

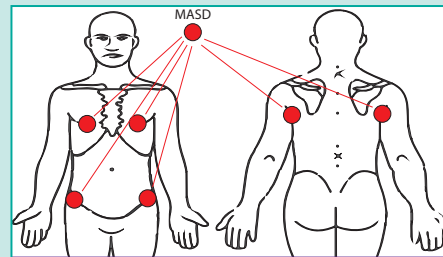
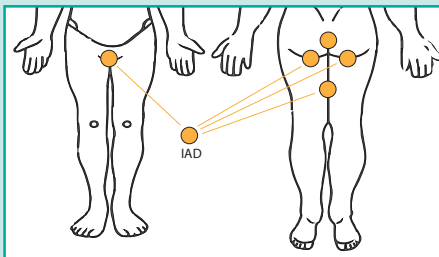
# Pathway for the Emergency Department for Prevention and Management of Moisture Associated Skin Damage (MASD)

Overexposure of the skin to bodily fluids can compromise its integrity and barrier function, making it more permeable and susceptible to damage. Individuals with MASD experience persistent symptoms that affect quality of life, including pain, burning and pruritis.

MASD is classified as an irritant-contact dermatitis. Common irritants can include urine, stool, perspiration, saliva, intestinal liquids from stomas and exudate from wounds.

As such, MASD is an umbrella term and forms of MASD may be subdivided into four types:

- Incontinence Associated Dermatitis (IAD)
- Peri-stomal dermatitis (relating to colostomy, ileostomy/ ileal conduit, urostomy, suprapubic catheter, or tracheostomy)
- Intertriginous dermatitis (intertrigo: where two skin areas may touch or rub together)
- Peri-wound maceration.



## Assessment

Undertake a full patient assessment to establish a diagnosis of Incontinence Associated Skin Damage (IAD) or Moisture Associated Skin Damage (MASD)

Active wound related to MASD

Is the patient at risk of MASD with no active wounds related to MASD

## Management



1. Cleanse the affected area with Medi Derma-PRO Foam and Spray Cleanser at each episode of exposure to moisture or 3 x daily as a minimum

1a. Apply Medi Derma-S Barrier Film (stick applicator) if a dressing or stoma device is being applied to this area at each dressing/device change



## Treatment



2. Apply Medi Derma-Pro Ointment using a thin uniform layer at after every episode of cleansing with Medi Derma-Pro Foam and Spray Cleanser

1b. Apply Medi Derma-S Barrier cream if NO dressings or stoma device are required daily as a minimum



## Assessment and referral

- Where at risk intact skin is identified and the preventative plan is followed or where there is exposure to Type 7 Stool and the treatment is followed, this should be documented in the Nursing notes of symphony.
- Where broken skin and treatment plan is followed a wound assessment should be completed on symphony. If this patient is planned to be admitted then a DATIX skin integrity form is required to be completed with the wound details.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.