

Putting Yourself in the Patient's Pads – Lessons from a Tissue Viability Nurse

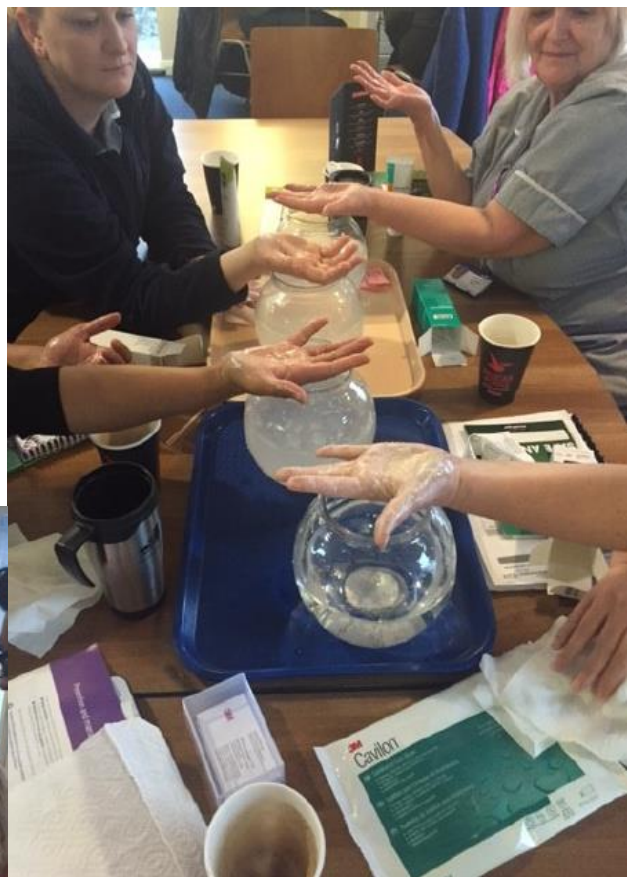
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Introduction

- Moisture due to incontinence/ wounds/ sweat will contribute to skin changes
- Formulary- too many options/ inappropriate use
- Current spend approx. £52K
- Proposed barrier cream £12K cost saving.
- 6 Trusts have switched to proposed product- good outcomes
- Simple selection process
- Other benefits- reduces inflammation to skin, including radiotherapy reactions

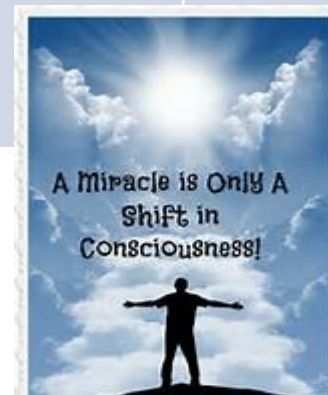


Methodology



Week 1	Week 2	Week 3
<p>Barrier cream 1 Shower Pad type 1- correct application Urinary incontinence sitting and lying 3 days Rested skin over weekend</p>	<p>Barrier cream 2 Shower Pad type 2 2 days Re-tried pad type 1 For 1 day Urinary incontinence sitting, lying 3 days Rested skin over weekend</p>	<p>Barrier cream 3 Shower Pad type 2 Urinary incontinence sitting lying 2 days</p>

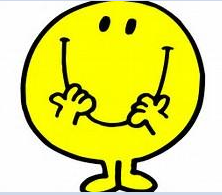
Continent again.....



Results- note this was not a test to compare pads

Week	Experience
<p data-bbox="127 344 156 382">1</p>  	<ul data-bbox="465 344 1754 1129" style="list-style-type: none">• Skin protectant- felt like I had been dipped in goosefat• Protected skin well, easy to apply• Pad 1 redistributed pressure towards ischiums- painful particularly when dry! Approx 10mins of offloading improved symptoms• Pad did not conform well, gels broke down if left dry above 4 hours• Loss of dignity urinating in the pad- felt depressed for 3 days• More comfortable wet- left for a hour• I apparently did not have an odour- frequent washing.....• Spillage!!!! Medial thighs in particular• Double pad- more confidence but redistributed more pressure particularly to sacrum• Could not try the pad lying down <p data-bbox="465 1200 1763 1296">* pad was only suitable for urge incontinence (450mls) informed 2 weeks later!!</p>

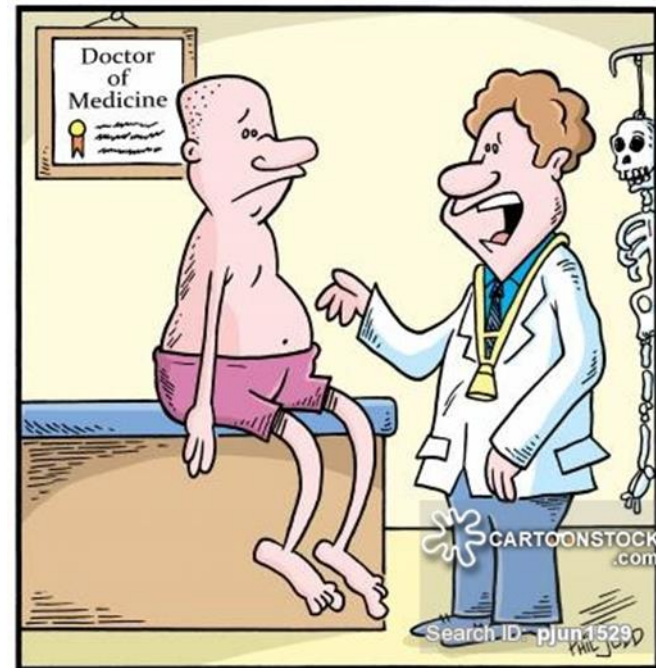
Results

week	Experience
2 	<ul style="list-style-type: none">• Barrier cream- 2mls easy to apply, good coverage• Protected skin well, soaked in and felt clean and comfortable• Felt quite happy to pass urine in pad 2 sitting and lying- quickly became the norm• Pad 2 conformed and absorbed well- no spillage, but didn't feel long enough (for urge only informed 2 weeks later!)• Still felt pressure redistribution to ischiums using Pad 2- painful• Retried Pad 1– no change
3	<ul style="list-style-type: none">• Barrier cream 3-felt awful to wear• Pads still caused painful pressure points



Learning

- All skin protectants worked efficiently- pathway developed
- Are we competent at continence assessment and management?
- Do we have the right education available for staff?
- Are we just patching up a problem?
- Are continence pads contributing to pressure injury incidents and have we done everything we could with regards to continence?
- Do universities teach pre- reg?
- Is there enough national drive?



"Do I know much about incontinence?
No I was never good at Geography."

Actions

- Launched moisture associated dermatitis prevention pathway
- Develop knowledge and skills within teams
- Correct pad selection and use
- Aim to regain continence as early as possible
- Toilet first approach too
- Pelvic floor exercises and dietary intake- Note some patient may need to be assessed by a physio with an interest in Continence as some muscles can be overactive.
- Industry to research pressure redistribution of pads and ? redesign

Train To Regain And Maintain

- Lying sitting, standing, walking
- 4-5 x per day do not hold your breath
- Tighten muscles around anus and urethra all at once.
- Lift and hold for 5 seconds
- Slowly release and relax for a few seconds
- Repeat 8-10 times max.
- Change technique to short, fast contractions for second set

