

Nursing Care Management

Nursing interventions are aimed at altering the three factors that produce dermatitis: wetness, pH, and fecal irritants. The most significant factor amenable to intervention is the moist environment created in the diaper area. Changing the diaper as soon as it becomes wet eliminates a large part of the problem, and removing the diaper to expose healthy skin to air facilitates drying. The use of a hair dryer or heat lamp is not recommended because these devices can cause burns.

Diaper construction has a significant impact on the incidence and severity of diaper dermatitis. Superabsorbent disposable paper diapers reduce diaper dermatitis. They contain an absorbent gelling material that binds water tightly to decrease skin wetness, maintains pH control by providing a buffering capacity, and decreases skin irritation by preventing mixing of urine and feces in the diaper.

Guidelines for controlling diaper rash are presented in the Family-Centered Care box. A common misconception about using cornstarch on skin is that it promotes the growth of *C. albicans*. Neither cornstarch nor talc promotes the growth of fungi under conditions normally found in the diaper area. Cornstarch is more effective in reducing friction and tends to cake less than talc when the skin is wet. On the basis of these properties and its safety in terms of inhalation injury, cornstarch is the preferred product. Talc should not be used.

Family-Centered Care

Controlling Diaper Rash

Keep skin dry.*

Use superabsorbent disposable diapers to reduce skin wetness.

Change diapers as soon as soiled—especially with stool—whenever possible, preferably once during