



Two key pathways for prevention and management of IAD.¹³

1 Manage incontinence.

- Assess and treat reversible causes
- Optimize nutrition, fluid management and toileting techniques
- Implement pressure ulcer prevention plan

2 Implement a structured skin care regimen.

Cleansing the skin: To remove urine and/or faeces, i.e. the source of irritants that cause IAD. This should be done prior to the application of a skin protectant as part of a routine process to remove urine and faeces.

Protecting the skin: To avoid or minimize exposure to urine and/or faeces and friction.

Restore: Patient may benefit by maintaining skin barrier function using a suitable leave on skin care product.

For more information please visit us at:

3Mcanada.ca/3M/en_CA/medical-ca/pressure-injury-solutions

Call us at **1-800-364-3577**

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Protect your patients' first line of defence.

- Most Pressure Injuries (PIs) are developed within the first week of admission¹
- 75% of Medical Device-Related Pressure Injuries (MDRPIs) are facility-acquired vs. present on admission (POA)¹
- Incontinence is a well-recognized risk factor for the development of pressure ulcers^{2,3}

Sites Most Susceptible to PIs

Pressure injuries can occur at nearly any site, some areas are more vulnerable than others. **The most at-risk areas include:**



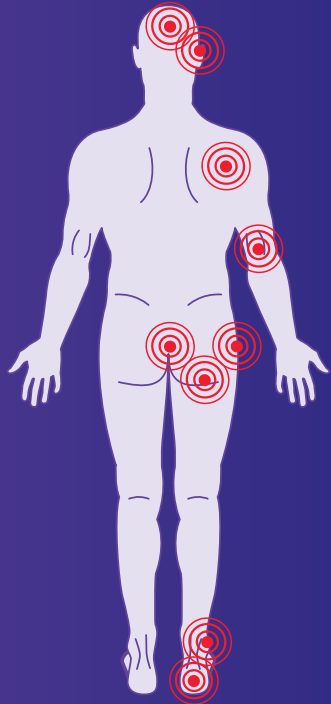
Sacrococcygeal area



Heels



Medical device areas



The Forces at Play



Pressure

Ischaemia plays a role, we now know that the primary driver for pressure injury is deformation of soft tissue. Direct damage from sustained deformation can result in cell damage in a matter of minutes,⁴ and an eventual cascade of cell death.



Friction



Shear

Shear strain occurs when skin is exposed to friction and gravity. Friction pins the skin to the underlying surface as gravity pulls downward. These forces compress, twist, and stretch cells and blood vessels and can lead to tissue necrosis.

The Impact of Pressure Injuries

Facility-acquired pressure injuries continue to be a growing healthcare problem.⁵ Not only can they lead to longer hospital stays and higher rates of readmission, but they can contribute to greater patient pain and suffering – and in some cases, premature mortality.⁶

The net cost of hospital-acquired pressure injuries ranges from \$44,000 for a category II PI to \$90,000 for a category IV.⁷

Wound Care Dressings: an Important Part of Injury Prevention Programs

As part of prophylactic dressings plan, use a soft silicone multi-layered foam dressing to protect the skin for individuals at risk of pressure injuries.⁸

When selecting a dressing, there are several ideal properties to consider, including the following from the **National Pressure Injury Advisory Panel (NPIAP) Clinical Practice Guideline. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019.⁹**



Ability to manage microclimate⁹



Ease of application and removal⁹



Ability to access and assess skin⁹

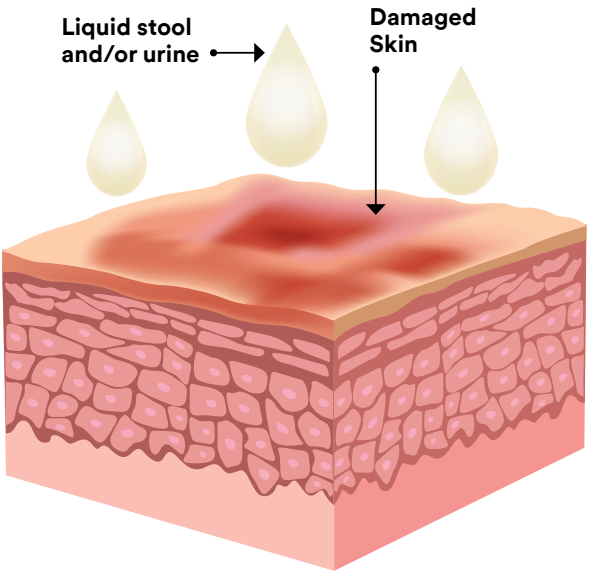


Correct dressing size for high-risk locations⁹

The Complex Connection Between PI and Incontinence-Associated Dermatitis (IAD)

In addition to the factors mentioned previously, research suggests that IAD is a risk factor for developing pressure injuries in the sacral area.¹⁰

Given this connection between IAD and PIs, interventions for prevention and management should be integrated and complementary.

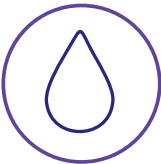


Pressure injury



Incontinence-associated dermatitis

The Role of Moisture



Moisture

Exposure to wetness decreases skin strength, compromises barrier function, and makes skin more susceptible to damage from friction. Diarrhea can expose the skin to caustic irritants that can rapidly damage skin.¹¹

4X more likely to experience PI

Patients with IAD are 4X more likely to experience a facility-acquired sacral PI than patients without IAD.¹²



Patient risk