

# Incontinence Management

## Week 3

**Objective** To focus your staff on repositioning as a pressure injury prevention intervention.

**First** Ask staff how many days their unit has been since they acquired a pressure injury?

- a. If zero, ask how many days in the past week have they been without an acquired pressure injury.
- b. Congratulate each successful day!
- c. Update your Pressure Free Zone tracking wipe board.

### Review

- a. "The Barrier Reef" education lesson plan
  - i. Need: two clear bowls, red food coloring, barrier cream, paper towels or wipes
- b. The Pressure Points poster and each tip for incontinence management

### Ask

- a. Can you think of specific residents that need special attention to skin and incontinence care?
- b. What can you do differently in your daily routine to maintain unbroken skin your residents? (possible answers: use barrier creams after each incontinence episode, keep barrier within easy reach for staff, assess need for toileting plan, etc.)

**Emphasize** Toileting and incontinence care are important components of preventing pressure injuries.

**Lesson** Frequent toileting and use of barrier creams after each incontinent episode promotes skin health and leads to zero acquired pressure injuries with our residents.

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## Week 3: Educational Demonstration

### The Barrier Reef

**Objective** After submerging both hands into colored water, the participant should notice a difference in skin color between the unprotected hand and the hand with barrier ointment. In addition, water will bead (be repelled) only on the protected hand.

- Apply moisture barrier to top of one hand (Hint: For this demonstration, it is best to use a clear barrier ointment (i.e., A&D) rather than white zincoxide).
- Pan of water with generous amount of food coloring (Hint: red works great!)
- Have participant place both hands in the water for a few minutes. Ensure water covers the tops of the hands. While the hands are soaking, ask the audience what they expect the hands will look like when removed.
- Remove the hands and compare them. The knuckles of the unprotected hand will appear “colored” while the protected hand repels the food coloring and water beads on it.
- Hint: an effective analogy to draw is reminding them how a car with a good wax application repels (beads) the water when it rains. A sign that the car is being protected. In the same respect, they will see water beading on the hand with barrier ointment.
- Have towels available for drying

**Lesson** Moisture is a risk factor for developing pressure injuries. The importance of using barrier creams is they will help protect the skin during an incontinent episode.

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## Week 3: Pressure Points

1. Increase incontinence management during new illnesses, such as diarrhea, urinary infection, flu and colds
2. Consider leaving resident "open to air" (no briefs) while in bed
3. Monitor perineal and buttock areas with each care opportunity for redness, rash or odor

### Do

- Know your residents' incontinence patterns and check frequently
- Toilet frequently to avoid incontinence
- Use gentle soap or skin cleanser
- Apply topical barrier to protect skin with EVERY perineal care

### Don't

- Scrub the skin
- Skip application of barrier creams
- Use more than one incontinence pad on a bed
- Use plastic incontinence pads on low air loss beds



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