GUIDELINES ON THE NURSING MANAGEMENT OF STAPHYLOCOCCAL SKIN SYNDROME	
Version Number	*V2*
Date of Issue	*20th January 2016*
Reference Number	*NMSSS-01-2016-BE-V2*
Review Interval	*3 yearly*
Approved By *Name: Fionnuala O'Neill* *Title: Nurse Practice Coordinator*	*Signature:* *Date: January 2016* 
Authorised By *Name: Rachel Kenna* *Title: Director of Nursing*	*Signature:* *Date: January 2016* 
Author/s	*Name: Bernie Evans* *Title: Clinical Nurse Specialist*
Location of Copies	*On Hospital Intranet and locally in department*

Document Review History		
Review Date	***Reviewed By***	***Signature***
2019		

Document Change History	
Change to Document	***Reason for Change***

CONTENTS

1.0 Introduction

Staphylococcal scalded skin syndrome (SSSS) is an exfoliative skin disease caused by toxin mediated staphylococcal infection that affects mostly neonates and adolescents (Kouokou 2013). Exquisite tenderness of the skin is a precursor that develops to fragile roofed blisters which rupture on the slightest pressure. The severity vary from localised areas to generalised covering the whole body. Prognosis is most favourable with treatment and skin usually heals by three weeks.

2.0 Signs and Symptoms

SSSS usually presents with fever, irritability and widespread erythema of the skin.

Characteristics of the rash:

- Skin takes on tissue paper-like appearance
- 24-48 hours later fluid filled blisters develop in armpit, groin, mouth, nose and ears.
- Rash spreads to other body parts including limbs and trunk.
- Top layer of skin begins peeling off leaving exposed, moist, red and tender areas.
- Dehydration may result.

3.0 Indications for treatment

The condition is excruciatingly painful and the child requires admission for antibiotic therapy, pain relief, wound care and hydration. Neonates are most at risk due to immature renal clearance system and lack of specific immunity to the toxin (2007). Parents/guardians need reassurance that recovery is usually rapid once appropriate antibiotic therapy has begun and that healing occurs without scarring after 10-14 days.

<u>Complications associated with SSSS, if left untreated:</u>

Dehydration, poor temperature control, cellulitis, septicaemia and shock (Painter 2007)

4.0 Appendix

ACTION	RATIONALE & REFERENCE
Maintain barrier nursing and antiseptic hand wash.	To prevent spread of infection – (OLCHC 2011)(Kouokou et al 2013)
Assess the skin • the extent of the SSSS, • affected areas	To assess extend of condition and monitor progress. (Stevens et al 2006).
Document the assessment appropriately.	Maintains accountability through accurate recording of nursing intervention. (NHO, 2009)
Ensure adequate analgesia is administered.	Extensive skin loss causes high levels of pain that may be difficult to control.(Stevens et al 2006)
Medications are administered in accordance with national and local medication policies.	To reduce the pain associated with dressings, thus increasing child's comfort. To ensure safe administration of medication (OLCHC 2010c). (Bruce & Thiers 2010)
Obtain swabs from nose, throat and skin swabs as requested Administer intravenous antibiotics and intravenous fluids as prescribed.	For bacterial confirmation and to identify the primary focus (Kouokou et al 2013)
No adhesive strapping is applied to the skin. Mepiform may be used to keep cannula in place.	Anti-staphylococcal antibiotics are the main component of treatment (Kouokou 2013)
Dressings: Wash hands thoroughly with antiseptic solution (ANTT Level 2)	Can cause increased irritation and trauma to sensitive skin (Trigg & Mohammed 2010).
Ensure privacy for the child throughout the treatment.	To prevent cross infection (OLCHC 2010) To help reduce anxiety of child and parents, by appropriately Informing them of the procedure (Trigg and Mohammed 2010)
Explain the procedure to child and parent	
Dressings may be carried out daily as prescribed or by clinical judgement.	
Areas that are oozing are cleaned gently with warmed 0.9% normal saline.	Wound healing is delayed if normal saline is not at room Temperature (Gannon 2007).
Apply Mepitel to all erythematous (red) areas (this comes in large non-woven sheets and is excellent for all large areas). Secure in place with Tubifast or gauze bandage.	Mepitel is a non-adherent dressing that is safe to use on
Infected wounds: Flamazine (topical antimicrobial) or Bactroban (topical antibiotic) may be prescribed by the Consultant Dermatologist. These can be applied to the Mepitel at every	

change of dressing with a wooden spatula, prior to the dressing being applied to the wound. **Moisturisers:** Paraffin gel is applied to keep the skin well moisturised frequently, 2-4 hourly Always apply in a downward direction. **Bathing:** Daily bathing/washes with an emollient as a soap substitute. Document care given and evaluate effectiveness of treatment provided	fragile skin (Bruce & Thiers 2010). As per Hospital Formulary and Prescribing Guide (2010c) To keep skin moisturised. Paraffin Gel is easy to apply and less painful for the child (Trigg and Mohammed 2010) To prevent clogging of pores causing folliculitis (Trigg & Mohammed 2010) To facilitate communication, to provide evidence of delivery of quality care, and to ensure evaluation of the effectiveness of care provided (Trigg and Mohammed 2010)

REFERENCES

An Bord Altranais (2002) *Recording Clinical Practice Guidance to Nurses and Midwives.* An Bord Altranais, Dublin.

Bruce H & Thiers MD (2010) Dermatologic Clinics. Saunders Vol 28(2)

Gannon R (2007) wound cleansing: Sterile Water or saline *nursing Times* 103; 9 44-46

Kouokou, K,Dainguy M,E (2013).S.S.S.S in Neonates-Case Reports in Dermatology Medicine Article ID 901968

National Hospitals Office, (2009) *Code of Practice for Healthcare Records Management,* Version 2 (2010), Health Service Executive, Dublin, Ireland

Our Lady's Children's Hospital (OLCHC) (2010c) The Hospital Formulary and Prescribing Our Lady's Children's Hospital (2010). Hand Hygiene – Staff Information Sheet. Our Lady's Children's Hospital, Crumlin, Dublin 12

Our Lady's Children's Hospital (2007) Aseptic Non-Touch Technique, Our Lady's Children's Hospital, Crumlin, Dublin 12 Our Lady's Children's Hospital(2011) Standard Precautions, Our Lady's Children's Hospital Crumlin, Dublin 1

Painter D., Trevillion N., Snape T. (2007) Staph Scalded Skin Syndrome; Practice makes Perfect*. Emergency Nurse* Vol 14. No 10 p.20-21

Stevens, J, Linward J, Denyer, Lomas D, Harper J (2006*)* Nursing Care of Paediatric Skin Textbook of Paediatric Dermatology Blackwell, 2nd Edn

Trigg, E. & Mohammed, T. (2010). Practices in Children's Nursing: Guidelines for Community and Hospital 3rd edn, Churchill Livingstone, Edinburgh