

Incontinence-associated dermatitis (IAD) due to diarrhoea are a common problem in ICU. Occurring in half of critically ill patients. Patients who develop IAD are at the risk for serious skin injury that can lead to pressure ulcers, discomfort, pain and depression may result, plus there is an increased risk of wound infection and sepsis. Nursing care for patients with IAD depending on the severity of skin breakdown and selection of incontinence skin care products is used depends on the patient's right to health access.

## Objective:

This quality improvement study the effects of the Developed components skin care product in patients with fecal IAD.

## METHODS

**Clinical setting:** 7-bed general surgical intensive care unit in SIRIRAJ hospital.

**Skin assessment:** A point prevalence assessment was conducted with a skin assessment tool utilizing with a trained team to assess patient skin condition and fecal IAD prevalence. The quality improvement initiative was to application of alternative skin care product. Developed components skin care were find out from general over counter skin care products. That contain Ingredients; emollients and occlusive for provides skin hydration and protection against irritants.

**Product standardization:** The incontinence hygiene protocol was standardized on this unit by ensuring a developed components skin care product was available at the patients' bedsides. Staff were trained on the appropriate use of a developed components skin care product for fecal incontinence hygiene.

**Post-intervention assessment:** A Post-intervention point prevalence assessment was conducted with the same skin assessment tool and staff to assess patient skin condition and fecal IAD prevalence.

## Nursing Management of the Fecal Incontinence Patients in Intensive Care Units.

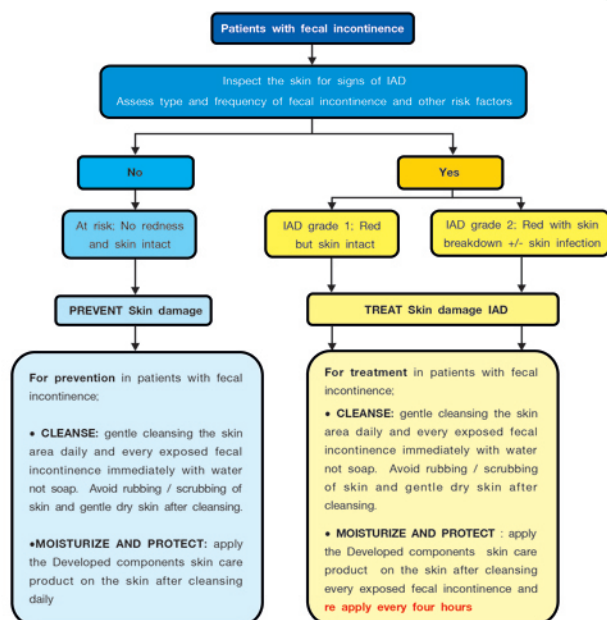


Fig.1. Developed components skin care product.

### CASE REPORT 1



Fig.2. 89-years-old female diagnosis UGIB, GIST and paraplegic with liquid stool incontinence then develop IAD grade 2



Fig.3. After management IAD for 10 days. IAD grade 2 with healing

### CASE REPORT 2

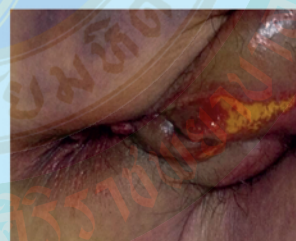


Fig.4. 74-years-old male diagnosis Rt. Subdural hematoma S/P Rt. Wide craniectomy and clot removal, AAA S/P EVAR with liquid stool incontinence then develop IAD grade 2



Fig.5. After management IAD for 5days. IAD grade 2 with healing

## Result:

The clinical outcomes found that the Developed components skin care product prevent and reduce the incidence of IAD grade 2 in ICU. Patients can access alternative skin care product.

Further studies are needed to determined effective for prevent, reduce the incidence of IAD and cost effective IAD prevention strategies. The next step leads to research develop bundle care of IAD patients.

## Reference.

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3. Reilly EF, Karakousis GC, Schrag SP, Stawicki SP. (2007). Pressure ulcers in the intensive care unit: The 'forgotten' enemy. OPUS 12 Scientist ; 1 : 17–30.