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Use Teamwork to Reduce the Incidence of Incontinence Dermatitis in a Medical Intensive Care Unit

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Introduction

The skin is the body's first line of defense to prevent the invasion of harmful microorganisms. The literature points out that the rate incontinence dermatitis is as high as 36%. If it is not treated in time, it will easily lead to wound infection, causing wound pain and discomfort and affecting emotions as well as causing many complaints. These results induced patients and their families feeling distrustful on medical team care.

Status analysis and establishment of cause

The research team found out that the unit incidence rate was 40.3% which is higher than literature review. The following influencing factors were analyzed: 1. The care was not performed correctly; 2. It was not discussed with the medical team; 3. The class was not actually delivered and recorded. Status; 4. lack of in-service education for incontinence dermatitis; 5. lack of grading assessment of incontinence dermatitis and standard care standards, etc.

Purpose

The purpose of program was to reduce the incidence of incontinence dermatitis in patients with internal medicine intensive care unit less than 19.7% according to Bardsley's study result which is less than 20.6% (2013).

Literature review

Incontinence dermatitis is divided into four grades according to different symptoms of the skin: 0 is the hip skin intact, no redness; 1A grade (mild) is slightly red, no rash and broken skin; 1B grade (moderate) is hair Red and rash but no broken skin; Grade 2 (severe) except for redness and rash, has broken skin (Chen et al., 2014).

Boiko (1999) proposed ABCDE five care points for the prevention of incontinence dermatitis, (1) ventilation, (2) barrier protection, (3) cleaning aspects, (4) diaper aspects, (5) Education.

Reference

Bardsley, A. (2013). Prevention and management of incontinence-associated dermatitis. *Nursing Standard*, 27(44), 41-46.

Boiko, S. (1999). Treatment of diaper dermatitis. *Dermatologic clinics*, 17(1), 235-240.

Chen, B., Chen, S., Chen, M. (2014). Promoting the correctness of incontinence dermatitis care in the respiratory care center. *Changhua Nursing*, 21(4), 10-18.

Solution and execution process

The following improvements were implemented from June 1st to November 30th, 2017:

1. Formulate a high-risk incontinence dermatitis assessment;

(1) Non-high risk group (4-6 points) : Perform skin cleansing at least once a day, using a single layer of large diaper each time, and applying a skin protectant (Vaseline) to prevent incontinence dermatitis. (2) High risk group (7-12 points) :

2. According to ABCDE, provide remind card to carry out skin care. At least once a day, the skin should be cleaned with warm water towel and applied skin protection agent (Vaseline) to prevent red buttocks in the area where skin inflammation is easy to occur.

A single-layered care pad used to promote ventilation and initiate cross-team medical care within 24 hours:

(2-1) Ask the doctor to assess the current disease in a timely manner.

(2-2) Ask the dietitian to adjust the appropriate tube filling formula according to patient's status. (2-3) Ask the pharmacist to assess whether the side effect of current medication caused diarrhea. (2-4) Revise the standard process for preventing incontinence dermatitis and care.

3. Make a preventive incontinence dermatitis care reminder card (as above) :



Result evaluation



Figure 4: Reduce the effectiveness of incontinence dermatitis

Discussion and conclusion

Through document verification, the development of a unified standard of care process with creative improvement measures, the incidence of incontinence dermatitis continues to reduce, thereby reducing patient pain. Reduced prolonged hospitalization as well as infection have resulted in significant improvements in overall care quality.