

# USE OF THE PROSHIELD SYSTEM ON DAMAGED SKIN ACROSS AN ACUTE SETTING

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## INTRODUCTION

As one of London's busy Teaching Hospital Trusts, we aim to provide high quality, personalised care to all of our patients. Over the last 900 years we have been at the forefront of innovation and we see our approach in wound care to be no different.

Moisture lesions refer to skin damage caused by excessive moisture, often due to faecal and urinary incontinence, (Ousey, et al, 2012). Both urine and faeces can have a detrimental effect on skin integrity as their pH is alkaline (pH 11 & 7 respectively), whereas normal skin's pH is 5.5 (acidic). Likewise additional body secretions that are alkaline in nature can also cause increased irritation if in contact with the skin. (e.g. Pancreatic juices - pH is between 8 & 8.8).

Proshield Foam & Spray cleanser (pH balanced) and Proshield Plus skin protectant's primary clinical indications for use are: for intact and injured skin, predominantly associated with incontinence, for example incontinence associated dermatitis and moisture lesions. The products are safe to use on babies, children and the elderly.

## METHOD

Consent for inclusion in the poster and for photographs has been obtained from the patient and in the case of the children; consent has been obtained from the parents.

The objective of the evaluation was to assess how effective Proshield Plus skin protectant and Proshield Foam & Spray cleanser were in the treatment of 3 patients with excoriated skin, caused by moisture damage.

## CASE STUDY 1

A was a 2 year old boy who had been in hospital for over seven months, following multiple surgical laparotomies, and an anterior bowel resection. The stoma had been reversed, however pancreatic juices were secreting from the stoma site causing severe excoriation to the surrounding skin. For over a month several skin barrier products and absorbent dressings were used without any improvement, prior to the introduction of the Proshield system (photo 1).

### Result

Proshield Plus skin protectant was applied every 8hrs. On day 3 (photo 2), there was a notable reduction in the inflammation (redness) and the bullae that were initially present. Due to the pancreatic juices still being secreted from the stoma onto the surrounding skin both Proshield products were used to prevent any further skin breakdown.



Photo 1.



Photo 2.

## CASE STUDY 2

B was an 11 month old baby boy, who was admitted after suffering continuous loose stools and excoriation of the buttocks which had been deteriorating whilst at home over the previous two weeks (photo 3).

### Result

B's mother reported a reduction in inflammation within 2 hours of the skin protectant being applied. By day 2 there was a vast improvement in the skin; the inflammation and redness had reduced (photo 4) and B was discharged home on the 3rd day.



Photo 3.



Photo 4.

## CASE STUDY 3

C is an elderly lady who was admitted following a fall at home. On admission it was noted that C was doubly incontinent. Her skin was red raw and bleeding. She was catheterised to support the improvement of her skin integrity around the perineum (photo 5).

### Result

On day 5 the inflammation and excoriation had subsided and there was no further bleeding (photo 6).



Photo 5.



Photo 6.

## DISCUSSION

It is important that nurses are able to choose a product that is easy to use and is effective in managing moisture related skin damage. Ousey et al (2012) highlights the important role skin protectants play in both the protection and treatment of moisture lesions. Additionally the Best Practice Statement: Care of the Older Person's Skin states that, soap substitutes should be used in individuals with dry, vulnerable skin, or skin determined to be vulnerable when washing and cleansing. During routine personal hygiene most soaps increase the skin's pH to an alkaline level.

Education is paramount to ensure Proshield Plus and Proshield Foam & Spray cleanser are used appropriately. Therefore the Tissue Viability team demonstrated to Nursing staff how to use the system correctly, and supplementary 'top-up' sessions were implemented as required. Nursing staff and parents were asked to cleanse the damaged skin with Proshield Foam & Spray, gently pat dry the area and apply Proshield Plus skin protectant. Instruction sheets were left in the patients' notes for staff and parents that were unable to attend a training session.

## CONCLUSION

Proshield Plus and Proshield Foam & Spray cleanser demonstrated excellent results for all 3 patients. It was effective in providing both a healing environment for damaged skin and protected the skin from further harm.

Although our initial evaluation was only on 3 patients, Proshield Plus skin protectant and Proshield Foam & Spray cleanser has continued to be recommended for patients receiving Tissue Viability support.

## REFERENCES

Ousey, K., Bianchi, J., Beldon, P., & Young, T. (2012) The identification and management of moisture lesions. Wounds UK Supplement.

Best Practice Statement: Care of the Older Person's