

What the Experts Say in Incontinence Care and Pressure Ulcer Prevention Guidelines

WOCN Wound Ostomy and Continence Nurses Society

“Cleanse skin gently at each time of soiling with pH balanced cleansers.”

“Avoid excessive friction and scrubbing, which can further traumatize skin.”

“No-rinse pH-balanced perineal cleansers are available that are convenient and save time.”

“Use incontinence skin barriers such as creams, ointments, pastes, and film-forming skin protectants as needed to protect and maintain intact skin.

Guideline for Prevention and Management of Pressure Ulcers, III. Interventions: Prevention, WOCN Clinical Practice Guideline Series, Glenview, IL, 2003:14.

NIH Clinical Center, National Institutes of Health, U.S. Department of Health and Human Services

“Cleanse skin with warm water and mild soap or no rinse cleanser.

“Moisturize skin daily and PRN with lotion to keep skin supple.”

“Manage urinary and fecal incontinence with cloth

incontinence pads. Avoid diapers and layering of chux. Clean incontinence episodes immediately to protect skin from breakdown. Use plain water or no-rinse cleanser..”

“Standard of Practice: Pressure Ulcer Prevention for the ‘At Risk’ Patient,” NIH Clinical Center, National Institutes of Health, U.S. Department of Health and Human Services.

NPUAP National Pressure Ulcer Advisory Panel

“Use a mild cleansing agent. Avoid hot water and excessive friction.”

“Assess and treat incontinence. When incontinence cannot be controlled, cleanse skin at time of soiling, use a topical moisture barrier, and select underpads or briefs that are absorbent and provide a quick drying surface to the skin.”

“Use moisturizers for dry skin.”

Taken from www.npuap.org, from “Pressure Ulcer Prevention Points,” the National Pressure Ulcer Advisory Panel’s summary of the AHCPR Clinical Practice Guideline, “Pressure Ulcers in Adults: Prediction and Prevention” (AHCPR Publication No. 92-0047, Rockville, MD, May 1992).

AHRQ Agency for Healthcare Research and Quality

“Skin cleansing should occur at the time of soiling and at routine intervals.”

“Avoid hot water and use a mild cleansing agent that minimizes irritation and dryness of the skin.”

“During the cleansing process, care should be utilized to minimize the force and friction applied to the skin.”

“Dry skin should be treated with moisturizers.”

“Minimize skin exposure to moisture due to incontinence, perspiration, or wound drainage....

Topical agents that act as a barrier to moisture can also be used.”

*Taken from www.ahrq.gov, from the AHCPR’s (Agency for Healthcare Policy and Research) “Pressure Ulcers in Adults: Prediction and Prevention,” Clinical Practice Guidelines, May 1992:15-19. This information is obtained from the AHRQ (formerly AHCPR) publication, Pressure Ulcers in Adults: Prediction and Prevention, one of 19 Clinical Practice Guidelines developed between 1992 and 1996. Each guideline reflected the state of knowledge current at the time of its release on effective and appropriate care. Given the inevitable changes in the state of the scientific information and technology, most of these recommendations are now **outdated**, due to more recent research findings of technological advances. As of November 2003, when this material was printed, no new Clinical Guidelines for Pressure Ulcer Prevention have been published by the AHRQ.*