

Introduction:

- Incontinence associated dermatitis (IAD) is a common problem among the neonatal and pediatric populations.
- Frequent use of diapers and the dependent nature of an infant or child make this a day to day problem.
- Additional factors of gastrointestinal infections or disease processes, antibiotics, and chemotherapy medication may quickly lead to perianal maceration and denudement.
- Barrier creams are traditionally used prophylactically and as a treatment for IAD.

Description of Past Management:

- Standard care included creams with zinc, dimethicone, petroleum, or cyanoacrylate.

Goal of Care:

- The goal was to prevent the stool from encountering the skin and therefore allow it to heal. An alternative to standard barrier creams was used on 4 severe cases of IAD in neonates and pediatrics, who were unresponsive to traditional barrier creams.

Management Plan:

- Alcohol free ostomy paste was applied to open area; follow by ostomy powder, to prevent the paste from sticking to the diaper.
- A barrier cream of choice was applied to the intact skin. Reapplication of products was done as needed in the same order.
- After three days all products were cleaned off with adhesive remover. The process was repeated until the denuded skin was epithelialized.

Case Study 1: Infant female with IAD



(A) Day 0: Infant female, 18 days old, with 12 day history of IAD

(B) Day 3: All open areas resolved, standard care plan for IAD prevention started

Case Study 2: Infant male with severe recurrent IAD

(C) Day 0: Infant male, 3 months old, approx. 12 day history of IAD



(D) Day 4: All open areas resolved, standard care plan for IAD prevention started

Case Study 3: Infant female with IAD



(E) Day 0: Infant female, 7 months old, 9 day history of IAD

(F) Day 3: All open areas resolved, standard care plan for IAD prevention started

Case Study 4: Toddler with severe recurrent IAD

(G) Day 0: 3 year old male, unknown length of time for this recurrence of IAD



(H) Day 3: All open areas resolved, standard care plan for IAD prevention started, photo's provided by patients mother

Results

- Improvements were observed within three to four days and all families reported decreased pain and improvements in skin condition.

Sample Care Plan:

Paste Diaper Rash Care Plan

Gather Supplies:
Foam cleanser
Dry wipes
Warm water
Cohesive Paste
Ostomy Powder
Adhesive Remover



Paste Application

- Apply Cohesive Paste, with gloves, by gently coating a small amount over open areas
- Should be 2-3mm thick
- Lightly dust ostomy powder over paste, so that it doesn't stick to the diaper
- If apply light layer of barrier cream to intact skin




Skin Preparation

- Wash skin with warm water and foam soap, no commercial baby wipes.
- Leave clean paste intact
 - Every 2-3 days use adhesive remover to remove all old paste for full skin assessment
- Dry well






Discussion:

- This case series shows the improvement over time using the alcohol-free ostomy paste regimen. The paste was thick and could be difficult to apply, however, once on the skin the paste covered the entire wound and allowed the skin beneath it to heal. A step by step regimen was provided to each patient. Product choices of ostomy powder, barrier cream and adhesive remover differed slightly related to each hospital's stock, but results were similar.

Conclusion:

- As with all clinical practice treatment choices need to be considered in context and should be tailored to individual patient needs. These cases demonstrate that use of an ostomy product for incontinence can improve patient outcomes.

Disclosure

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