

unknown, although it is more common in early infancy, when sebum production is increased. The lesions are characteristically thick, adherent, yellowish, scaly, oily patches that may or may not be mildly pruritic. Unlike AD, seborrheic dermatitis is not associated with a positive family history for allergy, is common in infants shortly after birth, and is common after puberty. Diagnosis is made primarily by the appearance and the location of the crusts or scales.

Nursing Care Management

Cradle cap may be prevented with adequate scalp hygiene. Frequently, parents omit shampooing the infant's hair for fear of damaging the "soft spots," or fontanel. The nurse should discuss how to shampoo the infant's hair and emphasize that the fontanel is similar to skin anywhere else on the body; it does not puncture or tear with mild pressure.

When seborrheic lesions are present, direct the treatment at removing the scales or crusts. Education may need to include a demonstration. Shampooing should be done daily with a mild soap or commercial baby shampoo; medicated shampoos are not necessary, but an antiseborrheic shampoo containing sulfur and salicylic acid may be used. Shampoo is applied to the scalp and allowed to remain on the scalp until the crusts soften. Then the scalp is thoroughly rinsed. A fine-tooth comb or a soft facial brush helps remove the loosened crusts from the strands of hair after shampooing.

Special Health Problems

Colic (Paroxysmal Abdominal Pain)

Colic is reported to occur in 5% to 20% of all infants and is more prevalent in preterm and small for gestational age infants ([Savino, Ceratto, Poggi, et al, 2015](#); [Milidou, Sondergaard, Jensen, et al, 2014](#)). An organic cause may be identified in fewer than 5% of infants seen by physicians because of excessive crying ([Akhnikh, Engelberts, van Sleuwen, et al, 2014](#)). The condition is defined by the rule of threes: crying and fussing for more than 3 hours a day occurring more than 3 days per week and for more than 3 weeks in