

Decision making questionnaire for MASD (Moisture Associated Skin Damage)

Use this form to select the most appropriate skin barrier for the patient with MASD.

Patient name/DOB or attach patient sticker

Ward/department

Does the patient have frequent episodes of liquid faeces/diarrhoea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have a faecal management system in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Should the patient have a faecal management system but is unable to have or tolerate one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the patient got moderate to severe:		
▶ moisture lesions/incontinence associated dermatitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▶ Intertriginous dermatitis (in skin folds)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▶ skin damage around a fistula?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▶ skin damage around a wound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▶ skin damage around a gastrostomy (or other peri-tube) site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▶ skin damage around a stoma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



No to all the questions above?

Please use Leeds Teaching Hospitals IAD protocol (available on Leeds Health Pathways)

Yes to one or more of the questions above?

- Start skin care regime in line with IAD Protocol**
- Refer patient to TV for review to prescribe 3M™ Cavilon™ Advanced Skin Protectant**

Cavilon Advanced Skin Protectant use approved by TVN

Name

Signed

Date

Pre-approved specialties do not need approval but should complete and retain the questionnaire.

Initial treatment date

Apply on:

(e.g. Mondays and Thursdays)