


| GUIDELINES ON THE MANAGEMENT OF NAPKIN RASH (NAPKIN DERMATITIS) | |
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1.0 Introduction


Napkin Dermatitis or irritant napkin dermatitis is a common condition of early childhood (Folster-Hoist 2018). It describes a spectrum of symptoms in the napkin area ranging from mild inflammation to associated infection (Atherton 2016). It can be associated with certain triggers (Woolley 2015). Prompt assessment and treatment is advised in patients with increased risk of skin breakdown such as neonates, and infants with poor nutrition (O'Brien 2008). Most napkin dermatitis is caused by an irritant and is then termed irritant or contact dermatitis (Folster-Hoist 2018).

2.0 Causes of Irritant Dermatitis (Wondergem 2010, Woolley 2015, Atherton 2016))

- Prolonged exposure to urine and faeces on the skin
- High humidity in the napkin area can cause softening of the stratum corneum allowing greater penetration of Irritants
- As a result of diarrhoea secondary to antibiotic or medication therapy
- Components of topical cleansers/wipes
- Barrier creams
- Nappy composition
- Friction
- Increased temperature in napkin area resulting in vasodilation and the promotion of inflammation.


Nappy Rash is not always due to irritant dermatitis (Wondergem 2010, Folster-Hoist 2018) and may need review by dermatologist for differential diagnosis

- Allergic contact napkin rash
- Infantile Seborrheic dermatitis
- Infantile atopic eczema
- Infantile psoriasis
- Candidiasis
- Perianal streptococcal and staphylococcal dermatitis.
- Auto immune diseases: Lichen Sclerosus, Kawasaki disease.
- Herpes
- Overflow incontinence


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3.0 Care of the Child with Napkin Rash - Appendix

| Action | RATIONALE & REFERENCE |
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| <p>Pain is assessed using a validated, age appropriate pain assessment scale and analgesia administered. Medications are administered as per policy and effectiveness evaluated (OLCHC 2017a, NMBI 2020)</p> | <p>To ensure patient is pain free and reduce anxiety of parents and child. Napkin Rash can be painful and distressing (Borkowski 2004)</p> |
| <p>Wash hands thoroughly before procedure and apply non-sterile gloves as per hospital policy</p> | <p>To prevent cross infection (OLCHC 2017b)</p> |
| <p>Explain the procedure to the parents.</p> | <p>To ensure parents and child understand the procedure to gain trust and co-operation (Trigg and Mohammed 2010)</p> |
| <p>Change wet or soiled nappies promptly and frequently</p> | <p>Frequency of nappy changes reduce prolonged exposure to irritants e.g. faeces and urine. (Blume et al 2014)</p> |
| <p>Assess the skin condition of the napkin area</p> <ul style="list-style-type: none"> • erythema • erosions • ulcerations • bleeding • satellite pustules (which indicate candidiasis) • Record improvement or deterioration of rash. | <p>An accurate assessment of skin condition is necessary for correct treatment (Trigg and Mohammed 2010, Woolley 2015).</p> <p>Determine the history, document and try to eliminate the cause (Borkowski 2004)</p> |
| <p>Assess each child individually and a cream or ointment will be recommended, suitable to the child's needs. A particular treatment plan will be prescribed as necessary by the medical team</p> | <p>To ensure that the nappy rash is treated effectively (Morris 2012)</p> |

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| Action | Action |
|---|--|
| <p>Gently clean skin with warm water containing an emollient based non perfumed product e.g. Elave or Silcock's base. Mix emollient in water and cleanse the nappy area.</p> <p>Female: Cleanse from front to back of genital area</p> <p>Gently pat dry with a soft dry wipe, paying particular attention to skin creases.</p> <p>Regularly apply a protective barrier cream after every nappy change (Morris 2012) Use a water repellent ointment such as white soft paraffin or metanium ointment.</p> <p>Remove gloves and wash hands thoroughly after the procedure.</p> <p>Provide education and support parents to manage their Child's nappy rash (Trigg and Mohammed 2010). Parents should be advised how to recognise signs and symptoms of nappy rash and when to seek medical advice regarding same (Wondergem 2010)</p> <p>If a steroid cream is used, use for the prescribed time.</p> <p>If no improvement in skin in after approximately 5 days Reassess and liaise with medical team.</p> <p>Document all care given in the patient's health care record.</p> | <p>Regular soap products can remove lipids from skin leading to worsening of the napkin rash (Morris 2012)</p> <p>To avoid contamination of the urethra with faeces (Trigg and Mohammad 2010).</p> <p>To ensure skin is dry and to prevent further irritation of the Skin (Morris 2012)</p> <p>Barrier creams have been shown to be effective to support skin barrier function and act as a protection for the skin (Adam 2008, Woolley 2015)</p> <p>To prevent cross infection (OLCHC 2017b)</p> <p>This will help in the prevention and treatment of nappy rash (Woolley 2015)</p> <p>The wet occlusive environment inside a nappy increases the systemic absorption of steroids. Occlusion should be used with caution to reduce risk of side effects of treatment (Carr 2009)</p> <p>The primary nursing goal is to ensure resolution of the napkin dermatitis (Borkowski 2004)</p> <p>To evaluate the effectiveness of the care and ensure effective communication (NMBI 2015)</p> |

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