In summary, for the last 20 years Critical care has been using procedure pads to manage incontinence. These products only hold 10 mls fluid and are designed to be used for procedures only. I believe we have been causing harm to our patients.

During September 2021 I ran a 4 week trial of a flat pad designed to manage incontinence- Medline’s Ultrasorb. Not only was staff feedback overwhelmingly positive, I auditing our moisture lesion rate pre and post-trial. The results prove our moisture lesion rate was reduced by using this product. This reflects the work done by the tissue viability nurses in Sandwell and West Birmingham NHS Trust critical care unit. They published - Moisture associated skin damage: a skin issue more prevalent than pressure ulcers, Wounds UK (2020), which recommends Ultrasorb pads to manage moisture associated skin damage.

The cost of Ultrasorb pad may be more expensive in comparison to a procedure pad, but the cost of pain/ extra treatment to the patient, additional sheet changes/ nursing time all add up. Nurses are using multiple procedure sheets under a patient simply because they don’t work well enough,

Cost of procedure sheet £0.09 (please remember multiple sheets used per patient)

Cost of small Ultrasorb £0.42

Cost of medium Ultrasorb £0.64

We cannot continue to use a product that is harming our patient, nappy style pads are not effective in critically ill patients, however they may be appropriate in Gissing HDU/HDU were patients are generally more stable.

In October Divisional operational manager Jane Egle agreed that Critical Care would be able to order and use Ultrasorb as the first line product for managing incontinence in critically ill patients.

Background

The use of procedure pads as incontinence pads has been common practice on the intensive care unit for many years. The pads we used were actually called procedure sheets and are not designed to manage incontinence. They hold 10-20mls of fluid, any more, then the top layer is wet, patient’s skin is wet and moisture damage will likely occur. It is more than likely we have been causing the patient harm by using incorrect products and causing moisture associated skin damage (MASD)

There are potential products on the market that may be applicable. After much research, only one product was deemed to be worthy of a trial. Ultrasorb made by Medline

Aims and objectives

My aim was to reduce the frequency and severity of moisture lesions in critically ill patients by using more appropriate pads for managing incontinence. I used the Datix system and Metavision notes to track the rate of moisture damage before and after change of practice. By commencing a 4 week trial of Medline- Ultrasorb pads and auditing the moisture lesion rate after trial period and asking staff for their feedback

Method

The data collected will be from the Datix/ Metavision systems for patients that were reported to have moisture lesions only.

Results

For the year 2019, we had a total of 1992 admissions, and a total of 248 moisture lesions that were documented. This equates as a rate of 12.45%. During the current year 2021, we have had a total of 697 admissions and a total of 123 moisture lesions reported. This equates a rate of 17.65%. an increase of 5.2%.

After a 4 week trial period the rate of moisture lesions **went down 5.74% compared to 2021 and**

**Down 0.54% from 2019**

Staff feedback

91% of staff reported that the Ultrasorb pads were **‘Better’** than their current moisture management solution at keeping patients skin dry.

In addition to this 66% of staff stated that during the Ultrasorb evaluation, the need for full bed linen changes was reduced in comparison to when the existing moisture management solution

Results from other hospitals

Sarah Masterson- Tissue viability nurse from imperial college London says

“The trust implemented some years ago and noticed a significant reduction in moisture associated skin damage, much of which had been incorrectly reported as pressure ulceration.  We have therefore seen a reduction in both MADS and inaccurate reported pressure ulcers which we monitor via incidence reporting”

We did not have to carry out a business case to implement the Ultrasorbs.  Overuse of Ultrasorb was addressed by re implementing the procedure pad for “procedures” (originally withdrawn from the trust when Ultrasorb first rolled out)

Cost Benefit

Potentially less pain for patient as skin is drier/ less damage occurs

Potential reduction in duty of candour conversations/ documentation

Less barrier creams/ dressings needed

Less tissue Viability referrals and time needed to assess

Reduced need for linen changes, may have a safety benefit for unstable patients

Reduction in ordering of procedure sheets

Reduction in using multiple procedure sheets where one Ultrasorb pad is for purpose

Recommendation/ Action plan

**To make /Ultrasorb the first line product for managing incontinence in critical care. The 4 week trial proves the product is more effective in reducing moisture lesions and staff feedback has been hugely positive.** Other trials of Ultrasorb have been done in other hospitals; we had the highest evaluation form rate,

**PRODUCT INFORMATION**

**ULTRASORBS**

As part of the preventative bundle Medline would like to introduce ULTRASORBS, advanced technology dry pads, a moisture management solution.

Indications: For absorbing significant or ongoing fluid loss and any place where skin dryness is needed.

Wicks Moisture Away From the Skin and Locks Fluid Away for Increased Patient Dignity, Better Skin Care and Reduced Odour

* Lies Flat When Wet Without Bunching, Swelling or Disintegrating
* Air-Permeable, Moisture-Proof Back sheet for Optimal Breathability, Comfort, and Leakage Protection
* Effective For Use With Low-Air-Loss Mattress Therapy Protecting Bedding and Permitting Air Flow

Soft Non-Woven Top sheet is Gentle against Skin for Increased Comfort

