

Improving Incontinent Associated Dermatitis (IAD) using a Barrier* Containing Olivamine®

Sarah Lebovits, RN, MSN, APRN-BC, CWOCN
St. Vincent's Catholic Medical Center
Manhattan, NY

Elizabeth O'Connell-Gifford, MBA, BSN, RN, CWOCN, DAPWCA
Medline Industries, Inc.
Berne, NY

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STATEMENT OF CLINICAL PROBLEM

Over 75% of our patient population of patients (all ages and genders) are incontinent of urine and or stool. These chemical irritants can be very caustic to the skin and as a result cause denudation, excoriation and pain and discomfort as perineal care is delivered. The impaired skin becomes susceptible to candidiasis. There was an increase in Incontinent Associated Dermatitis (IAD) over the past 3 months which had not decreased despite and increase in awareness with additional education.

PAST MANAGEMENT

Past management included washing the patients with soap, water and washcloths, or towels which were very rough and being thrown in the garbage. A petroleum based barrier was applied to the patient's skin with A.M. and P.M. care and prn.

METHODOLOGY

Management of incontinence consists of several issues. We changed cleansing cloths and topical barrier. Staff cleaned the skin with toilet paper removing the bulk of fecal matter. After cleansing perineal area with disposable cloths, we patted the skin dry, then applied Dimethicone™ barrier for urinary incontinence and zinc based barrier for stool/urine incontinence to open or weepy perineal areas.

CASE 1

Mr. LM is a 54 year old male with diagnosis of Multiple Sclerosis. He was admitted to the hospital with respiratory distress after several days of untreated upper respiratory symptoms. Mr. LM presented with redness related to incontinence while a patient of the Medical ICU. In addition, during the course of this hospitalization, he suffered a stroke, rendering him a right-sided hemiplegic. Two week antibiotic treatment resulted in control of the respiratory symptoms but produced severe diarrhea. Stool was negative for C-Difficile. Copious stooling was an issue with constant incontinent episodes noted with each position change. Specialty bed with alternating low-air loss mattress was utilized with no pressure ulceration noted. (Fig 1) Subsequent evaluation after initiation of incontinent protocol (Fig 2) resulted in noted healing (Fig 3) with continued healing as the hospital course progressed (Fig 4) Incontinent protocol was utilized with each episode of incontinence and second generation zinc-based barrier containing Olivamine™ was utilized with evident results.(Fig 5)



Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5

CASE 2

Mrs. RK, a 76 year old female was admitted to the hospital after a fall at home. Additional medical diagnoses include hypertension, hypothyroidism, CAD, PVD, asthma and glaucoma. After extensive medical work-up, there were no fractures noted, although her urine showed a urinary tract infection. A foley catheter was inserted while in the ED. She was treated with a course of IV antibiotics which caused her to develop diarrhea. Due to her frailty and fall precautions, she was unable to ambulate to the bathroom and several episodes of incontinence occurred. A low-air loss overlay was utilized for Mrs. RK who was also turned and position frequently. (Fig 6) Incontinent care was provided as per the new protocol with cleansing cloths and silicone-based barrier containing Olivamine™ utilized with each incontinent episode resulting in healing of Incontinent Associated Dermatitis.(Fig 7)



Fig. 6



Fig. 7

CASE 3

Mrs. SB, an 87 year old female was admitted to the ED after she experienced chest pain and fainted. Additional diagnoses include dementia and diverticulitis. A foley catheter was inserted and a cardiac work-up done. The patient was diagnosed with atrial fibrillation and admitted to the coronary care unit for observation. She continued with bradycardiac episodes and decision to insert a pacemaker was made. Patient experienced an increase in confusion and bouts of diarrhea and her perineal skin became excoriated and painful (Fig 8). The perineal area was cleansed with th cleansing cloths and a second generation zinc based barrier containing Olivamine was applied with improvement noted. (Fig 9) The Foley catheter was removed (Fig 10) and patient was discharged to home care (Fig 11) where she will continue with the protocol initiated in St.Vincent's Catholic Medical Center.



Fig. 8



Fig. 9



Fig. 10



Fig. 11

RATIONALE

Olivamine contained in both barriers is a blend of all natural ingredients designed to be easily absorbed and utilized by the skin. Components include hydroxytyrosol, amino acids, vitamins as co-factors and methylsulfonylmethane to reduce pain.

OUTCOMES

Perineal skin condition was substantially improved. There were less reported cases of redness, denudation as well as noted improved skin turgor.

CONCLUSIONS

The staff was concerned to note that there was an increase in IAD and the previous products were not adequate. Our objective was to decrease the number of patients with the incidence of Incontinent Associated Dermatitis. We met the goal. Further study is needed as we expand our use hospital wide.

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*Remedy Calazine from Medline Industries, Inc., Mundelein, IL