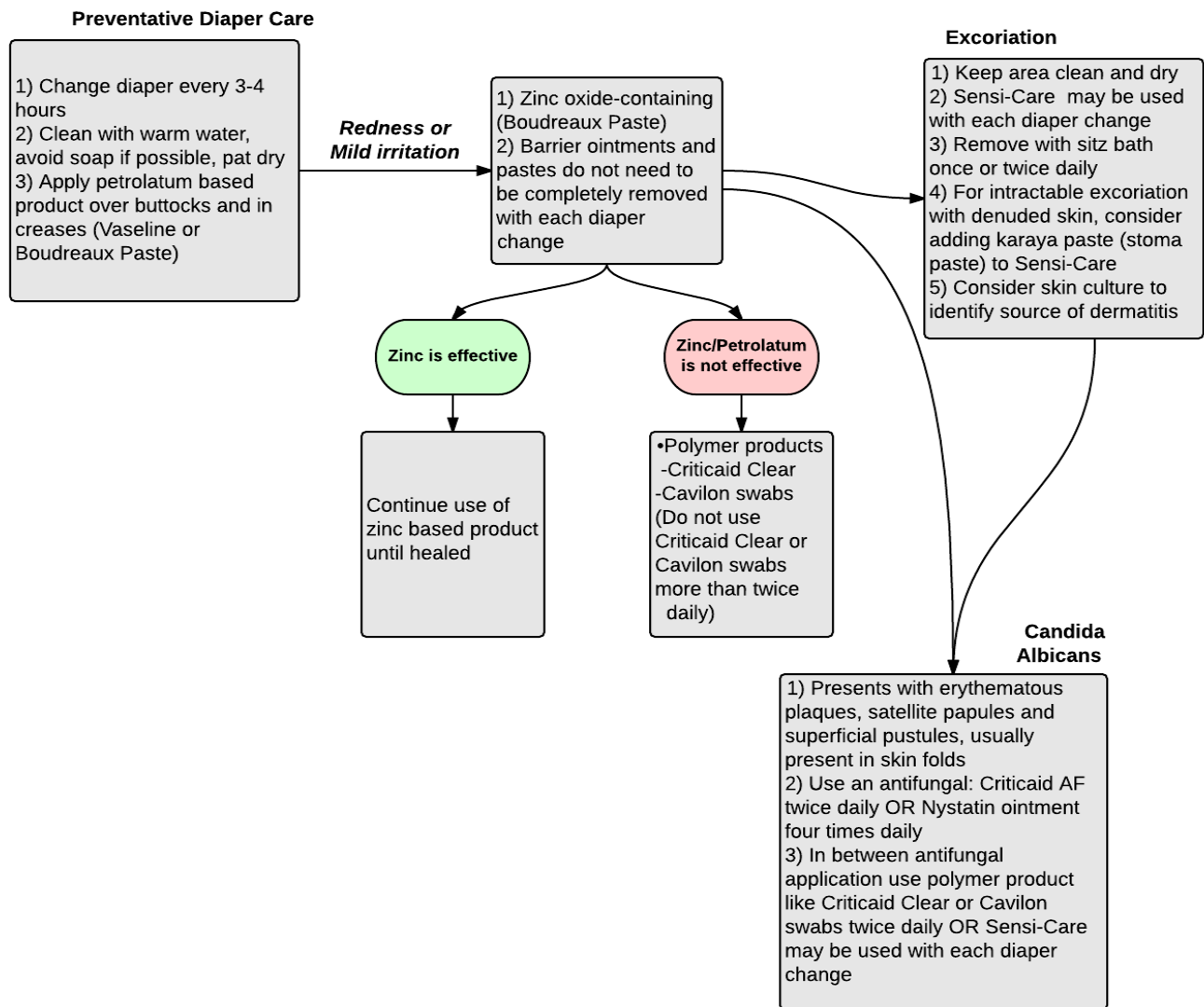




Clinical Practice Policy:	Diaper Dermatitis
Effective Date:	August 7, 2015; March 7, 2016

I. Diaper dermatitis pathway





Prevention is key

- Do not remove vernix if applicable.
- Avoid friction by choosing the right diaper size.
- Provide infrequent baths (2-3 times a week) with no vigorous scrubbing. Gently clean skin with warm water and pat dry, avoid soap if possible.
- Barrier pastes and ointments do not need to be completely removed with every diaper change.
- Enzymes in stool react with urine to irritate the skin and cause disruption of the epidermal barrier. Topical ointments and pastes block moisture and irritants from contact with the skin.
- Vitamin A&D ointment is not recommended on skin that is red or irritated. Zinc oxide has healing properties and is better suited for irritated skin.
- Polymer products (Criticaid Clear® and Cavilon swabs®) may be used on skin that is broken down.
- Do not rub or remove barrier ointments (Sensicare protective barrier®) with every diaper change; gently remove layer of petrolatum and reapply. Barrier ointments should be removed gently, only once or twice a day in a sitz bath.
- Candida albicans is often associated with moderate to severe cases of diaper dermatitis. Some studies show miconazole in a petrolatum base (Critic-aid AF®) to be most effective in treating Candida.
- Per the AWHONN skin care guidelines petroleum should be used in infants less than 32 weeks gestational age.

II. Ordering and storage of diaper dermatitis products

Petrolatum-based products (Aquaphor®, Boudreaux's Butt Paste®, Critic-aid clear®, Vaseline®, Vitamin A&D ointment), zinc oxide-containing products (Sensicare®, Boudreaux's Butt Paste®), miconazole (Critic-aid AF®), and Cavilon swabs® do not require prescription. These products will be floor stock.

Nystatin (ointment and cream) requires prescription and will be stored in the Omnicell.