





Perineal Skin Care / Diaper Dermatitis Management Guideline for Neonates/Infants

Skin Assessment	<ul style="list-style-type: none"> Intact skin No erythema 	After all meconium passed: <ul style="list-style-type: none"> Intact skin High risk for skin breakdown: NOWS, frequent stooling, malabsorption With or without erythema 	 <ul style="list-style-type: none"> Intact skin Erythema No <i>Candida</i>** 	 <ul style="list-style-type: none"> Intact skin Erythema Evidence of <i>Candida</i>** 	 <ul style="list-style-type: none"> Denuded skin* No <i>Candida</i>** 	 <ul style="list-style-type: none"> Denuded skin* Evidence of <i>Candida</i>**
Treatment Goals	<ul style="list-style-type: none"> Prevent skin breakdown 	<ul style="list-style-type: none"> Prevent skin breakdown Provide barrier 	<ul style="list-style-type: none"> Prevent skin breakdown Provide barrier 	<ul style="list-style-type: none"> Prevent skin breakdown Treat <i>Candida</i> Provide barrier 	<ul style="list-style-type: none"> Prevent further skin breakdown Provide barrier 	<ul style="list-style-type: none"> Prevent further skin breakdown Treat <i>Candida</i> Provide barrier
"Cavilon" No-Sting Barrier Film may be applied prior to application of any of the below products						
Treatment/Products	Vaseline	Desitin	Desitin	Antifungal Ointment (LIP order needed) and Desitin	Adapt Stoma Powder then Desitin If no improvement, use "sealing/crusting" technique	Antifungal Powder (LIP order needed) and Desitin If no improvement, use "sealing/crusting" technique
Application Instructions	Apply a thick layer of Vaseline over entire area to be protected (think "icing on a cake"). With diaper changes: <ul style="list-style-type: none"> Try to remove only stool Leave barrier of Vaseline on skin if possible Replace any Vaseline that was removed 	Apply a thick layer of Desitin over entire area to be protected (think "icing on a cake"). With diaper changes: <ul style="list-style-type: none"> Try to remove only stool Leave barrier of Desitin on skin if possible Replace any Desitin that was removed 	Apply a thick layer of Desitin over entire area to be protected (think "icing on a cake"). With diaper changes: <ul style="list-style-type: none"> Try to remove only stool Leave barrier of Desitin on skin if possible Replace any Desitin that was removed 	Apply antifungal ointment as ordered, gently rubbing into skin, then cover with Desitin (think "icing on a cake"). If no improvement in 48 hours, notify LIP to consider using a different antifungal. With diaper changes: <ul style="list-style-type: none"> Try to remove only stool Leave barrier of Desitin on skin if possible With scheduled anti-fungal applications: Gently remove Desitin and antifungal to allow assessment of skin, then reapply both products 	Apply Adapt stoma powder to denuded areas. May use cotton ball to spread evenly. Powder will stick to open skin. Apply thick layer of Desitin on top of powder. With diaper changes: <ul style="list-style-type: none"> Try to remove only stool Leave barrier on skin if possible Replace product that came off: <ul style="list-style-type: none"> Skin showing: Replace Adapt powder, then Desitin Adapt powder showing: Replace Desitin Sealing/Crusting Technique: <ul style="list-style-type: none"> Apply Adapt powder as described above, then dab with Cavilon to seal powder Allow to dry and repeat process Layer with Desitin 	Apply antifungal powder to denuded areas. May use cotton ball to spread evenly. Powder will stick to open skin. Apply thick layer of Desitin on top of powder. With diaper changes: <ul style="list-style-type: none"> Try to remove only stool Leave barrier on skin if possible Replace product that came off: <ul style="list-style-type: none"> Skin showing: Replace antifungal powder, then Desitin Antifungal powder showing: Replace Desitin Sealing/Crusting Technique: <ul style="list-style-type: none"> Apply antifungal powder as described above, then dab with Cavilon to seal powder Allow to dry and repeat process Layer with Desitin

*Denuded Skin: Skin with moist, open, oozing ulcerations.

**Candida infection: Beefy red skin with oval/ dotted lesions scattered at edges (satellite lesions), usually involves skin folds, skin may or may not be denuded. LIP order is required for antifungals.

NOTES: These products promote moist wound healing while protecting skin from further injury. Perform daily "butt bath" as needed. Use water and cleanser to gently loosen excess product and allow for better visualization of the perineal skin. Reapply product as needed. If no improvement seen in 3-5 days, consult with LIP and evaluate need for wound consult.

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Heimall, et al. 2012. Beginning at the Bottom: Evidence-Based Care of Diaper Dermatitis. MCN: The American Journal of Maternal Child Nursing, 37(1), 10-16
 Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). 2013. Neonatal Skin Care: Evidence Based Clinical Practice Guideline, 3rd Edition
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