

## MASD CLASSIFICATION

### Mild Damage



- Erythema (redness), to skin only, no broken skin
- Dry and intact but irritated and at risk of breakdown

### Moderate Damage



- Erythema (redness) with less than 50% damaged skin
- Oozing and/or bleeding may be present
- Superficial moisture lesions may be present
- Lesions have irregular wound edges, pink and white in colour
- Mirror Image/kissing ulcers are common

### Severe Damage



- Severe Erythema (redness) with more than 50% damaged skin
- Oozing and/or bleeding may be present
- Superficial moisture lesions may be present
- Lesions have irregular wound edges, pink and white in colour
- Mirror Image/kissing ulcers are common

## MANAGEMENT

### First and Second Line – for mild to moderate damage

- Wash affected skin gently with Hydromol® ointment melted into warm water after every episode of incontinence
- Pat dry carefully using a towel
- Apply Cavilon No Sting Barrier Film (spray or applicator) **every 72 hours**. If the patient experiences 5 or more episodes of loose stool within 12 hrs, apply **every 24 hrs**.
- Allow at least 60 seconds to dry or touch dry



### Third Line - for severe damage

- Wash affected skin gently with Hydromol® ointment melted into warm water after every episode of incontinence
- Pat dry carefully using a towel
- Apply an even coat of Cavilon Advanced **\*Tissue Viability recommendation only\*** in the shape of a crescent moon **every 72 hours**
- Allow at least 60 seconds to dry or touch dry



Manage the causes of MASD - consider continence products and containment devices. Encourage regular positional changes. Slide sheets should always be used to reposition patients to prevent friction and shearing.

**\*Hydromol ointment contains paraffin, therefore patients should not smoke whilst using this product, and it should not be placed near naked flames due to risk of ignition.**

## DOCUMENTATION

Document all Moisture Associated Skin Damage.

Complete—Wound care documentation, pressure ulcer risk assessment tool and other appropriate risk assessment documentation e.g. Malnutrition Universal Screen Tool (MUST), Continence assessment. If patient experiences persistent loose stools; (Bristol Stool Type is 5-7), or more than one episode of diarrhoea (unknown origin) send stool sample for C&S.

## REPORTING

Complete Incident form for all Moisture Associated Skin Damage

## REASSESSMENT

Reassess plan after 48-72 hours, or sooner if patient condition changes

**Refer to Tissue Viability for severe MASD, or if there is no improvement after two weeks of appropriate treatment**