

Where symptoms of urinary dysfunction are identified, a continence assessment is carried out (form THB MR 555) and if required appropriate continence aids supplied

(NHS QIS Best practice statement Continence-Adults with urinary dysfunction)

Assess skin condition regularly using excoriation Tool (NATVNS Scotland) and use guidance below

Routine Cleansing - Use a soap substitute to cleanse skin or if bathing use a bath/shower emollient (Box 1) at each episode

Ensure water is at 37°C Do not use bubble bath or bath salts

Document assessment and decisions in the health record



Excoriation Tool Score

- Score 0** - Use emollient cream or Gel after cleansing if skin dry/fragile (Box1) Usual cleansing for rest of body
- Score 1** - Use barrier **cream** (Box 2) in addition to routine cleansing and if:
Incontinent of urine ≤ 3 times per day - apply 24hrly
Incontinent of urine ≥ 4 times per day - apply 8hrly
Use barrier **film** (Box 2) in addition to routine cleansing if Incontinent of urine and faeces - apply 24hrly
- Score 2** - Use barrier **film** (Box 2) in addition to routine cleansing and if Incontinent of urine and/or faeces apply 12hrly
- Score 3** - As for score 2, and may require a dressing as per wound formulary (**and if required ***)

Recommended first choice products. For further choices and information see Tayside Prescribing Guide and Tayside Wound Formulary

Box 1- Emollients/moisturisers/cleansers

Apply as directed. Over application can restrict the urine being absorbed by the pad

For use in bath

Oilatum®

For use in Shower

Dermol® 200

Soap substitute

Senset Cleansing Foam (order through supplies sundries no)

Dermol® 500

For dry skin

Diprobase® cream

Doublebase® gel

Ordering Information Hospital: via Pharmacy Community: via GP10

Box 2 - Barrier products

Barrier creams Conotrane®

Barrier film - Cavilon® No Sting Barrier Film

Ordering information

Hospital: via Pharmacy

Community: via GP10

Various sizes available - Check Pharmacist/Formulary

If problems with these products contact Dermatology for advice

Review date June 2010

***For further information or advice on management of incontinence contact your local Continence Advisory & Treatment Service (C.A.T.S.)**

Guidelines for the Product Management of Urinary and Faecal Incontinence

Continence Assessment

If following a continence assessment, the need for continence management products has been identified, follow the guidance detailed in **Boxes A, B & C** (NHS QIS Best Practice Statement, Continence – adults with urinary dysfunction)

In addition, regular skin assessment and interventions as per **Skin Excoriation Tool for Incontinent Patients** (NATVNS Scotland)

Disposable procedure pads should not be used routinely as a continence aid (recommended use **Box D**)

Box A Management of Urinary Incontinence

Re-usable products - Sahara range	Helps maintain self esteem Needs laundering facilities, not suitable for most acute wards (unless relatives usually take home)	Body worn & under pad
Disposable products - Contisure range	Close fitting ensures quicker-better absorption of urine. Super absorbents in the products minimises the likelihood of skin wetness. Ensure pads are worn with close fitting pants	Adhesive backing: mini or micro (stretch/nets not appropriate for use with these pads as they require a wider gusset on which to adhere) Shaped: - light, micro and premium range All-in one: diaper /nappy style

Box B Management of faecal incontinence

Disposable - Contisure faecal range	Does not require the use of super absorbent pads	Shaped - small, large faecal range
-------------------------------------	--	---

Box C Management of both urinary and faecal incontinence

Disposable - Contisure	The degree of urinary incontinence guides the product required i.e urinary or faecal	Shaped - light and premium range All-in one: diaper /nappy style
------------------------	--	---

Box D Recommended use of under/procedure pads

- For bowel care – suppositories/enema - Following discussion with Dermatology staff where body worn pads would be more detrimental to patient needs - To alleviate frequent moving and handling whilst undertaking end of life care		
--	--	--

Review date June 2010

For further information or advice contact your local Continence Advisory & Treatment Service (C.A.T.S.)