Distinguishing between Pressure Injury and IAD

Becky Scharf, MSN, RN, CWS, CWCN, CDE
Inspira Medical Center-Elmer Wound Care Center
The Problem

• Research demonstrates nurses have difficulty distinguishing pressure injury from incontinence Associated Dermatitis (IAD)
  – Beeckman et al (2010)
  – Mahoney et al (2011)

• 17% agreement on the cause of the lesions in photographs

• Stages I and 2 pressure injury from IAD
Definition

Pressure injury (PI)
A pressure injury is localized damage to the skin and/or underlying tissue usually over a bony prominence or related to medical device. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue from pressure and shear may also be affected microclimate, nutrition, perfusion, co-morbidities and the condition of soft tissue.

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Definition

- IAD- common skin disorder which causes contact dermatitis seen in patients with incontinence especially those with fecal incontinence. Included in Moisture Associated Skin Damage (MASD) along with intertriginous dermatitis (ITD).
- Type of irritant contact dermatitis
- Risk factor for PI but can occur in absence of pressure
Other terms used

- Diaper/napkin/nappy dermatitis
- Diaper/napkin/nappy rash
- Irritant dermatitis
- Moisture lesions
- Perineal dermatitis
- Perineal rash
Incidence of IAD

- 50% of nursing home residents have urinary incontinence
- 10 to 35% of community adults affected by urinary incontinence
- Fecal incontinence in nursing homes - 23-66%
- Unknown true incidence IAD
Presentation of IAD

• Inflammation of skin surface characterized by redness which can lead to swelling and blister formation

• Urinary incontinence
  – in women seen in labia
  – In men the scrotum
  – In both inner thigh and buttocks

• Untreated lead to excoriation and skin breakdown
Increasing Risk

Feces act as a direct chemical irritant to the skin and loose stools increase the risk and severity of IAD.
Risk Factors for IAD

• Incontinence: fecal, urinary, double incontinence
• Frequent episodes of incontinence
• Use of occlusive containment products
• Poor existing skin condition due to aging or diabetes
• Decreased cognitive awareness
• Pain
• Inability to maintain personal hygiene
Risk factors continued

- Medications such as steroids and antibiotics
- Poor nutritionals status
- Critical illness
- Poor management of incontinence
- Poor mobility
- Increased body temperature
### Distinguishing IAD from PU injury

<table>
<thead>
<tr>
<th>Parameter</th>
<th>IAD</th>
<th>Pressure ulcer</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Urinary and/or faecal incontinence</td>
<td>Exposure to pressure/shear</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Pain, burning, itching, tingling</td>
<td>Pain</td>
</tr>
<tr>
<td>Location</td>
<td>Affects perineum, perigenital area; buttocks; gluteal fold; medial and posterior aspects of upper thighs; lower back; may extend over bony prominence</td>
<td>Usually over a bony prominence or associated with location of a medical device</td>
</tr>
<tr>
<td>Shape/edges</td>
<td>Affected area is diffuse with poorly-defined edges/may be blotchy</td>
<td>Distinct edges or margins</td>
</tr>
<tr>
<td>Presentation/depth</td>
<td>Intact skin with erythema (blanchable or non-blanchable), with/without superficial, partial-thickness skin loss</td>
<td>Presentation varies from intact skin with non-blanchable erythema to full-thickness skin loss</td>
</tr>
<tr>
<td>Other</td>
<td>Secondary superficial skin infection (e.g. candidiasis) may be present</td>
<td>Secondary soft tissue infection may be present</td>
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</tbody>
</table>
Manage Incontinence

• Assess and treat reversible causes of incontinence
• Optimize nutrition, fluid management and toileting techniques
• Implement pressure injury prevention plan
• Implement Structured skin Care regiment
  • Beeckman, D. (2015)
Skin Care Regimen
Perform at least daily and after each fecal incontinence

• Cleanse - remove irritants from skin
• Protect - place a barrier on the skin to prevent direct contact with urine and/or feces
• Restore (when appropriate) - replenish the lipid barrier using suitable topical skin care product

• Beeckman, D. (2015)
References


