



Understanding the crusting procedure

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The crusting procedure produces a dry surface and absorbs moisture from broken skin through an artificial scab that's created by using skin barrier powder (stoma powder) and liquid polymer skin barrier. The crusting procedure is most frequently used on denuded peristomal skin to create a dry surface for adherence of an ostomy pouching system while protecting the peristomal skin from effluent and adhesives. Crusting can increase pouching-system wear time, resulting in fewer pouch changes and less disruption to irritated peristomal skin. The crusting procedure can also be used for other denuded partial-thickness weeping wounds caused by moisture.

Here's an overview of the procedure.

Indications

- Denuded or weeping peristomal skin
- Need for absorption of moisture from broken skin around the stoma

Contraindications

- Allergy to products used to create the artificial scab

- Not indicated for prevention of skin problems

Equipment

- Skin barrier powder (antifungal powder may be substituted)
- Alcohol-free polymer skin barrier wipes or spray
- Clean 4" × 4" gauze pads or tissue for dusting excess powder



Steps

- 1 Clean the peristomal skin with water (avoid soap) and pat the area dry.
- 2 Sprinkle skin barrier powder onto the denuded skin.
- 3 Allow the powder to adhere to the moist skin.
- 4 Dust excess powder from the skin using a gauze pad or soft tissue. The powder

should stick only to the raw area and should be removed from dry, intact skin.

- 5 Using a blotting or dabbing motion, apply the polymer skin barrier over the powdered area, or lightly spray the area if you're using a polymer skin barrier spray.
- 6 Allow the area to dry for a few seconds; a whitish crust will appear. You can test for dryness of the crust by gently brushing your finger over it; it should feel rough but dry.
- 7 Repeat steps 2 through 6 two to four times to achieve a crust.
- 8 You may apply a pouching system over the crusted area.
- 9 Stop using the crusting procedure when

the skin has healed and is no longer moist to the touch.

- 10 Watch a **video** of the crusting procedure.

Selected references

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Nancy Morgan, cofounder of the Wound Care Education Institute, combines her expertise as a Certified Wound Care Nurse with an extensive background in wound care education and program development as a nurse entrepreneur. Information in Apple Bites is courtesy of the **Wound Care Education Institute (WCEI)**, copyright 2014.

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