

BACKGROUND

Diaper Dermatitis(DD) is the term used to describe inflamed skin and lesions of the diaper area. Signs of diaper dermatitis are erythema, bleeding, excoriation , denuded skin, and candida lesions. This causes pain and discomfort in infants and an increased risk of infection. It increases the stress level in parents who are already under emotional distress. The incidence of DD in the NICU is 21% - 29%.

PURPOSE

To initiate evidenced based and developmentally appropriate skin care guidelines for infants > or equal to 32weeks corrected gestational age with a goal of decreasing the incidence of diaper dermatitis in our NICU.

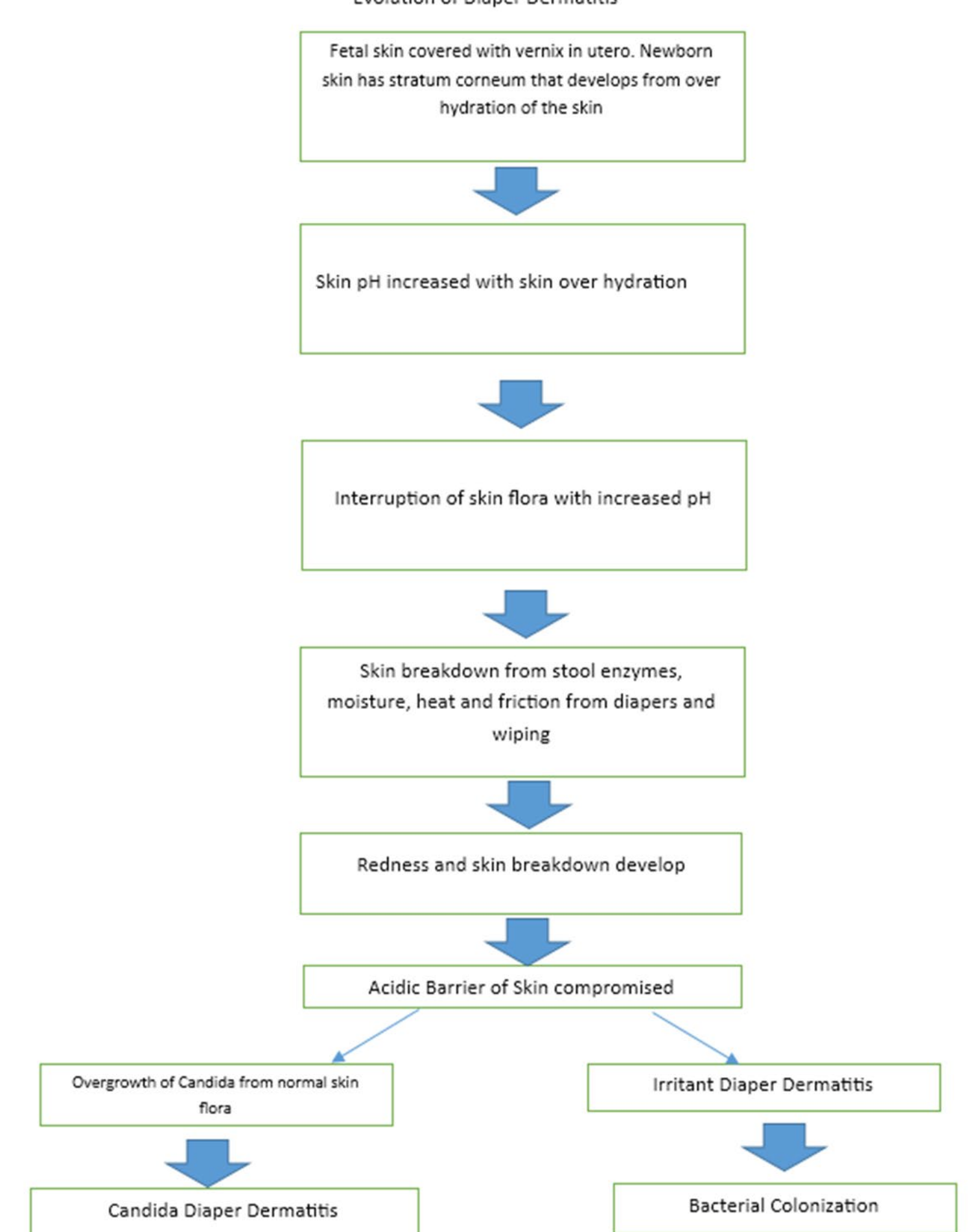
METHODS

Performed journal review, research of Evidence , research articles regarding wound and skin healing etc. . Our team came together and reviewed evidence based practice on the prevention and treatment of diaper dermatitis. Our goal was to incorporate the current skin care products that we already use in the NICU with standardized skin assessment and documentation.

Perianal Skin Care Guidelines for Diaper Dermatitis for Babies > or Equal to 32 Weeks Corrected Gestational Age

IMAGE	SKIN ASSESSMENT	TREATMENT	INSTRUCTIONS	
	<ul style="list-style-type: none"> - Intact skin - No erythema 	<ul style="list-style-type: none"> - Skin Protectant Barrier Hydrogel (blue) 	<ul style="list-style-type: none"> - Diaper change every 2-3 hours - Use Huggies SENSITIVE Wipes (white) - Avoid vigorous scrubbing - Butt Bath: Clean diaper are with soap and water q12 hours and with q stool - Apply Skin Protectant on both Perianal and on diaper 	
	<ul style="list-style-type: none"> - Intact skin - Erythema - No signs of Candida lesions 	<ul style="list-style-type: none"> - Z Guard Paste (orange) - Evaluate q48h - If no improvement or skin breakdown, move to Plan C 	<ul style="list-style-type: none"> - Take a picture in Meida q24 (Rover) - Use Huggies EXTRA Sensitive (green) - Butt Bath - Apply Z-Guard Paste as thick first layer on perianal area and on diaper 	
	<p>PLAN C (#1)</p> <ul style="list-style-type: none"> - No Bleeding - Excoriations - Denuded Skin <hr/> <p>PLAN C (#2)</p> <ul style="list-style-type: none"> - Bleeding 	<ul style="list-style-type: none"> - Aquaphor and Sucralfate mixture - Evaluate q48h - If improved, move to Plan B <hr/> <ul style="list-style-type: none"> - Consider Medihoney - Begin "Crusting" if recommended - If bleeding improved, move to Plan C (#1) 	<ul style="list-style-type: none"> - Take a picture in Meida q 24 - Notify MD - Use DRY WIPES, soap and water - Butt Bath - Apply thick layer of Aquaphor and Sucralfate mixture on perianal area <hr/> <ul style="list-style-type: none"> - Notify MD - Wound Consult - See "CRUSTING" Instructions. ---> 	<p>CRUSTING Instructions</p> <ul style="list-style-type: none"> - Apply a thin layer of pectin powder (stoma powder) to skin, brush off excess. Powder will stick to open skin - Dab with skin sealant - Skin-Prep - Repeat above as needed - Apply thick layer of Z-guard paste and Medihoney mixture as final layer pressing into place instead of spreading. - With each diaper change 1. Only remove stool, try to leave products in place 2. If skin is showing, repeat layers prn.
	<ul style="list-style-type: none"> - Candida lesions with skin intact <hr/> <ul style="list-style-type: none"> - Candida lesions with skin breakdown 	<ul style="list-style-type: none"> - Antifungal cream applied every diaper change - Evaluate q48h - If improved, return to Plan B <hr/> <ul style="list-style-type: none"> - Apply anti fungal powder - Allow to dry - Apply Z guard paste over anti fungal powder 	<ul style="list-style-type: none"> - Take a picture in Meida q24 - Notify MD - Use DRY WIPES, soap and water - Butt Bath - Apply med as ordered <hr/> <ul style="list-style-type: none"> - If no improvement, consider anti fungal cream with Z guard and begin "crusting" 	

Evolution of Diaper Dermatitis



RESULTS

One hospital in Louisiana with 55% of infants admitted for NAS withdrawal showed a 80.5% decrease in DD., after implementing a standardized skin care protocol. Other studies showed a decrease in incidence ranging from 11% to 34.9%. There was more consistency with the addition of standard guidelines. We are in the process of rolling out our new guidelines so we are looking forward to positive outcomes in our NICU here at UMC.

CONCLUSIONS

Diaper dermatitis is an ongoing problem in our NICU. With our development of an evidence based skin care protocol, education of our staff, a laminated skin care protocol in each infants chart, and standardized documentation in the EMR, we hope to see a decreased incidence of DD in our NICU.

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