

3M™ Cavilon™ Advanced Skin Protectant decision tool

for Moisture Lesions/Incontinence Associated Dermatitis (IAD)

Use this tool to select the most appropriate skin barrier for the patient with incontinence

- ▶ Does the patient have frequent episodes of liquid faeces/diarrhoea?
- ▶ Does the patient have a faecal management system in place?
- ▶ Should the patient have a faecal management system but is unable to have or tolerate one?
- ▶ Has the patient got moderate to severe moisture lesions/incontinence associated dermatitis?

No to all the questions above

Select a skin barrier
from Trust formulary/
skin care pathway

Yes to one or more
of the questions above

Select 3M™ Cavilon™ Advanced skin
protectant product



Application instructions

- ▶ Wash and dry the skin after every incontinence episode as per Trust protocol
- ▶ Only apply Cavilon Advanced skin protectant twice a week after washing and drying the skin
- ▶ Do not use any other skin barriers whilst using Cavilon Advanced skin protectant
- ▶ Ensure product is completely dry before laying patient back on sheet
- ▶ If using in skin folds hold apart until product is dry

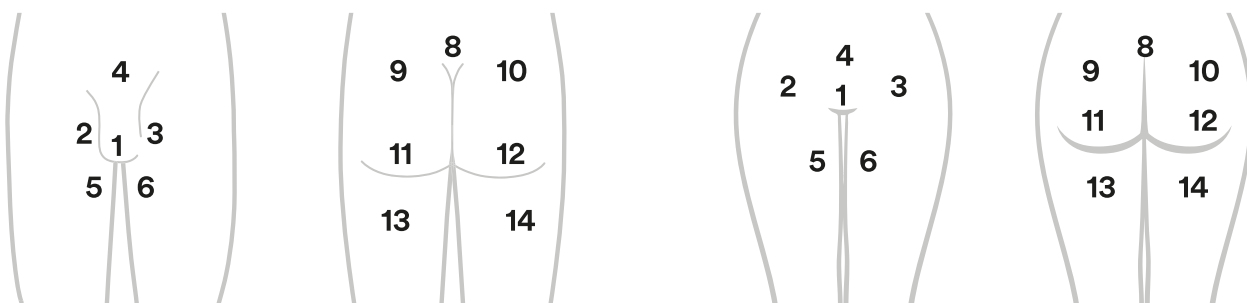
Hints and tips for assessing the skin for Incontinence Associated Dermatitis (IAD)

Adapted from Beeckman D et al. Proceedings of the Global IAD Expert Panel. Incontinence Associated Dermatitis; Moving Prevention Forward. Wounds International 2015.

Assessment for IAD should be incorporated into a general skin assessment and performed as part of a pressure ulcer prevention/incontinence care programme


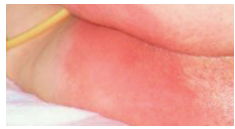

Consider the areas of the skin that may be affected by IAD

Depending on the extent of contact with urine and/or faeces, IAD may affect large areas of skin, not just the skin of the perineum



- 1 Genitalia (labia/scrotum)
- 2 Right groin fold (crease between genitalia and thigh)
- 3 Left groin fold (crease between genitalia and thigh)
- 4 Lower abdomen/suprapubic
- 5 Right inner thigh
- 6 Left inner thigh
- 7 Perianal skin
- 8 Gluteal fold (crease between buttocks)
- 9 Left upper buttock
- 10 Right upper buttock
- 11 Left lower buttock
- 12 Right lower buttock
- 13 Left posterior thigh
- 14 Right posterior thigh

Undertake skin assessment of an incontinent patient at risk for IAD

Clinical presentation	Severity of IAD	Signs**
	No redness and skin intact At risk	Skin is normal as compared to rest of body (no signs of IAD)
	Red* but skin intact Mild	Erythema +/- oedema
	Red* with skin breakdown Moderate to severe	As above for Mild +/- vesicles/bullae/skin erosion +/- denudation of skin +/- skin infection

Red skin may appear as paler, darker, purple, dark red or yellow in patients with darker skin tones.

**IAD Severity Categorisation Tool taken from Beeckman D et al. Proceedings of the Global IAD Expert Panel. Incontinence-associated dermatitis: moving prevention forward. Wounds International 2015.