

# PAN DORSET MOISTURE PATHWAY - SKIN BARRIER PREPARATIONS



This protocol covers the selection of skin barrier preparations for skin folds, peri-wound margins and incontinence associated dermatitis. Please refer to the Dorset Stoma Care formulary for peri-stomal skin care advice.

Best Practice for Skin Care - advise patients and carers on appropriate skin care such as;

- Avoid soaps and highly perfumed products
- Avoid talcum powder
- Keep skin clean and dry

Assess, document and evaluate skin regularly\*

	Presentation		Management	Application	Considerations	
Reassess	Prevention	Intact skin		Cleanse with skin cleanser or soap substitute	After every hygiene or wound care intervention appropriate to the site	If the patient is considered to be at risk e.g. incontinent, high wound exudate, then consider applying <b>Cutimed® PROTECT</b> Barrier Cream as prevention
		Excoriation, intact skin, erythema (redness) present		Cleanse with skin cleanser or soap substitute Apply <b>Cutimed® PROTECT</b> Barrier Cream	After every hygiene or wound care intervention appropriate to the site	<b>Available as:</b> 2g sachets (single use) 28g and 90g tubes (single patient use) Consider requesting appropriate volume product
Management	Management	Excoriation, erythema, less than 50% broken skin, oozing and bleeding may be present		Cleanse with skin cleanser or soap substitute Apply <b>Cutimed® PROTECT</b> Barrier Film	After every hygiene or wound care intervention appropriate to the site	<b>Available as:</b> 1ml and 3ml foam applicators for precise application 28ml spray for wider area coverage
		Severe excoriation, erythema, with more than 50% broken skin, oozing and bleeding may be present		Cleanse with skin cleanser or soap substitute Apply <b>Medihoney®</b> Barrier Cream Consider referral to appropriate specialty team	After every hygiene or wound care intervention appropriate to the site	<b>Available as:</b> 2g sachets (single use) 50g tube (single patient use but can be used for up to 4 months after opening)

If no improvement to skin condition within 2-3 days, consider and assess for signs of infection e.g. cellulitis, fungal and refer appropriately.

If skin condition improves, reassess and amend management plan as indicated above.

Created by:  
Pan Dorset Joint Wound Formulary Group  
Version 2/2018

For more information or support,  
contact your Tissue Viability team

Covering:  
Dorset Healthcare University NHS Foundation Trust  
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust  
Poole Hospital NHS Foundation Trust  
Dorset County Hospital NHS Foundation Trust

\*Moisture-associated skin damage, Dowsett C et al, Wounds UK, Volume 9, Issue 4, November 2013