) and 2B (Infection present)

Signs of infection can include (but not limited to):- White scaling of skin, satellite lesions (pustules surrounding the lesion both of which can indicate a fungal infection)
Purulent, discoloured or offensive exudate

Mild/superficial skin loss



Moderate skin loss



Severe skin loss



Management Options

A

Wash with pH balanced cleanser

Protect with Medi Derma Film (Spray or foam applicator) applied over affected area. Allow film to dry for 5 – 10 secs

In all cases - Ensure appropriate continence products are being used

B

Wash with a pH balanced cleanser

Apply Medi Honey barrier cream following each episode of incontinence following cleansing
No secondary dressing required

A

Cleanse with Medi DERMA- PRO Foam and Spray incontinence cleanser.

Protect with Medi DERMA –S Film (if dressing required) or Medi DERMA PRO skin protectant ointment if no dressing required

B

Cleanse with Medi DERMA- PRO Foam and Spray incontinence cleanser.

Treatment options include:- Medi Honey, Flaminal or prescribed anti-fungal medications. (In this instance once anti-fungal treatment is applied leave for 5 mins then cover with Medi DERM PRO

A

Cleanse with Medi DERMA- PRO Foam and Spray incontinence cleanser.

Protect with Medi DERMA PRO Skin Protectant Ointment.
No dressing required

Cavilon Advanced may be advised by TVN if wound continues to deteriorate
In this instance a simple pH balance cleanser must be used

B

Cleanse with Medi DERMA- PRO Foam and Spray incontinence cleanser.

Treatment options include:- Dressings, Medi Honey, Flaminal or prescribed anti-fungal medications. (In this instance once anti-fungal treatment is applied leave for 5 mins then cover with Medi DERM PRO ointment

Important considerations

- Ensure a full continence assessment has been completed
- Ensure all aspects of pressure prevention and management have been followed
- Ensure Good manual handling procedures are followed
- Refer to GP/Prescriber if an infection is suspected.
- **Follow the step up and step down approach – always ensure the product used is appropriate to the condition of the patient's skin**