

This leaflet some information has been adapted from wounds international Journals 2022

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

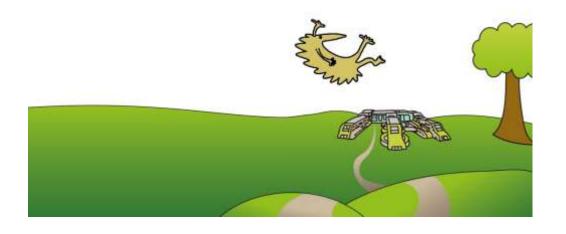
This information can be made available in other languages and formats if requested

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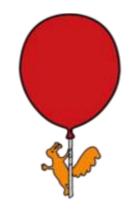
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Tissue Viability Team

Helping to Prevent Moisture Associated Skin Damage



Information for patients, parents and carers

Whilst your child is staying in the Alder Hay care setting, an assessment of your child's skin will be required daily or more frequently (as clinically indicated) by the nurses/carer looking after your child.

However, while you are providing care if you notice any redness, marks or breakdown please inform to Bed Side nurse. This is because your child is at increased risk of skin damage due to their medical/surgical condition.

What is a Moisture Associated Skin Damage? (MASD)

MASD is complex and increasingly commonly recognised condition.

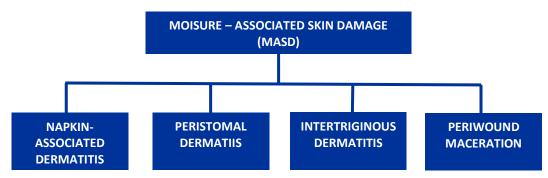
Over exposure of the skin to bodily fluids can compromise its integrity and barrier function, making skin more permeable and susceptible to damage (Gray etal,2001, Woo etal,2017)

The development of MASD involves more than bodily fluids alone. Rather, skin damage is attributable to multiple factors, including chemical irritants within the moisture source (e.g. proteases and lipases in faeces, drug metabolites), its pH, associated microorganisms on the skin surface (e.g. commensal skin flora), and mechanical factors such as friction.

Risk assessment and prevention strategies are of key importance in MASD. Interventions can be taken to protect the skin and prevent MASD, including the use of skin protection products, such as barrier creams, liquid polymers to create a protective layer on the skin surface that simultaneously maintains hydration levels while blocking external moisture and irritants.

Parents, carers & Nurses must be vigilant, both in maintaining optimal skin conditions and in diagnosing and treating early stages of MASD to prevent progression and skin breakdown

There is different type of MASD noted on Paediatric Care setting.



Napkin Associated Dermatitis is one of the most common skin complaints in Infants.

Occurrence and severity can be influenced by:

- 4 Age of the child
- Volume, consistency, and frequency of stooling
- 📥 Diet
- Medication- eg. Chemotherapy, immunosuppression, Antibiotics
- Medical condition- eg. Foetal Abstinence Syndrome, Reversal of Stoma
- **4** Underlying disease- eg. Short Gut Syndrome
- **4** Existing skin condition- Psoriasis, Eczema ec..
- Poor Hygiene

Effect of Urine and Faeces on the Skin

- Overhydrated skin more prone to injury from irritants and friction
- Urine & Faeces under a nappy increase ammonia production
- Increased Skin pH
- Disruption of skin structure and barrier function
- Increased risk of Infection

Good Practice for Managing Nappy Associated Skin Damage

Manage Moisture Encourage regular nappy change, Encourage use of appropriate disposable nappies Hydrate/Cleanse Use plenty of water to clean/rinse Use emollients to cleanse skin where skin damage is moderate or severe Avoid fragranced wipes Protect Use barrier preparations to prevent faeces coming in to contact with skin Reduce humidity and maceration Change nappy as soon as possible after each episode of

faeces/urine contact with skin

Skin Inspection

Check the skin regularly

Observe and document skin changes

Commence early preventative measures to high-risk patients



AVOID



Intertriginous Dermatitis

Skin damage resulting from sweat, friction, or generalised oedema



Peri-Stoma Dermatitis

Skin damage resulting from stomal effluent (urine and faeces), gastric fluid and saliva

This leaflet has been produced to support you / your child in making informed choices about your care.

If you need any information, please contact:

Tissue Viability service Alder Hey Children's NHS Foundation Trust 0151282 4686

Patient / Carer comments

Please record any questions or concerns in the space below to discuss with your Health or Care Professional:

Patient / Carer comments



Peri-Wound Dermatitis/macerated

Skin damage resulting from excessive amount of wound exudates causing maceration, skin breakdown and infection



Napkin -Associated Skin Damage

The skin damage is due to exposure to moisture or colonisation with Candida, often under a nappy



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