

# UNDERSTANDING INCONTINENCE AND DERMATITIS

PLUS  
FIVE WAYS  
TO PREVENT  
DERMATITIS

Shelly Morgan\*, CNA, starts her shift by punching in and getting her assignments for the day. Her facility has been experimenting with different ways to promote care that is more resident-centered, so she has been working with the same residents for the past two months.

Shelly likes this new staffing strategy. She's discovered the best strategies for encouraging her residents and she can recognize when they're behaving differently or when their conditions have changed.

Armed with this knowledge, Shelly immediately notices a problem when removing Mrs. Kuiper's\* incontinence brief. Mrs. Kuiper's skin, normally healthy and pale, is unusually inflamed with red, chafed areas on her buttocks. After cleansing

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## FIVE WAYS TO PREVENT DERMATITIS

the skin, Shelly makes sure to apply a moisture barrier to protect the area from further moisture and makes a note to have her supervisor check in on Mrs. Kuiper today.

Diaper dermatitis (commonly referred to as diaper rash) is a skin irritation caused by prolonged wetness, friction with diaper material or contact with chemicals in urine and stool. Skin might appear red, raw, scalded or burned. In addition, adults can develop rashes in the perineal area if they are unable to routinely or thoroughly wash the area or do not have complete bowel or bladder control.

### What happens to the skin?

Feces and urine complicate matters for adults who are at risk for skin breakdown. Feces contain urease, an enzyme that degrades urinary urea to ammonia, raising the pH of skin in the area. The normal skin pH is 4.5 to 5.5, which is on the acidic side of the pH scale. Acidic pH inhibits bacterial growth, but as the pH rises, bacterial growth is no longer suppressed. Also, feces contains residual enzymes critical to the digestion of food that become damaging to skin as pH goes up.

In severe cases of dermatitis, the skin can blister or peel, leaving raw areas that might bleed or weep. Diaper dermatitis that bleeds or becomes raw or weepy can be difficult to treat. If the condition persists for three days or longer, the possibility of candida (fungal infection) should be considered. Treatment will then need to focus on ointments/barriers with antifungal properties.

### Common causes

*The most common causes of diaper dermatitis include:*

- Skin irritation resulting from contact with urine or stool, particularly when diarrhea is present
- Rubbing or irritation of the skin by an incontinence product. The irritated area might include the thighs, genitals, buttocks or abdominal area.

### References

Pray WS. Diaper rash: the bottom line. *US Pharmacist*. 1997;22(4). Valentino S. How to treat adult diaper rash. Available at: <http://ezinearticles.com/?How-to-Treat-Adult-Diaper-Rash&id=71334>. Accessed April 4, 2007.

\*Fictional names

**1** Ensure you are using the right product for the type of incontinence. Even good procedures might yield indifferent results if the product chosen does not match the resident's type of incontinence. A good example would be a resident with stress incontinence that might only need a light pad instead of a brief.

**2** Products should fit snugly in order to prevent leakage as well as ensure dignity under clothing. Too large a product could have gaps and increase chafing. Too small a brief might irritate the skin. The goal is for the product to be comfortable without being too tight.

**3** Avoid prolonged exposure to urine. Select products that draw moisture away from the skin. Learn your residents' voiding patterns to become aware of when they might need to be changed. Keep in mind that when residents exhibit both fecal and urinary incontinence, the risk of irritation is even higher. These residents should be monitored even more closely.

**4** Cleanse the skin after each incontinence episode with products that are pH balanced and are gentle. Soap and water can strip the skin of its acid mantle (protective acidity) and potentially leave an alkaline residue.

**5** Apply a good moisture barrier/skin protectant. For best results, only non-petrolatum-based products should be used with disposable incontinence products. Petrolatum can interfere with an incontinence product's ability to absorb. With the variety of products on the market, facilities should have no trouble finding a non-petrolatum barrier that will meet their needs.