NURSES SPECIALIZED IN WOUND, OSTOMY AND CONTINENCE CANADA
INFIRMIÈRES SPÉCIALISÉES EN PLAIES, STOMIES ET CONTINENCE CANADA

PAEDIATRIC INCONTINENCE-ASSOCIATED DERMATITIS (PIAD) | QUICK REFERENCE GUIDE

This quick reference guide is intended for nurses managing PIAD in children and neonates over 32 weeks of gestational age.

GENERAL PRINCIPLES

Refer to the Canadian PIAD Best Practice Recommendations for Nurses

- Assess the skin with adequate lighting particularly with dark skin tones.
- Assess the cause and contributing factors to PIAD and resolve where possible.
- Cleanse the area under the diaper with every faecal episode.
- Avoid over cleansing with every urination as this may cause excess friction and hyperhydration.
- Leave the buttocks diaper free exposing it to the air to allow the skin to dry, where possible.
- Avoid friction or rubbing and only remove soiled skin barrier, leaving clean barrier in place and adding more if needed.
- Document skin condition, previous treatments/results and be aware of cultural and social differences.
- Include photographs, if feasible, according to organizational health care policy and procedures, to monitor progress.
- Review listed ingredients to avoid skin barriers containing alcohol, phenols, perfumes, or allergens such as lanolin.
- Apply a skin barrier following manufacturer's instructions for use (i.e., some are to be applied sparingly vs. generously).
- Treatments should remain consistent and unchanged for 3-5 days unless PIAD is worsening.
- When reassessing the skin, fully remove the old barrier.

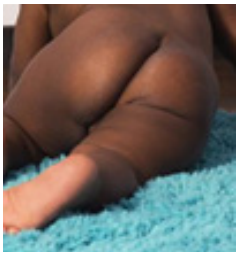
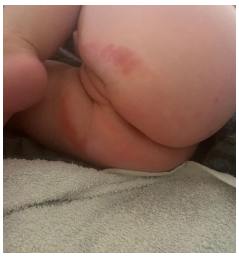
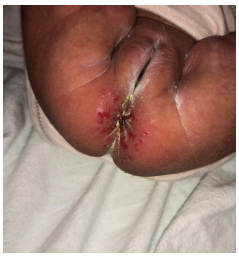
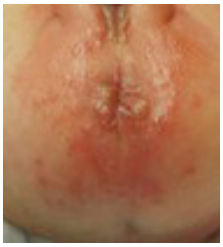
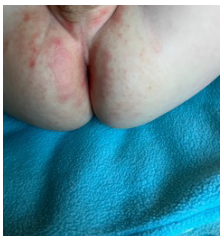
PIAD RISK FACTORS

- anorectal surgeries;
- cystic fibrosis;
- diarrhea;
- digestive stoma closure;
- gastroenteritis;
- ileo or colo-anal reservoir;
- immature skin barrier;
- immunosuppression;
- inadequate hygiene;
- medication affecting transit and intestinal flora; and
- pathologies with malabsorption problems.

Seek advice from a Nurse Specialized in Wound, Ostomy and Continence (NSWOC) or wound care specialist if approaches are not effective.

For special populations of patients such as premature neonates under 32 weeks of gestational age, and paediatric oncology patients, refer to an NSWOC or wound care specialist. They will know when a referral to a specialist is needed. NSWOCs and other health care professionals must work within their scope of practice as well as organizational policies and procedures.

Refer to the *Canadian Paediatric Incontinence-Associated Best Practice Recommendations for Nurses developed by Nurses Specialized in Wound, Ostomy and Continence Canada* for full recommendations, rationale, levels of evidence and references.

CLASSIFICATION	MANAGEMENT	CONSIDERATIONS
Intact skin/prevention 	• use appropriate skin barriers that include: - dimethicone; - low to moderate (less than 20%) percent zinc oxide; or - petrolatum.	• apply a skin barrier at each diaper change in the presence of risk of PIAD; and • use super absorbent diapers.
Erythema/red skin 	• increase frequency of diaper changes; • use dimethicone or low to moderate (<20%) zinc oxide skin barrier; • to remove skin barrier/stool, soak with pH balanced cleanser to soften and then gently remove soiled layer (use warm water if cleansers unavailable) and • reapply dimethicone or zinc oxide skin barrier as needed.	• in dark skin tones damage can appear darker or lighter than surrounding skin, look for changes in tone or texture.
Broken skin 	• increase frequency of diaper changes; • apply a moderate or high (>20%) zinc oxide skin barrier, or dimethicone; and • if dimethicone or zinc oxide skin barriers are unsuccessful, consider using a hydrophilic product or a cyanoacrylate film skin barrier, where no fungal infection has been diagnosed.	• partial thickness skin loss can be extremely painful, consider pain management; • if skin barrier is not adhering to weepy skin, sprinkle or dust with stoma powder first; • only remove soiled skin barrier, leave intact dimethicone or zinc oxide skin barrier in place to reduce friction from cleansing; and • if using a hydrophilic product or a cyanoacrylate skin barrier film, follow the manufacturer's instructions for use.
Erythema/red skin with infection  & **Broken skin with infection** 	• increase frequency of diaper changes; and • when a fungal infection is diagnosed, apply an antifungal, according to the medical order (typically 2-3 times per day); or • one-step management: apply a custom antifungal (mixture of talc-free antifungal powder or antifungal cream) prepared by the pharmacy department.	• cleanse and dry the skin and apply the antifungal directly to the affected area first as prescribed, let it absorb into the skin. Apply the skin barrier over. Important: the antifungal is applied as ordered while a dimethicone or zinc oxide skin barrier should be applied as often as needed; • only remove soiled skin barrier, leave intact dimethicone or zinc oxide skin barrier in place to reduce friction from cleansing; and • antifungal treatment may require prescription.