

**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"> <li>Will receive safe and appropriate care relating to his/her skin condition.</li> <li>It is essential to remember there can be no friction or adhesion to the skin.</li> </ul>	July 2020	July 2023
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Pain Assessment		
	<ol style="list-style-type: none"> <li>1. Ensure adequate analgesia/sedation is administered one-hour prior wound care.</li> <li>2. Continuously assess the infant/child for signs of pain using age/ developmental pain scales.</li> <li>3. Use pharmacological and non-pharmacological means of pain relief.</li> <li>4. Monitor and record effectiveness of analgesia</li> </ol>		
2	Wound / Skin Assessment		
	<ol style="list-style-type: none"> <li>1. Assess the child's skin for signs of skin fragility and blisters. Blisters should be burst as soon as possible.</li> <li>2. Assess the skin for signs of infection. e.g. oozing, crusting and erythema</li> <li>3. Assess the need for wound swabs.</li> <li>4. Using aseptic technique prepare for a wound dressing.</li> <li>5. Use non-adherent wound dressings.</li> <li>6. Never use regular tapes or adhesives.</li> </ol> <p><b>Specific management of Blisters:</b></p> <p>.....</p> <p><b>Dressings to be used</b></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><b>Clothing</b></p> <ul style="list-style-type: none"> <li>For a baby ensure seams are flat and clothes are turned inside out.</li> <li>Use 100% cotton clothing and remove all clothing tags.</li> <li>Use non-restricted clothing</li> </ul> <p><b>Bathing</b></p> <ul style="list-style-type: none"> <li>A Tepid Bath with emollient added.....</li> <li>Do not rub the skin while drying, pat gently.</li> <li>Apply emollient to dry intact skin.....</li> </ul> <p><b>Napkin area care:</b></p> <ul style="list-style-type: none"> <li>Line nappies with soft nappy liners ensuring edges extend over the nappy.</li> <li>Apply barrier lotion.....</li> </ul> <p>Specific.....</p> <ul style="list-style-type: none"> <li>Umbilical cord care: as per umbilical care guidelines</li> </ul> <p>.....</p> <p><b><u>Removal of accidental adhesive material</u></b></p> <ul style="list-style-type: none"> <li>Do not remove the tape</li> <li>Cover lavishly with paraffin gel and or use an adhesive remover.</li> <li>Repeat several times to facilitate removal of the tape</li> </ul>		
4	<b>Handling and Mobilisation</b>		
	<ul style="list-style-type: none"> <li>Minimise further damage/blisters by careful handling avoiding friction.</li> <li>Nurse the infant on melolin roll or a soft blanket. These can be used to lift the baby</li> <li>Handle the infant/child with direct pressure using the flat palm of the hand avoiding friction</li> <li>Encourage older children to do as much as they can themselves thus avoiding further skin damage or blisters.</li> <li>Remove jewellery/watches/ sharp objects before handling an infant/child with fragile skin.</li> <li>Nurse the child on an air mattress or similar device.</li> <li>Liaise with the physiotherapist and the occupational therapist</li> <li>Regularly assess the infant/child's skin for pressure/friction induced wounds</li> <li>Record and report any changes</li> </ul>		
5	<b>Observations of Vital Signs</b>		
	<ul style="list-style-type: none"> <li>Monitor and record vital signs as clinically indicated</li> <li>.....</li> <li>Avoid the use of tempadots, use a digital thermometer or non-adhesive probe thermometer for checking temperature.</li> <li>When using a stethoscope for checking the heart rate, place the metal part over an item of clothing.</li> <li>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.</li> <li>A non-invasive pulse oximetry probe of the clip-on variety may be placed onto the ear lobe or finger.</li> <li>A non-invasive monitoring mattress can also be used for the infant</li> </ul>		

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

Created by Nursing Department  
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