Scotiaderm

DERMATEGRITY BARRIER CREAM

Instructions for Use

This document provides general instructions for the application and use of Dermategrity Barrier Cream, and answers frequently asked questions. Do not use Dermategrity without consulting the product label for the full list of warnings and ingredients before use. Additional information can be found on www.Scotiaderm.ca



Barrier cream should be spread evenly over the affected area of skin, with the rash semi-visible underneath



Over-application of the cream will result in an opaque layer, obscuring visibility of the rash



Tips & Tricks

- **Start with a dime-sized amount of product and take more as needed.**
- **Clean the skin at each episode of incontinence to avoid product build-up. Cleaning with a pH balanced cleanser and 3-in-1 wipes is recommended**
- **Change products as soon as they are soiled**
- **Pat skin completely dry before application**

Wounds Canada - Best practice recommendations for skin health and wound management (2025)
Beeckman D, Journal of Wound, Ostomy and Continence Nursing (2011)

Frequently Asked Questions

Does the level of Zinc Oxide in the product inhibit absorption in briefs/diapers?

No, Dermategrity Barrier Cream contains a low concentration of Zinc Oxide that should not interfere with absorpative performance.

Are there any known drug interactions or contraindications?

Dermategrity Barrier Cream should not be used on large or deep open wounds. For patients with sensitive skin, patch testing is recommended before prolonged use.

Can I use Dermategrity Barrier Cream with other medicated creams?

Yes, Dermategrity Barrier Cream can be applied over medicated creams.

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IS IT INCONTINENCE ASSOCIATED DERMATITIS?

Tricks for identifying the problem

Incontinence Associated Dermatitis (IAD) is a **visual** diagnosis

WHAT TO LOOK FOR: areas of persistent redness where skin is continuously exposed to moisture from urine and/or feces, in a diffuse shape with irregular edges

1 Seeing Red? Classify the severity

MILD



Beeckman D, Journal of Tissue Viability (2017)

MODERATE



SEVERE



Kottner & Dissemond, Drugs & Aging (2025)

2 Check for signs of **infection** in the tissue



Candidiasis
Marodi, L. Stiehm's Immune Deficiencies (2014)

BACTERIAL INFECTION

Look for swollen, tense skin with a discoloured base, and presence of discharge

FUNGAL (CANDIDA) INFECTION

Redness will appear more uniform. Look for small red dots ("satellite lesions") on the outer edge of rash

3 Differentiate between IAD and **Pressure Injuries**

Stage I pressure injuries can look like IAD

Understanding the signs helps to catch and treat pressure injuries early

	Cause	Location	Shape	Depth	Necrosis	Edges	Color
IAD	Moisture (friction)	Peri-anal	Diffuse (kissing rash)	Superficial		Diffuse/ irregular	Redness is not uniform
Pressure Injury	Pressure/ shear	Bony prominence	I spot	Superficial-Deep	Possible	Distinct edges	Redness is uniform

Beeckman D et. al., Dermatological Nursing (2015)