Please contact your local 3M representative for further information on educating your nursing team on the MASD pathway. Alternatively, please contact us at www.cavilon.co.uk

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BIBLIOGRAPHY


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GF35
Moisture Associated Skin Damage Pathway

**ASSESSMENT**

**GENERAL CRITERIA**
- Nutritional status
- Mobility
- Previous skin disorder
- Allergies
- Patient bathing/skin care routine

**MASD SPECIFIC**
- Urine or faecal incontinence
- Excessive sweating
- Excessive wound exudate
- Stoma leakage

**SKIN IS INTACT BUT REGULAR REASSESSMENT REQUIRED**

**DIFFERENTIAL DIAGNOSIS**

**IS THE SKIN DAMAGE CAUSED BY:**
1. Urine or faecal matter
2. Excessive moisture from sweating
3. Wound exudate
4. Stoma leakage

**IMPLEMENT SKIN CARE REGIMEN**

**INCONTINENCE ASSOCIATED DERMATITIS (IAD)**
- Source of MASD: Urine or liquid faeces
- Erythema & inflammation of the skin, erosion & denudation can occur as result of exposure to urine and faeces

**INTERTRIGINOUS DERMATITIS (MASD WITHIN SKIN FOLDS)**
- Source of MASD: Peripatery
- Mild, mirror image erythema on each side of the skin fold. May have erosion & denudation as result of exposure to chronic periphery

**PERIWOUND DERMATITIS**
- Source of MASD: Exudate, adhesive stripping or infection
- Erythema & inflammation of skin within 4cm of wound edge, may show denudation or erosion

**PERISTOMAL MOISTURE ASSOCIATED DERMATITIS**
- Source of MASD: Urine or faeces seepage
- Inflammation & erosion of skin related to moisture from stool, urine, & perspiration, extending outward from stoma site

**MANAGEMENT**

- Complete an assessment and care plan in all instances

**REASSESSMENT & EVALUATION: RECORD OUTCOMES**

- Ensure patient consent to any skin care procedure and treatment
- Control symptoms and treat the underlying cause
- Utilise disposable wash basins to reduce cross infection risk
- Moisturise and protect using appropriate barrier products, eg 3M™ Cavilon™ No Sting Barrier Film or a skin protectant
- Cleanse skin with pH neutral wipes /cleanser
- Check skin folds for residual faeces/urine
- Use devices/products to wick moisture from affected skin
- Avoid products containing chlorhexidine gluconate, alcohol, or perfumes as these can be absorbed by damaged skin
- Measures to ensure the continued drying of the skin fold must be a primary treatment strategy
- If bone is exposed consider the risk of osteomyelitis and refer to suitable health care professional
- Protect periwound area from further breakdown and maceration (3M™ Cavilon™ No Sting Barrier Film)

If no improvement or deterioration in condition, refer to TVN &/or continence CNS