Incontinence associated dermatitis (IAD) is a type of moisture associated skin damage that develops as a result of chronic exposure to urine or liquid stool.1 In the past, IAD was labeled as diaper dermatitis, maceration, and perineal dermatitis1; however, consensus guidance published in 2007 clearly defined IAD as the most appropriate term for this type of moisture associated skin damage.2

The presence of IAD is associated with pressure ulcer development.3 Evidence-based guidance has been published to help clinicians differentiate IAD from pressure-related injury, and to prevent development of IAD4-9; however, incidence rates continue to vary widely in certain clinical settings, with point prevalence studies showing incidence up to 25%.

A quality improvement (QI) initiative was implemented to evaluate the effectiveness of an evidence-based incontinence care regimen for IAD prevention in a critically ill patient population at a large teaching hospital.

REFERENCES

METHODS

**Clinical setting:** This QI initiative was carried out at a 16-bed adult critical care unit.

**Intervention:** In June of 2014, our incontinence cleansing protocol was standardized to include the use of an all-in-one, disposable, dimethicone-infused barrier cloth aimed to cleanse, moisturise and protect the skin following each incontinence episode. Prior to the intervention, our standard of care for incontinence clean up involved skin cleansing with foam or water with liquid soap, paper basin bowel, cloth and barrier cream (barrier spray for treatment only).

**Staff education:** Education was provided regarding best practices for IAD and pressure ulcer prevention.

**Metrics:** Before and after IAD point prevalence was collected.

RESULTS

Before the QI intervention, the IAD prevalence rate was 18.6%. After implementation of the QI intervention, the average monthly IAD rate was 8.6%, representing an approximate 54% reduction in IAD.

![Graph showing IAD rate before and after intervention](image)

**CLINICAL IMPLICATIONS**

Standardization of the incontinence clean up protocol ensured all patients received the same barrier application after each incontinence episode, and eliminated variability in process as a result of using multiple products. This QI intervention was effective in incontinence cleansing of a high-risk patient population. The reduction of IAD after the QI intervention was most likely attributed to the combination of caregiver education and standardization of the incontinence cleanup regimen with barrier impregnated disposable cloths.