


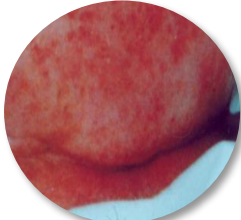
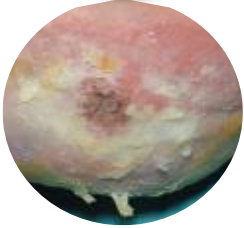
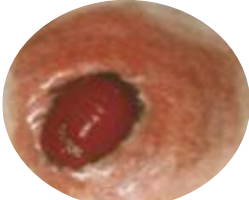
Moisture Associated Skin Damage Guidance

Introduction









Moisture - associated skin damage (MASD) is defined as a *denuding* of the skin as a result of prolonged exposure to **urine, faecal fluid, wound exudate or perspiration**. It is vital for clinicians to assess, correctly diagnose and treat the cause of the damage locally as well as to promote appropriate skin care and holistic interventions. This should include regimes to keep the patient's skin clean and dry and implementation of the most effective treatment pathway. This guide identifies the underpinning aetiology of **MASD (guide available on the POD separately for printing and saving)**. Remember MASD is not a pressure ulcer but moisture weakens the area making it more susceptible to pressure and so the skin is vulnerable. CityCare inherited and acquired moderate and severe MASD is reportable on InPhase when broken skin is present. If patients have a combined lesion caused by pressure and moisture, report this as **pressure damage** on InPhase if cat 2-4 or mucosal referring to the pressure ulcer classification guide.

How does MASD develop?

MASD consists of four distinct categories each with different aetiologies; Incontinence associated and non incontinence associated skin damage.

	Aetiology	Visual Appearance
Incontinence - associated dermatitis (IAD)	Associated with a chemical reaction that occurs when urine or faeces is in prolonged contact with the skin surface. Ammonia from urine and enzymes from faeces causes the skin to break down. <i>IAD increases the risk of pressure damage.</i>	
Intertriginous dermatitis (ITD)	Occurs when sweat is trapped in skin folds without circulating air. This is also referred to as <i>intertrigo</i> . When sweat cannot evaporate, the top epidermis becomes over hydrated and macerated, increasing risk of friction between the folds. Areas at risk are abdominal folds, armpits, groins and other areas where there is regular skin-on-skin contact due to the patient's body shape and posture.	
Peri-wound moisture-associated dermatitis	The peri-wound is within 4cm of the wound edge. Excessive exudate can lead to maceration increasing the risk of infection. Chronic wound exudate contains high levels of proteolytic enzymes and is harmful to unbroken skin.	
Peristomal moisture - associated dermatitis	Peri stomal MASD is associated with inflammation and erosion of the skin due to effluent at the stoma junction extending up to 10cm beyond the stoma.	

INCONTINENCE ASSOCIATED DERMATITIS CLASSIFICATION TOOL AND TREATMENT

Classification	Visual appearance	Description	TREATMENT
Intact skin at risk of IAD		Unbroken skin at risk of IAD due to degree of incontinence and fragility.	
Apply Medi Derma-S barrier cream after each episode of skin cleansing Remember emollients are not barrier creams			
Mild		Diffuse irregular red patches of skin.	
Apply Medi Derma-S barrier cream after each episode of skin cleansing			
Moderate		Superficial loss of epidermis with erythema.	
Apply Medi Derma-S barrier film every 72 hours			
Severe		Loss of epidermis and upper dermis presenting as red, shiny tissue with surrounding maceration. Treat fungal infection.	
Apply Medihoney after each episode of skin cleansing for 2 weeks			

PREVENTION OF INCONTINENCE ASSOCIATED DERMATITIS

Complete a continence assessment and plan of care



Keep skin clean and dry

Apply a barrier film as directed above to prevent further breakdown

Apply appropriate incontinence aids and ensure the correct fitting

Avoid perfumed soaps, use an emollient substitute

If no improvement, refer to TVN

Classification	Visual appearance	Description	TREATMENT
Intertriginous dermatitis (ITD)		Erythema and inflammation of the skin inside skin folds and adjacent to skin folds.	



Apply Medi Derma-S barrier cream after each episode of skin cleansing

PREVENTION OF INTERTRIGINOUS DERMATITIS

Ensure thorough drying of the skin folds

Apply barrier product

Separate skinfolds so they are gently held apart to avoid the development of fissures

Classification	Visual appearance	Description	TREATMENT
Peri-wound moisture-associated dermatitis		Erythema and inflammation or maceration of the skin within 4cm surrounding the wound edge.	

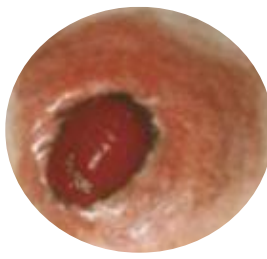

Apply Medi Derma-S barrier cream after each episode of skin cleansing

PREVENTION OF PERI-WOUND MOISTURE

Apply barrier product and identify cause of high exudate and potential wound infection

Consider debridement of slough or eschar unless contraindicated

Base dressing choice on exudate levels, use a product to absorb and lock exudate away from the skin

Classification	Visual appearance	Description	TREATMENT
Peristomal moisture – associated dermatitis		Erythema and inflammation of the skin around the stoma, at times accompanied by denudement.	

Apply Medihoney after each episode of skin cleansing for 2 weeks

PREVENTION OF PERISTOMAL MOISTURE

Apply barrier product and consult stoma nurse specialist for guidance on appliances