

## Skin Care of the Neonate

### **SKIN CARE OF THE NEONATE**

#### Purpose:

To provide RNs with clinical practice recommendations for neonatal skin care based on the best available evidence. The goal is to optimize neonatal skin integrity through the provision of nursing care based on scientific principles and empiric evidence.

#### **Newborn Skin Assessment**

1. Assess skin condition daily for erythema, dryness, flaking, breakdown, rashes
2. Identify risk factors for skin injury
3. Try to determine cause of breakdown

#### **Bathing**

##### Initial:

1. Infant should be at least 2 to 4 hours old with a stable temperature
2. Caregivers should use universal precautions
3. Use water or a neutral pH cleanser; it is not necessary to remove all of the vernix

##### Routine:

1. Cleanse skin with a neutral pH cleanser
2. Do NOT bathe daily
3. Avoid rubbing; rinse with soft cloth or cotton balls
4. If <32 weeks, use warm water only

##### Immersion:

1. The water depth should be approximately 5 inches or deep enough to cover infant's shoulders while they are in a supported reclining position.
2. The water temperature should be 100.4° F.
3. Immediately dry and wrap infant in warm blankets when bath completed
4. Within 10 minutes, dress infants, change cap and wrap in dry, warmed blankets.

#### **Cord Care**

1. Initially, clean cord and skin with neutral pH cleanser or water.
2. Keep cord area clean and dry
3. Keep diaper folded and under cord to allow drying
4. Cleanse cord area with water if cord is soiled with urine and/or stool

## **Circumcision Care**

1. Immediately before procedure, cleanse skin with povidone-iodine or chlorhexidine
2. Remove skin prep completely with water after the procedure
3. If Gomco clamp was used: cover circumcised penis with petrolatum gauze
4. If Plastibell was used: no lubricants are necessary
5. Antimicrobial ointment is not routinely necessary
6. Clean site with water only for 3 to 4 days

## **Disinfectants**

1. Povidone iodine or chlorhexidine should be used for disinfection before invasive procedures
2. Remove prep completely with water after procedure
3. Avoid the use of isopropyl alcohol for skin prep or removal of povidone iodine or chlorhexidine

## **Diaper Dermatitis**

1. Frequent diaper changes using absorbent material to keep the skin dry between diaper changes
2. If a contact irritant dermatitis is diagnosed: apply a thick layer of zinc-oxide barrier. If this is ineffective, use a thick application of alcohol-free pectin paste covered with petrolatum or zinc oxide.
3. Treat underlying cause
4. Assess for Candida diaper rash; apply antifungal ointment/cream as ordered.
5. Avoid powders and antibiotic ointments when possible.

## **Emollients**

1. Infants of all gestational ages: apply emollient to dry, flaking or fissured areas q 12 hrs & prn.

## **Adhesives**

1. Use adhesives sparingly. Adhesives used may excoriate the skin or adhere to the skin surface so well that the skin can be separated from understructures and pulled away with the tape. Transpare tape can be safely applied directly to the skin of small infants.
2. Use semi-permeable dressings to secure catheters, central lines, IVs, nasal cannulas, NG/OG tubes
3. Consider pectin barriers for better molding and adherence
4. Use hydrogel adhesive EKG electrodes; remove and rotate electrodes minimally every 24 hours, or more frequently if skin injury is noted.
5. Use stretchy wraps for pulse ox probes ensuring not to restrict blood flow

6. Avoid solvents, bonding agents, adhesive bandages when possible
7. Remove adhesives slowly with water soaked cotton balls and lifting the tape carefully while applying pressure on the skin directly beneath the tape. Solvents used to remove tape tend to dry and burn delicate skin.

### **Skin Breakdown**

#### **Prevention:**

1. Use cotton surfaces, sheepskin
2. When necessary, use transparent dressings to prevent friction injury
3. The use of emollients to groin area and thighs can reduce urine irritation
4. To ease the removal of 'sticky' meconium from infants' skin, A&D ointment can be applied to the clean peri-anal area. The meconium will 'slide' off the skin instead of having to be 'scrubbed' off.

#### **Treatment:**

1. Irrigate with water using a syringe and Teflon catheter
2. Apply antifungal ointment for fungal rashes and breakdown per physician's order
3. Apply transparent dressings, hydrogel, or hydrocolloid dressings for discrete wounds

### **Intravenous Infiltration**

#### **Prevention:**

1. Avoid IV placement in areas difficult to immobilize whenever possible
2. Use transparent adhesive or clear tape so the site is visible
3. Do not infuse medications with a pH <5 and >9 through a peripheral IV site
4. Use insertion devices covered with plastic or silicone catheters

#### **Treatment:**

1. Stop infusion immediately and elevate the site
2. Administer therapeutic agents per order
3. Do not apply silver sulfadiazine, heat, or cold.

## **Skin Nutrition**

1. Ensure appropriate protein and fat intake and caloric intake

### References:

Association of Women's Health, Obstetric and Neonatal Nurses (2000). *AWHONN's Neonatal Skin care Evidence-Based Clinical Practice Guidelines*.

Whaley & Wong. (1999). *Nursing Care of Infants and Children*, 6<sup>th</sup> ed., Mosby, pg. 305-6,314-15, 320, 397.

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