



Clinical Practice Policy:	Neonatal Skin Care
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Approved By:	Department of Pediatric Newborn Medicine Clinical Practice Council <u>03/10/16</u> CWN PPG <u>10/14/15</u> BWH SPP Steering <u>10/21/15</u> Nurse Executive Board/CNO <u>10/26/15</u>

The following neonatal skin care guidelines are based on the 3rd Edition of the Association of Women's Health, Obstetric, and Neonatal Nursing (AWHONN) Neonatal Skin Care Guidelines (2013). Summary information regarding skin assessment, bathing, cord and circumcision care, disinfectants, water loss, use of skin care products and adhesives, skin breakdown and intravenous infiltration are included below. More information can be found in the AWHONN Skin Care Guideline manuals, which are available in the NICU.

Routine Newborn Skin Care

Newborn Skin Assessment

- Assess skin daily per gestational age/DOL expectation
- Identify risk factors for skin injury
- Assess for erythema, dryness, flaking, breakdown, rashes
- Try to determine causes of breakdown
- Skin culture per order if infection suspected

Initial Bathing

- Less than 32 wks, use warm sterile water only
- After achieving thermal & cardiorespiratory stability (at least 2-4 hrs old)
- Universal precautions, wear gloves
- Warm tap water with a minimal amount of neutral pH or slightly acidic cleanser
- Leave vernix on skin

Routine Bathing

- Limit bathing to every few days, shampoo 1-2 times/wk
- Use neutral pH or slightly acid cleanser, daily soap bathing is discouraged
- Avoid rubbing; rinse with soft cloth and pat dry
- Less than 32 wks, use warm sterile water only 1st week

Immersion Bathing

- Water depth approx 5 in. or enough to cover infants shoulders
- Swaddled bathing may also be done fully immersed
- Water temp should be warmer than skin temp
- Immediately dry and wrap infant in warm blankets when bath completed

Cord Care

- Keep cord area clean and dry
- Keep diaper folded and under cord to allow drying
- Cleanse with water if cord becomes soiled with urine/stool
- Immersion baths after umbilical cord has fallen off

Circumcision Care

- Cover circumcised penis with petroleum or petroleum gauze which helps heal as well as protects
- If Surgicel® applied, let Surgicel® fall off without removal
- Clean site with water only for 3-4 days
- No immersion baths for 3-4 days



Disinfectants

- Povidone iodine OR chlorhexidine* to disinfect before invasive procedures
- Remove prep completely with sterile water or NS post procedure
- Avoid isopropyl alcohol in combination with povidone/chlorhexidine

*note: povidone iodine and chlorhexidine should never be used together.

Transepidermal Water Loss

Risk of heat & fluid losses high in prematures less than 30 wks

- Measure humidity regularly in first weeks of life
- Consider increasing humidity to > 70% with servo-regulated incubators, humidifiers for first 7 days of life
- Consider continuing humidity to 50 – 60% until 28 days of life

Use of Skin Care Products and Adhesives

Products

- Skin barriers include hydrocolloid and/or silicone products
- Hydrocolloid products include but are not limited to: DuoDERM®, NeoHold™, Cannulaide®
- Silicone products include but are not limited to: Mepitac®, Mepitel®, Mepilex® Lite

Adhesives

- Apply skin barrier prior to adhesive use
- Use all adhesives sparingly and remove on a horizontal plane
- Remove polyurethane transparent dressings (Tegaderm™) slowly on a horizontal plane that is parallel to the skin surface with a stretching motion
- DO NOT use silicone tapes to secure silicone lines EXCEPT nasal cannulas
- Double back tape to secure PIV to IV board or use silicone tape
- Utilize hydrocolloid barriers for better molding as a platform
- Hydrogel adhesive EKG or limb leads or monitor through arterial lines
- Sponge velcro wraps for pulse oximetry probes, do not restrict blood flow
- Avoid solvents, bonding agents, minimize ALL adhesive bandages
- Remove adhesives slowly with NS pads or water soaked gauze
- Optional mineral oil for removal unless re-taping
- ALL adhesive bandages should be avoided/used minimally after blood draws

Skin Breakdown

Prevention

- Gelled mattresses/pads, cotton surfaces, blanket-covered sheepskin
- Skin barrier/transparent dressings to prevent friction injury
- Petrolatum/zinc to groin and thighs can reduce urine irritation
- Hydrocolloid barriers/silicone beneath NPCAP around nares and upper lip
- Alcohol free skin barriers beneath tape securing endotracheal tube
- Apply skin barrier to peristomy before appliance application
- Assess skin under medical devices frequently (q 1 – 4 hrs)
- Assess wound state of skin breakdown (homeostasis, inflammation, proliferation/repair, maturation/remodeling)
- Use moist occlusive healing product (Mepitel®)

Intravenous Infiltration

Prevention

- Use insertion devices covered with plastic or silicone catheters
- Avoid IV placement in areas difficult to immobilize when possible
- Use transparent adhesive/clear tape so site is visible
- Use gauze/silicone tape beneath heavy plastic appliances to avoid pressure
- Visualize site at least every hour

Treatment

- Stop infusion/elevate site/cover with absorbent silicone wafer (Mepilex® Lite)
- Administer therapeutic agents/antidotes per order
- Discourage application of silver sulfadiazine, heat and/or cold

*Information on diaper dermatitis care is found in the [Diaper Dermatitis Clinical Practice Policy](#)