

DERMATITIS/DIAPER

I. DEFINITION:

Inflammation of the skin within the area usually covered by the diaper.

II. CLINICAL FEATURES:

- A. Pruritus and irritability sometimes present.
- B. Erythema on perianal area implicates prolonged contact with feces, thighs and waistband lesions implicate prolonged contact with urine.
- C. Candida characteristically produces diffuse erythema, beefy red, well-demarcated lesions with elevated margins and satellite lesions may also present as erosions, pustules, and erythematous. Check for concomitant oral inflammation.

III. MANAGEMENT PLAN:

A. General:

1. Keep diaper area dry and clean. Wash skin with plain water at each diaper change.
2. May use plain water or non-perfumed, mild soap. Avoid the use of commercial diaper wipes, which are often perfumed and irritating.
3. Allow air to circulate under diaper. Do not use plastic pants.
4. Expose affected area to air at least 15 minutes, 4 times/day and PRN.
5. Do not use powder.
6. Rinse cloth diapers well to remove soap and do not use fabric softeners.
7. Mild - moderate inflammation: Apply petrolatum, A & D Ointment, zinc oxide, Desitin, Daily Care or other OTC preparation after each diaper change. Diaper area should be gently cleansed of ointment and ointment re-applied at each diaper change.
8. Frequent diaper changes every 1-2 hours with at least one diaper change at night.

B. Prevention:

1. Instruct parent/caregiver in causes of diaper rash.
2. Discuss the need to check the child frequently for wet or soiled diapers. Especially important when using disposable diapers or plastic pants.
3. Encourage good hand washing practices in the home.
4. Instruct parent/caregiver in proper skin care and care of diapers, as indicated

C. Referral to APRN or physician if candidiasis is suspected.

D. Follow-up:

Determine tracking priority utilizing professional judgment.

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