

NURSING CARE PLAN No 18a
Skin Fragility
Please use in conjunction with careplan 1

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 18a Problem	Skin Fragility Goals	Issue Date:	Review Date:
<p>.....</p> <p>Has skin fragility related to</p> <p>.....</p>	<ul style="list-style-type: none"> Will receive safe and appropriate care relating to his/her skin condition. It is essential to remember there can be no friction or adhesion to the skin. 	June 2020	June 2023
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Pain Assessment		
	<ol style="list-style-type: none"> 1. Ensure adequate analgesia/sedation is administered one-hour prior wound care. 2. Continuously assess the infant/child for signs of pain using age/ developmental pain scales. 3. Use pharmacological and non-pharmacological means of pain relief. 4. Monitor and record effectiveness of analgesia 		
2	Wound / Skin Assessment		
	<ol style="list-style-type: none"> 1. Assess the child's skin for signs of skin fragility and blisters. Blisters should be burst as soon as possible. 2. Assess the skin for signs of infection. e.g. oozing, crusting and erythema 3. Assess the need for wound swabs. 4. Using aseptic technique prepare for a wound dressing. 5. Use non-adherent wound dressings. 6. Never use regular tapes or adhesives. <p>Specific management of Blisters:</p> <p>.....</p> <p>Dressings to be used</p> <p>Primary Layer as per patient's needs (e.g. Polymem or Mepitel or Urgutol)</p> <p>.....</p> <p>.....</p> <p>Secondary Layer (e.g. Mepilex, Mepilex Transfer or Mepilex Lite) secured with mepitac.</p> <p>.....</p> <p>.....</p> <p>Retention Layer (e.g. Tubifast, Actiwrap, Soft Cotton Conforming Bandage)</p> <p>.....</p> <p>.....</p> <p>Other dressing material to be used/specific instructions: (e.g. secure Intravenous cannula with Mepitac or Mepitel)</p> <p>.....</p> <p>.....</p>		

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3	General Skin Care	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<p>Clothing</p> <ul style="list-style-type: none"> For a baby ensure seams are flat and clothes are turned inside out. Use 100% cotton clothing and remove all clothing tags. Use non-restricted clothing <p>Bathing</p> <ul style="list-style-type: none"> A Tepid Bath with emollient added..... Do not rub the skin while drying, pat gently. Apply emollient to dry intact skin..... <p>Napkin area care:</p> <ul style="list-style-type: none"> Line nappies with soft nappy liners ensuring edges extend over the nappy. Apply barrier lotion..... <p>Specific.....</p> <ul style="list-style-type: none"> Umbilical cord care: as per umbilical care guidelines <p>.....</p> <p><u>Removal of accidental adhesive material</u></p> <ul style="list-style-type: none"> Do not remove the tape Cover lavishly with paraffin gel and or use an adhesive remover. Repeat several times to facilitate removal of the tape 			
4	Handling and Mobilisation		
<ul style="list-style-type: none"> Minimise further damage/blisters by careful handling avoiding friction. Nurse the infant on melolin roll or a soft blanket. These can be used to lift the baby Handle the infant/child with direct pressure using the flat palm of the hand avoiding friction Encourage older children to do as much as they can themselves thus avoiding further skin damage or blisters. Remove jewellery/watches/ sharp objects before handling an infant/child with fragile skin. Nurse the child on an air mattress or similar device. Liaise with the physiotherapist and the occupational therapist Regularly assess the infant/child's skin for pressure/friction induced wounds Record and report any changes 			
5	Observations of Vital Signs		
<ul style="list-style-type: none"> Monitor and record vital signs as clinically indicated Avoid the use of tempadots, use a digital thermometer or non-adhesive probe thermometer for checking temperature. When using a stethoscope for checking the heart rate, place the metal part over an item of clothing. Apply an item of clothing/dressing under the blood pressure cuff thus ensuring the cuff does not come in contact with the child's / infants skin. A non-invasive pulse oximetry probe of the clip-on variety may be placed onto the ear lobe or finger. A non-invasive monitoring mattress can also be used for the infant 			



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6	Nutrition	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<ul style="list-style-type: none"> • Record strict intake and output • Weigh infant/child as indicated with dressing in place instructions <p>.....</p> <ul style="list-style-type: none"> • Ensure the child's/infants lips are well lubricated with paraffin gel/Vaseline prior to commencement of feeding. • Liaise with the dietician: • Specific feeding instructions..... 			
<ul style="list-style-type: none"> • Liaise with the EB CNSp (Dermatology) • Refer to Epidermolysis Bullosa Guidelines as per NPC folder 			

Created by Nursing Department
Issue Date: June 2020 / Review Date: June 2023

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