What is IAD?
Incontinence-Associated Dermatitis (IAD) is a painful, problematic skin injury that results from exposure to urine or feces.

What will you see when you assess?
Changes in skin color
• Light skin tones may have erythema ranging in intensity from pink to red
• Dark skin tones may appear paler, darker, purple, dark red, or yellow

Changes in skin integrity
• Warmer and firmer than skin without IAD
• Also may see:
  • Moist, open weeping areas of skin
  • Lesions such as raised blisters (vesicles) or small bumps (papules)

What will the patient or resident feel?
Pain, burning, itching
Where will you assess for potential skin damage?*

Assess all areas — front and back!

Urinary incontinence likely to affect: folds of the labia in women, scrotum in men, groin folds, lower abdomen, front and inner thigh.

Fecal incontinence likely to affect: perianal area, gluteal fold and upper and lower buttocks, back of the thighs.

If your patient or resident is NOT incontinent, they CANNOT have IAD.

Distinguishing IAD from pressure ulcers/injuries

<table>
<thead>
<tr>
<th>History</th>
<th>Urinary and/or fecal incontinence</th>
<th>Exposure to pressure/shear</th>
</tr>
</thead>
<tbody>
<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 diffused 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), partial-thickness skin loss</td>
<td>Presentation varies from intact skin with non-blanchable erythema to full-thickness skin loss Base of wound may contain non-viable tissue</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>
</tr>
</tbody>
</table>

Put best practice principles to work for your patients.

Twenty international experts gathered to review knowledge gaps related to IAD and to advance best practice principles that address these gaps. Download their Best Practice Principles consensus document, Incontinence-Associated Dermatitis: Moving Prevention Forward, at 3M.com/IAD.

Finally, you have the power to end Incontinence-Associated Dermatitis (IAD).

Now you have the power to end IAD. A clear improvement on traditional treatment options, 3M™ Cavilon™ Advanced Skin Protectant is a revolutionary new barrier with the power to transform the standard of IAD care.

Visit 3M.com/EndIAD to discover how you can offer your patients unparalleled protection and prevention.

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