

# PRODUCTS

## Lantiseptic Skin Care Product Line

### Original Lantiseptic Skin Protectant

This unique high-lanolin formula has become the product of choice in long term care facilities for preventing and treating a variety of skin conditions. Lantiseptic Skin Protectant has been used successfully on the toughest skin problems since 1906 and has proven especially effective in dealing with diaper dermatitis, chafing and ulcer prone skin.

### Lantiseptic Therapeutic Cream

Excellent protection for ulcer prone skin, with all the soothing, healing action of Lantiseptic Skin Protectant in a softer form. It spreads easily on delicate areas like legs and ankles, as well as where more frequent use is required, such as feet with fissures or cracked heels.

### Lantiseptic All Body Wash

Ideal for use after incontinence episodes, Lantiseptic All Body Wash is formulated to clean and deodorize without rinsing. Just spray it on and wipe clean. The pH-balanced formula won't irritate sensitive body areas, while lanolin moisturizers protect skin from dryness.



## C Lantiseptic Skin Care Products CARE PLANS



For more information about Lantiseptic,  
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Fax: 770-590-0714  
or visit [www.Lantiseptic.com](http://www.Lantiseptic.com)





## Skin Injuries Due to Incontinence

### Nursing Diagnosis

Impairment in skin integrity related to incontinence, potential or actual.

### Outcome Standards

Prevent skin damage caused by continued exposure to moisture and irritants. Patient attains/maintains intact skin.

### Assessment

- Present skin conditions
- Incontinence patterns (urine, fecal, both)
- Incontinence management protocol
- Allergies

### Intervention

- Gently cleanse skin with body wash (e.g. Lantiseptic All Body Wash) after each incontinence episode. (Note: The use of harsh soaps can alter skin pH, encouraging bacterial growth or causing dryness leading to cracking.)
- Apply skin protectant (e.g. Lantiseptic Skin Protectant) to perineal/perianal area after each cleansing. Emollients are designed to condition the skin and provide a barrier against the irritants in cases of incontinence.
- Assure adequate fluid intake. (Note: withholding fluids is not appropriate management for incontinence and may result in urinary tract infection.)
- If impairment of skin occurs, continue preventive measures to promote healing and provide protection.
- Check incontinent patient's skin every two hours for soiling; cleanse, and reapply skin protectant as needed.

Interventions should be monitored and documented.

**Note:** if maculopapular rash consistent with Candidiasis occurs, antifungal preparations are indicated.

Care Plans prepared by Norma Mash, RN, BSN, CETM  
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## Management of Desiccated Skin

### Nursing Diagnosis

Impairment in skin integrity related to desiccation/dry skin.

**Note:** Fissuring and cracking of skin may lead to deep ulceration, especially in the extremities (hands, feet, legs). Decreased skin hydration reduces pliability; cracks may occur in the epidermis. Topical moisturizers facilitate skin hydration and reduce the incidence of breaks in the skin.

### Outcome Standards

- To attain soft pliable skin.
- To prevent ulceration when broken skin occurs.

### Assessment

Examine the skin daily for areas of dryness, flaking or scaling.

### Intervention

- Educate the patient/family regarding the importance of maintaining soft, pliable skin.
- Gently massage all areas of dry, cracked, or broken skin at least every 12 hours (q12h) with moisturizers (e.g. Lantiseptic Therapeutic Cream or Lantiseptic Skin Protectant).
- If areas of broken skin are on the hands, apply moisturizer after each hand washing. Apply every eight hours (q8h) if bedridden patient.
- If broken skin occurs on the feet, apply moisturizer every eight to 12 hours (q8 - 12h). White socks are indicated. If patient has insensate feet, shoes should be worn at all times to prevent further trauma/damage. Orthotics or special shoes may be necessary to avoid pressure if foot deformities are present.
- To prevent ulceration in patients who have venous hypertension, apply moisturizers under compression every 12 hours (q12h) to areas of dry skin in the lower extremities.

Interventions should be monitored and documented.



## Skin Care for Legs and Feet

### Nursing Diagnosis

Impairment in skin integrity related to dry, flaky and/or hypertrophic skin of feet and legs.

### Outcome Standards

- Patient attains/maintains intact, pliable skin on feet and legs.
- Prevention of callus buildup, cracking, and/or ulceration on feet and legs.

### Assessment

- Present skin condition
- Nutrition and hydration status
- History of vascular disease
- Treatment of vascular disease

**Note:** If underlying vascular disease is present, treatment specific to etiology is required (i.e. venous hypertension, arterial occlusion, diabetic neuropathy). Treatment of dry, hypertrophic skin is one aspect of care.

### Intervention

- Inspect feet and legs daily.
- Assure adequate nutrition and fluid intake.
- Monitor medical management of vascular disease.

### Provide Foot Care

- Keep feet and legs clean and well lubricated.
- Do not soak feet. After bathing, dry thoroughly, especially between toes.
- After bathing, apply a thin coat of lubricating cream (e.g. Lantiseptic Therapeutic Cream or Lantiseptic Skin Protectant) and gently massage into skin. Do not apply between toes. Reapply cream within 12 hours.
- Non-constrictive white cotton socks should be worn.
- Document skin condition and treatment at least daily.
- If areas of ulceration occur, notify MD within eight hours to ensure appropriate wound care.