

Staff User Guide for completing the Moisture Associated Skin Damage (MASD) Flowsheet on EPR

In: Flowsheets/Assessment and Care, with Maintaining Skin Integrity (pressure ulcer prevention) Care Plan and/or under Skin Inspection Record

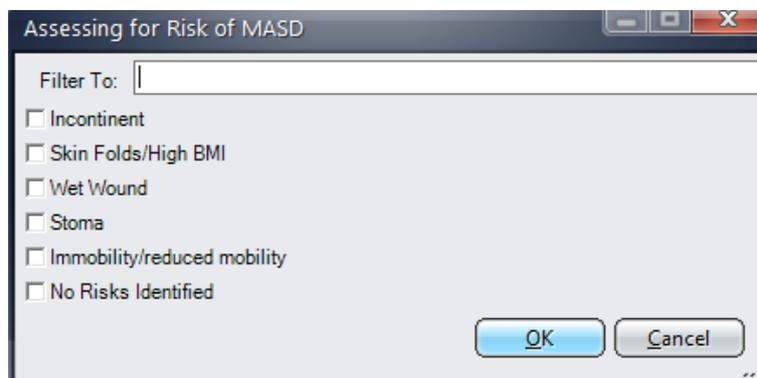
How to complete the flowsheet

ALL in-patients should have the first 2 fields completed as a minimum.

(1) Assessing for risk of MASD

The first field is assessing the patients for risk of MASD, which includes if they are incontinent, have a high BMI or obvious skin folds and reduced mobility/bed bound patients. Tick any which apply.

If any are ticked, then the patient is at risk of developing MASD and requires a prevention plan.



Assessing for Risk of MASD

Filter To:

Incontinent

Skin Folds/High BMI

Wet Wound

Stoma

Immobility/reduced mobility

No Risks Identified

(2) Does the patient have any existing MASD?

Tick yes or no, close skin inspection is important to identify MASD, it can often develop deep in skin folds and can be easily missed!



Is there any existing MASD?

Filter To:

Yes

No

If no risks are identified and there is no existing MASD then no further fields are required as no prevention or treatment plan is needed.

If yes is answered to either question, then some other fields must be completed.

If the patient has any existing MASD complete the next fields to provide details of that skin damage:

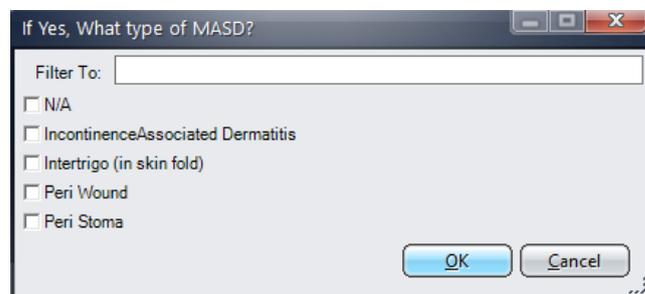
(3) What type of MASD is it?

(4) What anatomical sites are affected?

(5) A description of the skin damage

(6) If it is a linear lesion – record the length and the width

This is important to be able to monitor improvement or, importantly, any deterioration so action can be taken quickly. MASD increases the risk of pressure ulcer development – 1 in 5 patients who develop MASD will develop a pressure ulcer at the same site. Linear lesions in the natal cleft are a particular risky site for this. Close skin inspection of MASD is essential.



If Yes, What type of MASD?

Filter To:

N/A

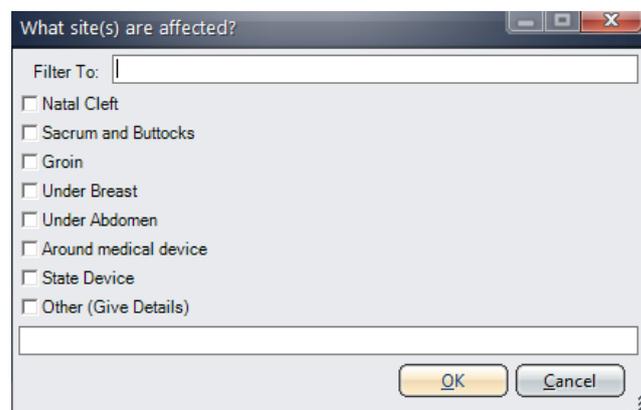
IncontinenceAssociated Dermatitis

Intertrigo (in skin fold)

Peri Wound

Peri Stoma

OK Cancel



What site(s) are affected?

Filter To:

Natal Cleft

Sacrum and Buttocks

Groin

Under Breast

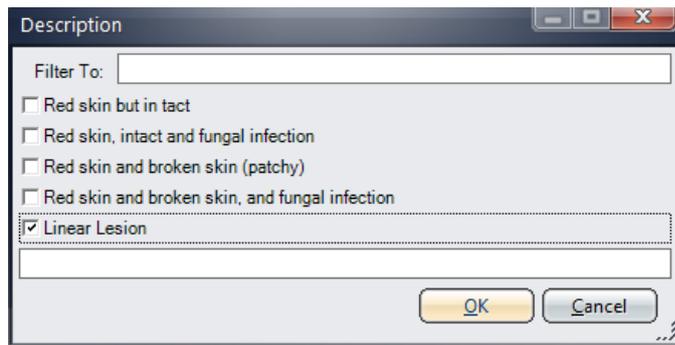
Under Abdomen

Around medical device

State Device

Other (Give Details)

OK Cancel

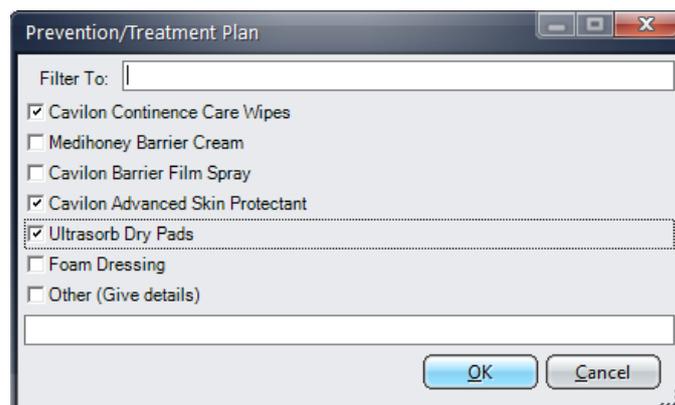


Moisture Associated Skin Damage		Assessing for Risk of MASD	Immobility/reduced mobility	Immobility/reduced mobility	Immobility/reduced mobility	Immobility/reduced mobility
	Is there any existing MASD?	No	No	No	No	
	If Yes, What type of MASD?	N/A	N/A	N/A	N/A	
	What site(s) are affected?					
	Description					
(If Appropriate)	Linear Lesion Length(cm) Width (cm)				2.5	0.3
	Prevention/Treatment Plan					
	Applied to					
	At Sites of Medical Devices					
	Comments					

(7) Prevention/treatment Plan

If the patient is at risk of developing MASD or has existing MASD they should always have a prevention or treatment plan in place.

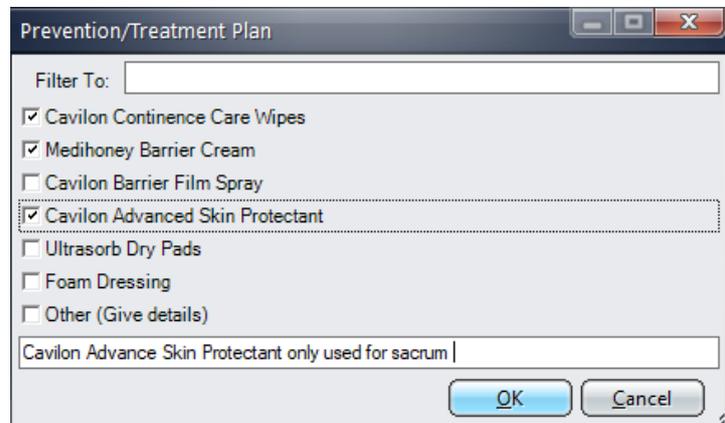
The plan will prompt consideration of the use of different products available.



Soap and water are not advised for cleansing skin at sites at risk of MASD.

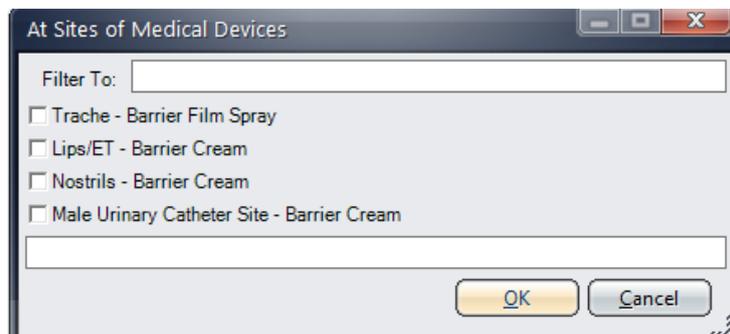
Plastic backed incontinence pads should not be used under vulnerable sites i.e. sacrum, only Ultrasorb pads are advised as they absorb any fluid and are then dry next to the skin, unlike plastic backed pads which hold fluid next to the skin.

(8) Identify all areas of the body they plan to be used (there may be different products at different sites – clarify in the free text box at the bottom if needed):



If any other products have been used to prevent moisture damage, record in the free text box as above.

(9) If products have been used at medical device sites, tick those which apply:



(10) A larger “comments” section ends the parameter and can be used if needed.

For additional information, refer to the MASD Guideline on the Intranet (includes IAD protocol and MASD Pathway).