Best Practice for the Treatment of Intertrigo

Melanie Enkhorn, Hannah Barber, Moriah Lee, Ingrid Ramirez

Abstract

This literature review aims at exploring different treatment options for individuals diagnosed with intertrigo. Ten articles were reviewed between August and November 2018 with the purpose of helping Village Northwest Unlimited develop a therapeutic guideline for patients at risk or that are currently afflicted with the skin condition. After reviewing the literature, we have concluded that there are multiple options for treatment rather than a single best treatment option for intertrigo. However, throughout this literature review, we have provided many research articles that share possible treatment options for patients with intertrigo.

Purpose and Significance

- Research on this condition is inconclusive.
- Patients with reduced mobility and obesity have an increased risk of contracting intertrigo. This puts an overwhelming amount of clients in danger of this condition.
- Intertrigo can cause erythema, pruritus, or secondary skin infections.
- Nurses are the first line of defense for prevention and treatment of this skin related issue.
- In order to provide quality care, the best practice for the treatment of intertrigo must be found.

Intertrigo: Inflammation and redness caused by the rubbing of one area of skin on another.
Prevention: The action of stopping the occurrence and severity of intertrigo.
Zinc Oxide: An ointment that acts like a skin-drying agent and protects skin in order to prevent and treat skin irritation.
Honey Barrier Cream: An active antibacterial cream that helps decrease inflammation, skin breakdown, and irritation.
Silver Impregnated Textile: An antimicrobial agent that provides a supplemental barrier that can defend against microorganisms.
Interdry: Polyester material infused with silver that can help wick away moisture.

The Johns Hopkins appraisal system method was used to appraise the level and quality of evidence of the literature review.

Methods

The literature reviewed did not reach a conclusive consensus. Honey barrier cream is one of the top interventions due to its easy application and soothing effects. Zinc oxide ointment was found to be equally effective as honey barrier cream. InterDry is a beneficial treatment because of its easy application, ability to last up to five days, and its antimicrobial properties. In addition, keeping the intertriginous area clean and dry is pertinent and wearing loose, breathable clothing prevents further irritation and moisture. If the area has not healed, antifungals or antimicrobials are prescribed for secondary infections.

Results

We recommend that the agency implement the best practices of treatment from our research so that all nurses and healthcare providers carry out the treatments throughout their assessments. Nurses should carry out their daily routine of skin assessments for each patient, checking for further skin breakdown or a resolution of the condition. Healthcare providers should be well aware of the different treatment options when completing routine check-ups for these select patients, looking to see if another treatment should be implemented.

Conclusion

Implementation of a daily skin care routine along with identifying the source causing the intertrigo will help patients maintain skin integrity through treatment options. Healthcare professionals play a vital role in the healing process and preventing the inflammatory condition altogether.

Table 1. The Intertrigo-severity scale

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erythema</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Moisture</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Skin</td>
<td>None</td>
<td>Rashes: red border</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

References