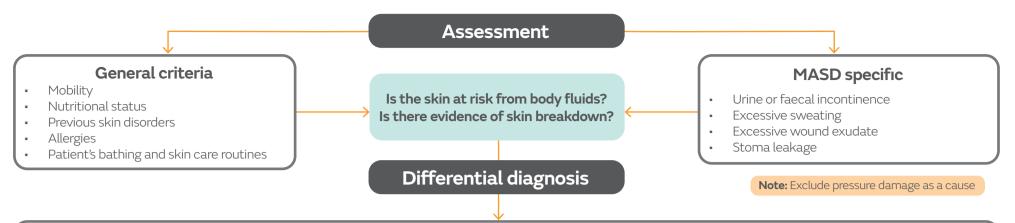
Moisture-associated skin damage (MASD) pathway¹

SmithNephew

Helping you get **CLOSER TO ZERO**^o delay in wound healing



Is the skin damage caused by:

1. Urine and/or faecal matter?

2. Excessive moisture from sweating?

3. Wound exudate?

4. Stoma leakage?

1. Incontinenceassociated dermatitis (IAD)

Erythema and inflammation of the skin, sometimes with erosion or denudation

Source of MASD: Urine or liquid faeces



2. Moisture-associated dermatitis

Erythema and inflammation of the skin inside and adjacent skin folds, sometimes accompanied by erosions or denudation

Source of MASD:

Perspiration



3. Periwound moistureassociated dermatitis

Erythema and inflammation of the skin within 4cm of the wound edge, sometimes accompanied by erosions or denudation

Source of MASD:

Wound exudate



4. Peristomal irritant contact dermatitis

Erythema and inflammation of the skin around the stoma, at times accompanied by denudation

Source of MASD: Urine or faecal effluent



Implement consistent use of an interventional, structured skin care regimen

1. Incontinenceassociated dermatitis (IAD)

- Keep skin clean and dry (PROSHIELD Foam & Spray)
- Apply appropriate barrier product
- Treat areas of cutaeneous candidiasis (thrush) with appropriate antifungal treatments
- Consider the use of appropriate products or devices to divert urine or stool.



2. Moisture-associated dermatitis

- Examine entire area of the skin folds, including the base
- Enlist assistance in order to gently lift the fold without creating or exacerbating traction and fissure formation
- Consider tissue type and treatment aim when selecting
- Avoid products containing chlorhexidine gluconate, alcohol, or perfumes as these can be absorbed by damaged skin
- Ensure ongoing drying of the skin, fold must be a primary treatment strategy
- Protect affected area from further breakdown or maceration (PROSHIELD PLUS Skin Protectant)

3. Periwound moistureassociated dermatitis

- Base dressing choice on exudate
- Some areas may be challenging to dress, utilise sacral and heel shapes (ALLEVYN LIFE Foam Dressings, ALLEVYN GENTLE BORDER Foam Dressings)
- Consider the potential for wound infection
- If the wound is not healing or progressing, further investigation may be required to establish comorbidities
- Manage necrotic and sloughy tissue using dressings with autolytic dressings. This may be contraindicated in certain conditions such as diabetes and those with arterial disease
- If bone is exposed consider the risk of osteomyelitis and refer to suitable health care professional
- Protect peri wound area from further breakdown and maceration (SECURA No Sting Barrier Film)

4. Peristomal irritant contact dermatitis

- Consult Stoma Nurse specialist for guidance on appliances
- Protect peri stomal area from further breakdown and maceration (SECURA° No Sting Barrier Film)



Re-assess and evalute: record outcomes.
Educate all care providers on preferred method of skin care.

For additional skin integrity education visit: https://closertozero.com.au

Pathway adapted from: Dowsett D, Allen L (2013) Moisture-associated skin damage made easy. Wounds UK 9(4). Available from: www.wounds-uk.com/made-easy

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

References 1. Dowsett D, Allen L (2013) Moisture-associated skin damage made easy. Wounds UK 9(4). Available from: www.wounds-uk.com/made-easy. 2. Flynn D, Williams S. Barrier creams for skin breakdown. Nursing & Residential Care. 2011;13(11): 553-558. 3. Ling L. Proshield skin care protective system: A sequence of evaluations Paper presented at: Wounds UK; 2011; Harrogate, UK. 4. Maxwell J, Sinclair D. Treatment of Moisture Lesions in Children. Paper presented at: European Wound Management Association 2012; Vienna, Austria. 5. Hoggarth A, Waring M, Alexander J, Greenwood A, Callaghan T. A Controlled, Three-Part Trial to Investigate the Barrier Function and Skin Hydration Properties of Six Skin Protectants. Ostomy Wound Manage. 2005;51(12):30-42. 6. Howers L. Evaluation of Proshield Plus in Nursing Homes for Inclusion onto Formulary in a Healthcare Trust. Paper presented at: Wounds UK; 2012; Harrogate, United Kingdom. 7. Smith & Nephew 2019. Review of Certificate of Analysis for Proshield Foam & Spray Incontinence Cleanser. RD/19/024.