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Using Evidence-Based Protocol to Improve the Effectiveness and Efficiency of Prevention and Management of Incontinence-Associated Dermatitis (IAD) and to Reduce Pressure Injury

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Introduction

Incontinence-associated dermatitis (IAD) is a widespread disorder in elderly with incontinence. It is painful and a well-recognized risk factor for pressure injury development. Although the relationship between IAD and pressure injury had not been explored, results from studies showed the severity of IAD increased, the risk of developing pressure injury was also increased. However, IAD represents a significant health challenge worldwide because of knowledge gaps in our current understanding of IAD and clinical practice. IAD is usually misdiagnosed as pressure injury by healthcare providers and hence the care delivered may be inappropriate. Also there is a lack of evidence-based protocol to manage IAD effectively.

Objectives

- 1)To implement an evidence-based protocol on IAD and to improve the effectiveness and efficiency of prevention and management of IAD in hospital setting.
- 2)To reduce nursing time by using a simplified approach of protocol with structured skin care regimen

Methodology

We developed an evidence-based protocol based on IAD Categorization tool which was developed by global expert IAD panel in 2015, and literature review. Incontinence column of the Norton score was used to identify patients who were at risk. In-service training was conducted to introduce the protocol and to strengthen health care providers' knowledge of IAD and pressure injury etiologies. A pilot study on the protocol included 1264 patients was conducted in CMC surgical wards from 11/2016 to 12/2016. The outcomes were measured using two parameters: 1) NRS Pain

assessment tool, 2) Severity of IAD.

Result

Results:

Among 1264 patients, total 167 patients were classified as at risk and 33 patients suffered from different degree of IAD. Management was given according to the protocol implemented. All 33 patients showed significant improvement on pain score and severity of IAD. All 167 at risk patients did not develop IAD under the preventive management protocol.

Conclusions:

The result showed that the evidence based protocol is efficient and effective on preventing and managing IAD, as well as improving the quality of life of patients. IAD is a well-recognized risk factor for pressure injury development, preventing IAD could probably decrease the incidence of pressure injury.