NHS
Berkshire Healthcare
NHS Foundation Trust

As a step down approach, please wash skin with suitable skin cleansing agent, pat dry skin and apply Medi Derma-S Total Barrier Cream.

Consult TVN if no improvement or deterioration:

tissueviability@berkshire.nhs.uk

or call 01189 4945033

STEP DOWN

STEP UP

SEVERE IAD

Wash skin with Medi Derma-Pro Foam and Spray Incontinence Cleanser and apply Medi Derma-Pro Skin Protectant Ointment after each episode of incontinence.

MODERATE IAD

Wash skin with suitable skin cleansing agent and pat dry after each episode of incontinence. Apply Medihoney barrier cream, if mild fungal infection or less than 50% skin damage (leave 5 minutes to dry before applying barrier cream). Medi Derma S Barrier Film can be applied if there is no clinical evidence of infection.

MILD IAD

Wash skin thoroughly with suitable skin cleansing agent and pat dry after each episode of incontinence. Apply a pea-sized amount of Derma-S Total Barrier Cream after every third wash.

PREVENTATIVE

Wash skin with suitable skin cleansing agent and pat dry after each episode of incontinence. Apply emollient to optimise skin health.

All patients with incontinence should have an Individual Care Plan/Wound Assessment. There should also be a care plan on, not only managing incontinence, but also managing pressure relief, as this will reduce the risk of pressure ulcer development.	Each patient should have daily SSKIN inspection, with clear documentation on a prevention and management regime, on the wards, and on each visit in the community setting.	All skin conditions, including fungal or bacterial skin infections, should be considered for a referral to a specialist service, such as Tissue Viability or Dermatology, for prompt and efficient intervention.	With the assistance of Continence Services, incontinence pad use should be reviewed if fitting issues arise. Incontinence bed sheet use should not be encouraged.	The aim of intervention is to Cleanse, Protect and Restore skin integrity.	Adhere to Trust guidelines and policy.

Tissue Viability Team—2021 |