PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 3

GENERAL CARE OF THE SICK CHILD

3.2 HYGIENE

3.2.5 PREVENTION AND MANAGEMENT OF EXCORIATED SKIN

Aim

To provide protection for the skin in areas where excoriation may result from:

- Urinary and / or faecal incontinence
- Digestive juices from stomas eg. gastrostomies, ileostomies, colostomies
- Wound exudate
- Adhesive stripping (eg. dressings, tapes)

Key points

1. Early treatment at the first signs of erythema can prevent skin breakdown.
2. Incontinence associated dermatitis can be prevented and healed with timely and appropriate skin cleansing and skin protection. Frequent nappy changes are essential and some nappy free time is beneficial.
3. Patients receiving radiotherapy must not have products containing metals (eg. zinc oxide) applied to the affected areas, as this may deflect the radiation.

ASSESSMENT

Assess the skin, once per shift.

If there is evidence of bacterial or fungal infection or if a lesion is persistent for more than 72 hrs swab the lesion and apply topical antifungal cream.

Barrier protection may be contraindicated until the infection has resolved.

TREATMENT OPTIONS

3M® No Sting Barrier Film (wipes / spray)

This product is a polymeric solution, in a non stinging solvent, which forms a uniform film on application to the skin. It may be used for both prevention and treatment of excoriated skin. Use of the wipes is recommended when applying to confined areas eg. on the face or around a tracheal stoma.

1. Concurrent use of other topical preparations may reduce its effectiveness.
2. Daily applications are usually adequate unless very frequent washing is required. Excessive application may result in the formation of a thick layer which may pull off.
3. Prior to application clean the area in the bath or shower and pat dry.
4. When applying to an area where there will be skin to skin contact, ensure that the areas are kept apart until the film is thoroughly dry (approximately 30 seconds).
5. Between applications the area may be washed gently with water and aqueous cream.
6. If there is no sign of improvement (within 24 - 48 hours) contact the Stomal Therapy Clinical Nurse Consultant to review the patient.

Conveen Critic Barrier ® Cream

This product contains 20% zinc oxide, karaya powder and yellow soft paraffin. The karaya absorbs exudate and helps to preserve the barrier effect of the cream. This formulation also helps the cream adhere to moist or oozing skin.

Note: It is not necessary to remove all cream after each bowel motion. Dab the area gently to remove excreta before reapplying the cream as excessive washing / friction may damage healing cells.

For patients on chemotherapy, there will be no reabsorption of the cytotoxic by-products if the cream is completely removed once every 24 hours.

1. Wash the area gently with a mild soap and water, and dab dry. Do not rub the area but use gentle strokes.
2. Apply a smear of cream to cover broken and reddened areas, reapplying as necessary to maintain the barrier cover.
3. No Sting® Barrier film may be applied to protect surrounding healthy skin.

Colistipol Paste

Colistipol paste is a barrier cream containing Colistipol - a bile acid sequestrant which neutralises bile acids. Use of the paste is indicated for use in bile acid induced diarrhoea to reduce the irritant effects of the bile acids.

Aqueous cream, rather than soap should be used for washing these patients as it may be less irritating on the skin and Colistipol applied after each bowel motion.

Stomahesive Paste

Treatment with Stomahesive paste must be discussed with the Stomal Therapy CNC prior to commencement.

Stomahesive paste is a barrier paste containing pectin, gelatine, carboxymethylcellulose and polisobutylene compounds. It absorbs moisture, protects skin exposed to body fluids and promotes healing. Stomahesive paste however contains alcohol and stings when applied to broken skin.

Dilution

1. Mix one part stomahesive paste to three parts water to form an almost transparent fine paste.
2. Apply to excoriated areas.
3. Follow with a light dusting of stomahesive powder.

At nappy changes wash off faecal material but do not remove all paste. Reapply powder at each nappy change.

Acknowledgements:
These guidelines have been based primarily on consensus from an expert review panel (Level IV). The following sources were used to guide panel opinion.

1. 3M™ Cavilon™ No Sting Barrier Film. Manufacturer's product information. Minnesota: 3M Health Care: n.d.
2. Coloplast Skin Care: Preventing, Treating, Cleansing. Manufacturer's product information. Espergaede, Denmark: Coloplast: n.d.
3. White C.M.; Gailey RA; Lippie S: Cholestyramine ointment to treat buttocks rash and anal excoriation in an infant. Ann Pharmacother 1996; 30: 954-6.
4. Scowen P. Nappy rash: lets give mothers more help. Professional Care of Mother & Child. 10(1):26-28,30,2000.
5. Atherton DJ, Mills K. What can be done to keep babies skin healthy? RCM Midwives 7:288-90, 2004.