Barrier Creams and Incontinence Pads Guidance

Prescribing of barrier creams is only supported on a restricted basis following individual assessment.
Please ensure a holistic continence assessment is completed by the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) community teams. A continence assessment should always be to promote continence, it should not be seen as "a pad assessment". Always assume that incontinence can be managed or improved.

The aim of supplying continence products to adults and children within Cambridgeshire & Peterborough is to ensure good management of incontinence, when true continence is not achievable.

Prescribing of barrier creams for patients with incontinence should only take place following regular assessment and reassessment by a nurse. Care staff should not request prescriptions for barrier creams unless the need has been assessed by a nurse at least once within the previous 3 months.

Barrier creams and incontinence pads

The Bladder and Bowel service supports that creams should not be used routinely for everyone using continence pads. The pads contain Super Absorbent Powders (SAP) which will hold the urine once it has wicked away from the skin, and the skin will be dry. If the pad has been fitted correctly and changed appropriately according to its absorbency level, creams are not usually required.

A person with faecal or faecal and urinary incontinence may benefit from a barrier cream This should be assessed individually as it is not always required although more likely in the case of loose stools.

Oil based creams can block incontinence pads, reducing its absorbency and effectiveness. It can create a waterproof layer on the pad, trapping urine between the excess cream on the pad and the person's skin. Conotrane® is oil based and is not recommended for patients using incontinence pads.

Do not prescribe Sudocrem®. It is not a suitable barrier product for use with incontinence pads as it reduces the pad absorbency.

Please note Conotrane and Sudocrem can be used **without** incontinence pads. These products are suitable for self-care and can be purchased from a Community Pharmacy.

If there is a need for a barrier cream, it should be water based – all formulary choices are water based. Refer to table on page 5 for formulary choices.

When are barrier products needed?

Increased moisture due to episodes of inadequately contained incontinence can result in the breakdown of vulnerable skin. Moisture-associated skin damage (MASD) is a skin condition that affects people who are incontinent and results in changes in skin colour: this may present as redness, darkening, lightening or blue/purple tones. It can be inflamed, excoriated (skin damage from mechanical injury), oedematous and possibly infected. Damaged skin causes pain, discomfort and increases the risk of pressure ulcers.

Individuals should be given the opportunity to use the toilet or commode to promote their continence and reduce the volume of incontinence.

Emollient soap substitutes such as Epimax® or pH balanced soaps should be used for washing when the individual has vulnerable skin. These should be purchased by the individual, family or care home. For patients who are supported by carers, see the Self-care Toolkit for Care Homes and Residential Homes which includes a template letter to support self-care for patients with carers in Appendix D.

Barrier creams or films are used when a person's skin is at risk of damage from exposure to moisture e.g., urinary & faecal incontinence, excess exudate and sweat. **Do not use barrier preparations routinely or in isolation, but rather as part of a strategy that includes risk assessment and management of any underlying issue.**

Films create a dry, water repellent transparent barrier and can be applied to broken or irritated skin, which is not always the case with barrier creams.

The need for continuous use of barrier preparations could indicate an underlying management issue.

People should be assessed and re-assessed on an individual basis by asking the following questions. If the answer to any of these is yes, seek further specialist advice.

1. Is the skin tone changed? Redness, darkening, lightening or blue/purple tones? – a sign of infection, pressure damage or moisture associated skin damage
2. Is the skin damaged? Sign of infection, pressure damage, trauma or moisture associated skin damage
3. Is it severely excoriated? A sign of skin damage due to over absorbency of product or moisture lesion, more frequent with loose stool
4. Is the resident using incontinence pads? The absorbency level may be too high or too low. The bladder and bowel service provide pads with the working absorbency of the following:
    - Tena comfort Mini super = 400mls
    - Tena comfort normal = 450mls (this product is used for bowel incontinence)
    - Tena comfort plus compact = 650mls
    - Tena comfort extra = 800mls

- Higher working absorbency of approximate 800mls pads above will only be supplied in exceptional circumstances and after a special case of need form is completed.
- The maximum number of pads allowed is 4 per 24 hours.
- The Bladder and Bowel service supply pull-up type disposable incontinence pants (Tena pants) of varying working absorbencies and supply 1-2 pants per 24 hours. Please note an application forms needs to be completed and submitted to the service for pull-up type disposable incontinence pads.

✓ If the person has incontinence, ensure they are using the products provided for them following their assessment. If they are wearing the correct product, contact the Bladder and Bowel service for a review of their continence problem and the products used.

✓ In a care home setting ensure that the incontinence products provided are used only for that person. Ensure that supplies are arranged to meet the needs of all residents requiring incontinence products. Document the product required in the personal care plan.

✓ If loose stool is present, either new or worsening, contact the practice for assessment by an appropriate health care professional. It may be necessary to obtain a specimen.

✓ Observe for any signs of skin infection (redness, swelling, blistering, fluid leakage, pus increased temperature or pain). If skin is infected, barrier products may not be appropriate. Assessment is required by an appropriate health care professional. Consider if there is a risk of sepsis. In the event of sepsis, seek urgent medical attention."

The Tissue viability, Bladder and Bowel service can be accessed
Monday to Friday 08:30 to 17:00
Telephone: 03307260077
Email: cpm-tr.TissueViability@nhs.net

Appropriate use of barrier creams

If an individual is wearing a correctly fitted continence product for urinary continence, with the appropriate level of absorbency, and this product contains without any leakage on to clothing/bedding and the skin remains healthy, it is unnecessary to use a barrier cream.

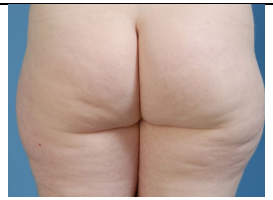
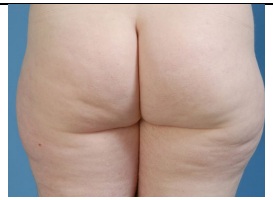
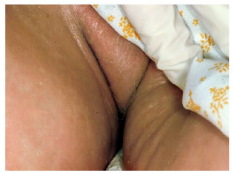
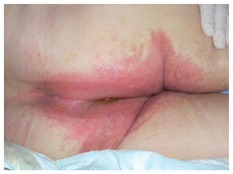
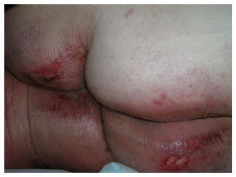
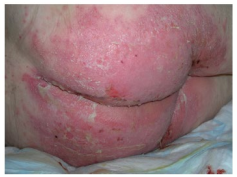
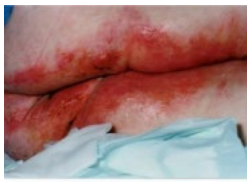
Barrier creams should only be used where there is an identified need, not as a routine. When there is the presence of skin damage, and a barrier product is appropriate it's use needs to be reviewed every 2 weeks and discontinued once the skin damage is healed.

Tips for applying barrier products

- Gloves should always be worn when applying topical preparations.
- Barrier cream: Apply very sparingly so that skin can be seen beneath. A pea sized application should cover approximately the area of the palm of the hand. If the skin appears oily then too much cream has been applied.

- Barrier film: After application allow five to ten seconds for the area to dry. Hold open any skin folds to ensure complete drying.
    - A “sheen” on the skin when using film products shows there is enough present, and reapplication is not required.
    - For faecal incontinence a film is more appropriate.
- Consider the frequency of product use and follow manufacturer’s recommendations to prevent overuse:
    - Cavilon® barrier film will last up to 72 hours without re-application.
    - Medi Derma-S® barrier cream can be applied twice a day but could last up to 3 episodes of incontinence.
    - If Cavilon® barrier film and Medi Derma-S® barrier cream are unavailable, the alternative is Sorbaderm® barrier cream and Medi Derma-S® barrier film.
- Check the number of products being prescribed for the individual. Only use one product per individual; do not use two different products at the same time.
- Do not share products between individuals.
- If patient experiences reactions seek advice from Tissue viability, Bladder & Bowel team for other choices.

Skin assessment and formulary choice barrier products

Skin condition	Image	Treatment	Comments
No incontinence, no pads Healthy skin		Clean skin with soap substitutes, pH balanced soap, pat dry and use leave on emollient if appropriate i.e. very dry skin. These products should be purchased as are covered as self-care/personal items. Refer to the Selfcare toolkit for care homes. No barrier cream necessary.	Observe for signs of skin deterioration
Faecal or Urinary or both incontinence, pads worn. Healthy Skin intact No change in skin tone		Ensure continence product of correct absorbency is worn. For further details on absorbency levels see above (point 4 on page 2). No barrier cream necessary.	Observe for signs of skin deterioration
Incontinence Mild excoriation - Moist skin, mild skin damage No broken areas	 	Gently clean with emollient soap substitute i.e Epimax. Pat dry. Use durable barrier cream - Medi Derma-S® cream or Sorbaderm® barrier cream.	Barrier cream can be applied twice a day
Incontinence Moderate excoriation Wet skin, spreading rash, some broken skin	 	Gently clean with emollient soap substitute i.e Epimax, pat dry Use barrier film - Cavilon® barrier film or Medi Derma-S® barrier film.	Barrier film will last up to 72 hours without re-application if incontinence is well managed.
Incontinence Severe excoriation Extensive broken skin, oozing and bleeding		Refer to TVN for use of Cavilon Advanced.	

Images used with permission from the Skin Excoriation Tool for Incontinent Patients NATVNS (Scotland) NHS Quality Improvement Scotland.
Images: Colin Blain Medical Photographer Inverclyde Royal Hospital (IRH) Greenock / Science Photo Library.

Obtaining barrier products for patients

The following products are available to order via NHS Supply Chain using the Woundcare and Dressings Stock System. These products should be ordered using NHS supply chain to prevent product wastage (within the local stock system) rather than prescribed on FP10 for individual patients:

- Medi Derma-S® barrier cream.
- Sorbaderm® barrier cream.
- Cavilon® barrier film.
- Medi Derma-S® barrier film.

- For patients who are ambulatory (within their own home or a residential care home setting) and are under the care of their practice nurse, these can be supplied to the patient through the Practice Woundcare and Dressing Stock System via NHS Supply Chain.
- For patients who are under the care of the district nurse (within their own home or a residential care home setting), these can be supplied to the patient through the Community Nursing Woundcare and Dressing Stock Supply System via NHS Supply Chain.
- For patients who are under the care of a nurse within a nursing home setting, these products can be supplied to the patient through the Nursing Home Woundcare and Dressing Stock Supply System via NHS Supply Chain.

References

- Mid and South Essex Integrated Care System (ics.nhs.uk)
- Healthcare Improvement Scotland: Excoriation tool
- PrescQIPP Bulletin 118: Barrier products
- NHS Devon: Using barrier products
- Wounds UK (2021*) Best Practice Statement: Addressing skin tone bias in wound care: assessing signs and symptoms in people with dark skin tones.* Wounds UK. London

Document Management

Ratification Process	**Details**
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