Clinical Practice Policy: Diaper Dermatitis

Effective Date: August 7, 2015; March 7, 2016; January 7, 2021

Identify Infants at risk:

- Frequent loose stools
- Antibiotic use
- Opiate withdrawal
- Abnormal rectal sphincter tone
- Changes in diet (thickening agents, etc).

Prevention is key:

- Do not remove vernix if present.
- Avoid friction by choosing the right diaper size. Sizes 2 and 3 can be specially ordered for larger infants.
- Provide infrequent baths (2-3 times a week) with no vigorous scrubbing. Gently clean skin with warm water or cleansers containing emollients and pat dry.
- 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.
- Protect all skin that may be exposed to irritating agents or show signs of skin injury with thick applications of a barrier cream or paste such as zinc oxide.
- Petrolatum jelly over the barrier cream may help the diaper not stick to the thick barrier cream.
- Whenever possible, preferential use of products with the least number of additives should be used.
- 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.
- Avoid topical corticosteroids, antibiotic ointments, talcum powder, corn starch.
- Consider alternative treatments if diaper dermatitis persists such as fresh human milk.

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.
Diaper Dermatitis Algorithm

Preventative Diaper Care
1) Change diaper every 3-4 hours
2) Clean with warm water, pat dry
3) Apply generous amounts of petrolatum-based product over buttocks and in creases (Vaseline, Boudreaux Paste, or Aquaphor)

Redness or mild irritation
1) Zinc oxide-containing ointment (Boudreaux Paste)
2) Barrier ointments and pastes do not need to be completely removed with each diaper change

Zinc is Effective
Zinc/Petrolatum is not effective

Worsening Irritation

Excoriation
1) Keep area clean and dry
2) Sensi-Care may be used w/ each diaper change
3) Sitz bath once or twice daily
4) For intractable excoriation w/ denuded skin, consider adding karaya paste or powder (stoma paste) to Sensi-Care to create a thick consistency.
5) Consider “crusting” procedure
   • Cleanse site
   • Apply stoma powder to affected skin
   • Spray cavilon
   • Pat
   • Allow to dry
   (these steps can be repeated 2-3x to create a thick crust)
6) Human milk can be applied to excoriated skin for healing properties as well
7) Consider skin cultures to identify source of dermatitis

Candida Albicans
1) Presents with erythematous plaques, satellite papules and superficial pustules, usually present in skin folds.
2) Use an antifungal: Criticaid AF twice daily OR Nystatin ointment as ordered.
3) In between antifungal application use polymer products like CriticaidClear/Cavilon swabs twice daily OR Sensi-Care may be used w/ each diaper change.
4) The “Crusting” technique also may be used w/ Nystatin Powder

Polymer products to consider:
• Criticaid Clear
• Cavilon Swabs
*These products should not be used more than twice daily and should be noted in the infant’s skin care plan at the bedside or in progress notes

Continue use of Zinc based products until healed