

Moisture Control in Incontinent Patients

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Introduction

- In the medical/surgical patient with increased moisture exposure, how does prompted voiding and high absorbent pads in combination with current practice decrease moisture exposure and moisture related skin damage compared to current practice alone?

Purpose/Background

- Goal: to improve skin integrity and reduce moisture exposure.
- Moisture control is a key components in the prevention and management of skin breakdown and pressure ulcer development.¹
- Urinary incontinence is a frequent and damaging source of moisture for skin if allowed to remain for a prolonged period.¹

Developing pressure ulcer or increasing the degree of moisture in the risk assessment.

moisture in the risk assessment.¹

Literature Evidence for Interventions

- Incontinence pad selection** – White air flow pads are designed to draw moisture away from the body, decreasing moisture exposure. Plastic green bed pads and briefs hold moisture against the skin containing incontinence but keeping skin wet.⁵
- Use of foam cleansers and moisture barriers such as z-guard help to protect intact skin from breakdown.¹
- Prompted voiding** – a method of promoting urinary continence through the use of timed verbal toileting reminders and positive feedback.³ Studies show that prompted voiding improved MASD in patients², decreased the number of incontinent episodes in patients.⁴
 - Used in combination with hourly rounds.

Current Practice

- Current practice – green cloth bed pads, disposable briefs, warm bath wipes for cleansing skin, z-guard cream/remedy creams/powders
- Interventions**
 - offer toileting during patient rounding
 - Use high absorbent airflow pads with very and constantly moist patients
 - Utilizing foam cleansers and barrier creams
- Staff education**
 - TLC PowerPoint, 1:1 teaching**, & checklist provided to RN and TP staff on interventions depending on moisture score.
 - Documentation** of incontinent or continent occurrence, type of incontinent care, Braden q12hrs per policy.

Pre and Post Intervention for Unit 6CP

| | Pre Intervention | Post Intervention |
|----------------------|------------------|-------------------|
| Number of patients | 75 | 55 |
| Female | 47% | 44% |
| Male | 53% | 56% |
| Average age | 62 | 70 (±15) |
| Average Braden Score | 17 | 17 (±3.4) |
| Incontinence (N) | 25 | 20 |
| Incontinence (%) | 33.3% | 36.4% |
| MASD (N) | 14 | 3 |
| MASD (%) | 56% | 5.5% |

Results

- Data was collected pre and post intervention utilizing chart review on unit 6CP, a medical surgical unit.
- Noticeable reduction in the incidence of MASD from 14 (56%), to 3 (5.5%). Thus a successful reduction of skin breakdown through interventions focusing on moisture.
- Type I error is a possibility, though it is expected that further observation will rule out this possibility.
- Results and level of significance is consistent with the literature.

Conclusion

Discussion

- The use of paper backed airflow pads and prompted voiding shows promise as a means for reduction of moisture associated skin damage.
- Continuation of interventions and continued data collection would likely clarify significance.

REFERENCES

- Institute for Clinical Systems Improvement (ICSI). Pressure ulcer prevention and treatment protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jan. 88.
- Schnelle, J. F., Cruise, P. A., Alessi, C. A., Al-Samarrai, N., & Ouslander, J. G. (1998). Individualizing Nighttime Incontinence Care in Nursing Home Residents. *Nursing Research*, 197-204.
- Roe, B., Ostaszkiwicz, J., Milne, J., & Wallace, S. (2007). Systematic reviews of bladder training and voiding programmes in adults: a synopsis of findings from data analysis and outcomes using metastudy techniques. *Journal Of Advanced Nursing*, 57(1), 15-31.
- Eustice, S. Roe, B., Patterson, J. (2009). Prompted voiding for the management of urinary incontinence in adults (Review). *The Cochrane Library*.
- Williamson, R., Lachenbruch, C., VanGilder, C. (2013) A Laboratory Study Examining the Impact of Linen Use on Low-air-loss Support Surface Heat and Water Vapor Transmission Rates. *Ostomy Wound Management*. 59(8):32-41.

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