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Critical Thinking for Incontinence and Associated Skin Problems

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DISCLOSURE OF FINANCIAL RELATIONSHIPS

Laurie McNichol

- I have the following relevant relationships to disclose
  - DeRoyal Industries
  - Hollister, Inc
  - Mölnlycke Health Care

Donna Bliss

- I do not have any relationship(s) to disclose:

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LEARNING OUTCOME

At the end of this session, 85% of learners will report in the post activity evaluation increased confidence in their ability to use a consistent approach in their assessment of the patient with irritant contact dermatitis due to urinary, fecal or dual incontinence and incorporate evidence into the development of the patients plan of care.

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Your Career: We Know It's a Journey

- Because we have been on it, too
- We have both been at this a long time
- We have worked in a variety of settings
  - Acute/Critical care
  - Home care
  - Long Term Care
  - Academics
- We believe that *every* experience belongs in your professional suitcase

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Important Concepts

- Your career does not have to be linear (it probably isn't)
- You can be an expert in one setting, change settings (or patient populations) and become a novice all over again
- An essential element in your suitcase should be a sense of ***curiosity and continual learning***
- Your education has prepared you for research, investigation and discernment
- Be grounded by (and known for) evidence and evidence based practice

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Did I mention "We 'get' you"?

You may be facing daily challenges like THE LIST

- High volume (translate: many patients) to be seen
- Less time to see the above patients
- Few(er) people to perform consults
- Increased patient complexity
- You may be trying to perform consults remotely

and are just trying to "tie a knot in the rope" and hang on

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Survive and Thrive

- Continual learning will save you
- Professional, mental stimulation is not "extra", it's necessary to prevent burnout
- Research and knowledge will increase your self esteem and confidence
- Your enhanced performance and expertise will contribute to being held in high esteem by others
- So….

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Incontinence and Skin Care Consult

Assessment/differential diagnosis includes

- History (focused health history and presenting problem)
- Physical exam
  - Indicators of etiology
- Lab work, other test review
- Consideration of social factors
- Interventions to date if any (and results)
- Documentation

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Keys to Success as a Continence and Skin Care Expert

- Resist the urge to immediately KNOW (guess?) "what it is", "what to do", and "what to put on it" because you don't have time
- Your assessment should always include several options for etiology; conditions that must be ruled out (or in).
- Draw upon your previous experiences and current readings
- Critical thinking is well, you get it, CRITICAL.
- Before we practice…

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Reminder: Current ICD-10 CM Codes

- L24.A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified
  - *Excludes1: irritant contact dermatitis related to stoma or fistula (L24.B)*
  - *Excludes2: erythema intertrigo (L30.4)*
- L24.A1 Irritant contact dermatitis due to saliva
- L24.A2 Irritant contact dermatitis due to fecal, urinary or dual incontinence
- L24.A9 Irritant contact dermatitis due friction or contact with other specified body fluids
- L24.B0 Irritant contact dermatitis related to unspecified stoma or fistula
- L24.B1 Irritant contact dermatitis related to digestive stoma or fistula
- L24.B2 Irritant contact dermatitis related to respiratory stoma or fistula
- L24.B3 Irritant contact dermatitis related to fecal or urinary stoma or fistula

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ICD Codes – Purpose and Clinical Relevance

International Classification of Diseases (ICD)

- Global standard for defining and reporting diseases and health conditions
  - Enables comparison and sharing of health information using a common language
  - Identification of health trends and statistics globally
- In US, ICD codes linked to payment for health care and related supplies

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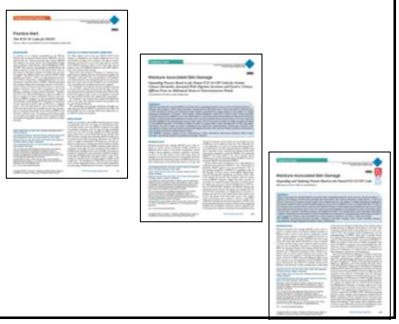
WOCN Society – Force for Change

- ✓ WOCN Society Task Force
  - Core Team, Staff Support, CMS & Coding expert consultant
- ✓ Written proposal to CMS/CDC
  - Justification for new code(s)
  - Define proposed codes, conditions, characteristics
  - Provided testimony in support, answered questions
- ✓ Dissemination of change



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Let's Practice! Case #1

Long Term Care Setting

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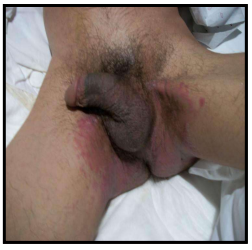
Case 1

- Young adult male
- Medium skin tone
- Incontinent of urine and feces

Questions

1. How to enhance examination?
2. How to systematically document & communicate assessment findings and monitor changes?



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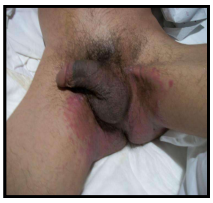
Practical tips for inspecting skin with darkly pigmented skin

- Good Visualization
- Ensure adequate lighting
- Moistening the skin will often aid in visualizing color change
- Compare to color of surrounding skin



Black, J & Simende A. Ten Top Tips: assessing darkly pigmented skin. Wounds Inter 2020, 11(3), 8-11

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Patient Name or Other Identifier		Date
	Scoring: Report only 1 score of the greatest/most severe type of ICDI damage for each location (See Scale) Add the 14 numbers for the total ICDI score. Possible range of scores = 0 - 54. **Note**: Left and right refer to the patient's left and right	**Scale of Scores to be used** **0** = No ICDI"/Undamaged Skin **1** = Pink and/or slightly hypo or hyper pigmented† **2** = Red and/or hypo or hyper pigmented skin†† **3** = Rash **4** = Skin loss
	Assess and score the 14 body locations below for ICDI*	**Score**
1	Perianal skin	
2	Crease between buttocks	
3	Left upper buttock	
4	Right upper buttock	
5	Left lower buttock	
6	Right lower buttock	
7	Left Posterior thigh	
8	Right Posterior thigh	
9	Genitalia (labia/scrotum)	
10	Lower abdomen/suprapubic	
11	Left Crease between genitalia and thigh	
12	Right Crease between genitalia and thigh	
13	Left inner thigh	
14	Right inner thigh	
TOTAL SCORE (Sum of above scores)		

ASICDI* Tool

*The Assessment and Severity of Irritant Contact Dermatitis due to Incontinence (ASICDI) Instrument

- Score all 14 body areas
- Score the worst type of damage in area
- Sum scores (automatic summing is available)
- One final score -- to track improvement or worsening

*Previously called IASD.D2 tool

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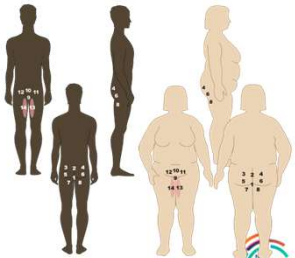
The ASCIDI* Instrument

* ASSESSMENT AND SEVERITY OF IRRITANT CONTACT DERMATITIS DUE TO INCONTINENCE

1. Perianal skin
2. Crease between buttocks
3. Left upper buttock
4. Right upper buttock
5. Left lower buttock
6. Right lower buttock
7. Left Posterior thigh
8. Right posterior thigh
9. Genitalia (labia/scrotum)
10. Lower abdomen/suprapubic
11. Left Crease between genitalia and thigh
12. Right Crease between genitalia thigh
13. Left inner thigh
14. Right inner thigh

Note: "Left" and "Right" refer to the patient's left and right as shown.



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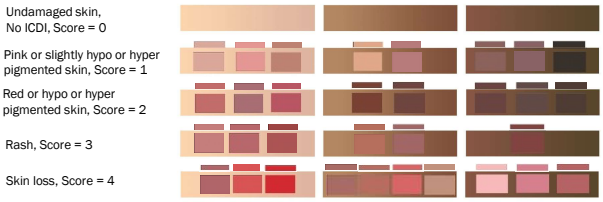
Skin Color Variety

Assessment and Severity of Irritant Contact Dermatitis due to Incontinence (ASICDI)*



*previously named IASD-D.2 tool

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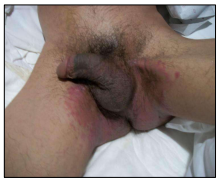
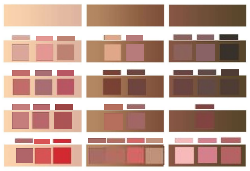
Assessment and Severity of Irritant Contact Dermatitis due to Incontinence (ASICDI)*





Undamaged skin, No ICDI, Score = 0

Pink or slightly hypo or hyper pigmented skin, Score = 1

Red or hypo or hyper pigmented skin, Score = 2

Rash, Score = 3

Skin loss, Score = 4

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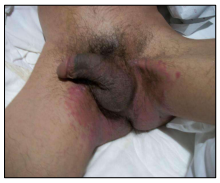
Assessment Using ASCIDI Scoring



- left lower buttock = 3
- right lower buttock = 3
- Genitalia = 3
- left crease between genitalia and thigh = 3
- right crease between genitalia and thigh = 3
- left inner thigh = 3
- right inner thigh = 3

Total Score = 21

- Undamaged skin/ No ICDI, Score = 0
- Pink or slightly hypo or hyper pigmented skin, Score = 1
- Red or hypo or hyper pigmented skin, Score = 2
- Rash, Score = 3
- Skin loss, Score = 4

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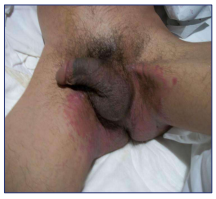
Practical tips for assessing skin with darkly pigmented skin

- Good Visualization
- Ensure adequate lighting
- Moistening the skin will often aid in visualizing color change
- Compare to color of surrounding skin
- Ask about pain in the area
- Palpate the skin for induration



Black, J & Simende A. Ten Top Tips: assessing darkly pigmented skin. Wounds Inter 2020, 11(3), 8-11

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Resources

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Case #2

Acute Care Setting

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Case 2

- Older female hospitalized for dehydration, weakness, confusion
- Diagnosed with TIA
- Plan to transfer to subacute care unit
- Indwelling urinary catheter d/c

What are next assessment steps?

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What is your next step?

a) Check lab values for UTI
b) Determine if patient urinated in last 6 hours
c) Conduct more extensive physical exam
d) Start a toileting plan

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Case 2

- Patient did not spontaneously void 6 hours after IDUC was removed
- Bedside ultrasound showed 600 ml in bladder

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Case 2

What is your next step?

a) Start a toileting program
b) Repeat the ultrasound
c) Recommend in and out catheterization
d) Call the resident on call

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WOCN Guidelines

Interventions Post Catheter Removal (IPCaRe)

- Assess history of intermittent catheterization.
- Use sterile technique.
- Choose the smallest possible size catheter (14 – 16 French).
- Avoid use of in and out catheters containing latex in patients with spina bifida or history of hypersensitivity or allergy to latex
- Coudé tipped catheters should be available for men with prostate enlargement or other patients who are difficult to catheterize with a straight-tipped catheter.
- Catheterize at least every 6 hours in patients with normal renal function and urine output.
- Consult provider if residual volumes are < 200 ml in the presence of a pattern of spontaneous voiding or per facility protocol?

- **Contraindications**
- Active urethral bleeding, genital trauma
- Fournier's Gangrene (Necrotizing Fasciitis) of the genital area

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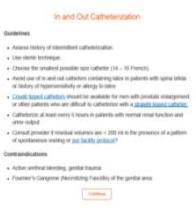
Resources



ipcare.wocn.org

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Case #3

Critical Care Unit

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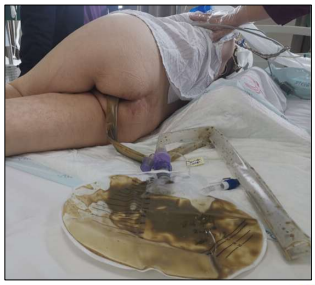
Case 3

- Female patient in ICU age 34 years
- Bowel Management System (BMS) present
- Liquid stool
- Redness in crease between buttocks, peri-anally, and R & L upper buttocks



Zhou X, Yue Y, Gong L, Wang H, Xin Z, Cui Y, Chen W, Wang X, Shi J, Cai Y. Evaluating the effectiveness and safety of fecal management systems among severely ill patients suffering from fecal incontinence: a retrospective cohort study. J Clin Pharm Ther. 2024(1):7644383.

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Case 3
What is your next step?

a) Conduct more extensive physical exam
b) Evaluate lab values
c) Conduct more extensive health history
d) Request order for antidiarrheal medication

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Health History – Case 3

- Head trauma post motor vehicle crash (MVC)
- Neurologically impaired
- Started weaning mechanical ventilation
- Tube-fed
- *C. difficile* negative
- Expected prolonged stay in ICU
- Risks: ICD, pressure injury

Question: Is a BMS effective in managing fecal incontinence and ICD?

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Is a BMS effective in managing fecal incontinence and ICD? Yes

- "…intra-anal bowel management system… provides a viable option for fecal incontinence management and these devices reduce incontinence associated dermatitis and/or pressure injuries."

(Beeson et al. JWOCN 2017)

- "FMS significantly reduced stool-associated skin irritation, lowered the incidence of IAD and pressure injuries, and improved nurses' convenience compared to UC"

(Zhou et al. J Clin Pharm Ther 2024)

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Resources


Do Intra-anal Bowel Management Devices Reduce Incontinence-Associated Dermatitis and/or Pressure Injuries?


WILEY

Research Article

Evaluating the Effectiveness and Safety of Fecal Management Systems among Severely Ill Patients Suffering from Fecal Incontinence: A Retrospective Cohort Study

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WOC Nurse Plan of Action

- Peri rectal area cleansed and an advanced skin protectant applied.
- Manage BMS:
  - assess for any fecal leakage around BMS
  - monitor irritant contact dermatitis status
  - assess external tubing placement (no kinks or causing any areas of pressure)
  - drainage consistency & amount (is the device still needed)
  - irrigate per manufacturers recommendations
  - insertion site for further skin injury
  - assess balloon volume for appropriateness daily
- Consult with registered dietician to review appropriateness of enteral formula.
- Enter chart note
- Review relevant resources
  - Journal articles
  - Unit P & P

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Case #4

Home Healthcare Setting

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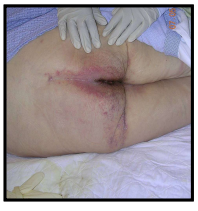
Case 4

- 79-year-old female
- Diagnosed with MS at age 45
- Currently OOB in wheelchair or recliner chair for 6-8 hours daily
- Cared for by spouse (83-years-old with a chronic health condition)
- Body Worn Absorption Product (BWAP) in use for urinary incontinence day and night



Questions:
1. What is another ICD severity assessment tool?
2. What absorbent products are recommended for this case?

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Resource: Ghent Global IAD Categorization Tool

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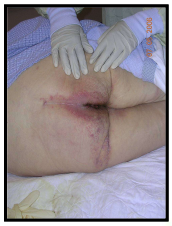
Category 1A: Persistent Redness



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Resources: Clinical Decision Support Tool

bwap.wocn.org

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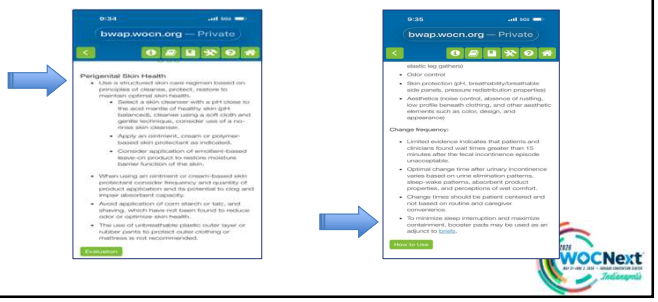
Two Areas for Evidence-based Guidance



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Case #5

Acute Care Setting (ED)

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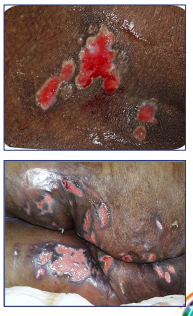
Case 5

- 68-year-old female with Large B cell lymphoma presents to ED with pain unrelieved with current prescribed medication regimen
- Simultaneously presents with urinary incontinence
- Patient's family has been using an OTC moisture barrier product to buttock and posterior thigh lesions
- WOC nurse consult for topical therapy suggestions for incontinence related skin loss



Always consider differential dx

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What is the most likely etiology?

Differential Diagnosis

a) Pemphigus vulgaris
b) Irritant contact dermatitis due to urinary incontinence
c) Drug reaction
d) Sexually transmitted infection
e) Herpes simplex virus (HSV) infection
f) Bacterial infection

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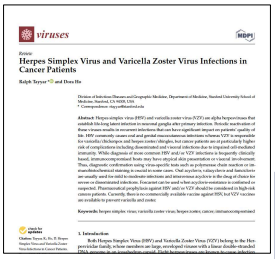
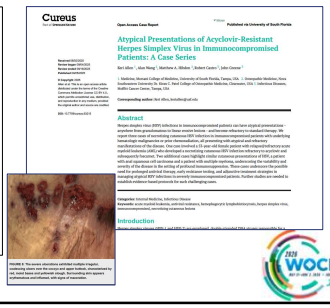
HSV in people with cancer


viruses

Review

Herpes Simplex Virus and Varicella Zoster Virus Infections in Cancer Patients

Ralph Tyrser and Dora Ho


Cureus

Open Access Case Report

Published via University of South Florida

Atypical Presentations of Acyclovir-Resistant Herpes Simplex Virus in Immunocompromised Patients: A Case Series

Abstract

Introduction

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Impression/Recommendations

- Severe Herpes Simplex Virus in immunocompromised patient (e)
- Consulted with ED provider, also IP APP
- Patient admitted
- IV antiviral therapy initiated
- Topical care with lidocaine followed by zinc-based paste
- Indwelling urinary catheter for urinary incontinence management for 3 days for tissue recovery, extended for an additional 3 days

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Remember, they requested a WOC Nurse Consult

"When you care enough to send the very best"

(Hallmark, Ed Goodwin, 1944)

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Summary – Professional Practice

- Clinical Experience
- Knowledge
- Critical Thinking
- Communication
- Continual Learning
  - Journal reading and clubs
  - Grand rounds
  - WOCNext and other conferences
  - Webinars

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Thank you for your attention.

Enjoy the rest of the conference.

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Acknowledgements

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- Terrie Beeson
- Anne Jinbo
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