

observation for signs of anemia because of the large blood loss during surgery (see [Family-Centered Care](#) box). Nursing care includes observation for signs of hemorrhage, infection, pain, and swelling, as well as parental education for suture care and safety. Surgical sutures should remain dry and intact. Parents need to observe for any signs of redness, drainage, or swelling and report any temperature greater than 38.4° C (101° F).

## Family-Centered Care

### Blood Donation

Parents may wish to provide a compatible blood donor for their infant undergoing a planned surgical correction for craniostenosis. Nurses need to inform and guide parents through the blood bank procedure.

Early surgical management of craniostenosis in children 3 to 9 months old allows proper expansion of the brain and the creation of an acceptable appearance ([Ursitti, Fadda, Papetti, et al, 2011](#)). Parents require special support and education during this time, especially from the health care team.

## Common Problems in the Newborn

### Erythema Toxicum Neonatorum

**Erythema toxicum neonatorum**, also known as **flea-bite dermatitis** or **newborn rash**, is a benign, self-limiting eruption of unknown cause that usually appears within the first 2 days of life. The lesions are firm, 1- to 3-mm, pale yellow or white papules or pustules on an erythematous base; they resemble flea bites. The rash appears most commonly on the face, proximal extremities, trunk, and buttocks, but it may be located anywhere on the body except the palms and soles. The rash is more obvious during crying episodes. There are no systemic manifestations, and successive crops of lesions heal without pigmentation changes. The rash usually lasts about 5 to 7 days. The etiology is unknown. However, a smear of the pustule will show numerous eosinophils and a relative absence of neutrophils. When the diagnosis is questionable, bacterial, fungal,