





Nappy-associated dermatitis (NAD)

- Nappy-associated dermatitis (NAD), also known as nappy rash, is caused by prolonged exposure of urine and faeces to the skin (Health Direct Australia, 2015)
- The pH of the skin alters and damages cells, causing dermatitis or irritation (Schmid-Wendtner and Korting, 2006)

Prevention and treatment in neonates and paediatrics

	Neonatal skin barrier: <ul style="list-style-type: none"> • Skin barrier properties depend on the thickness and integrity of the stratum corneum (Telofski et al, 2012) • Full-term infants have a 30% thinner stratum corneum than adults and are less resilient (Stamatas et al, 2010; Blume-Peytavi et al, 2012) • Premature infants, particularly those of very low birth weight, are at increased risk of skin damage and infection 			
Skin condition				
	Intact skin Intact skin at risk of skin damage	Mild skin damage Irritated skin at risk of breakdown	Moderate skin damage Moderate erythema and small areas of damaged skin (<50% of affected area)	Severe skin damage Intense erythema and large areas of damaged skin (>50% of affected area)
Cleansing	<ul style="list-style-type: none"> • Change frequently or soon after soiling • Cleanse with warm water and/or emollient and wet gauze • Pat dry (no rubbing) or allow to air dry 			<ul style="list-style-type: none"> • Change frequently or soon after soiling • Cleanse with MEDI DERMA-PRO Foam and Spray Incontinence Cleanser (no rinsing required) • Pat dry (no rubbing) or allow to air dry
Skincare regimen	Apply MEDI DERMA-S Total Barrier Cream <ul style="list-style-type: none"> • A pea-sized amount to a palm-sized area • To the bottom, groin and genitalia • Apply twice daily 		Apply MEDI DERMA-S Total Barrier Film <ul style="list-style-type: none"> • To the bottom, groin and genitalia • Apply every 24–72 hours 	Apply MEDI DERMA-PRO Skin Protectant Ointment <ul style="list-style-type: none"> • A thin layer • To bottom, groin and genitalia • After every nappy change
Nursing recommendation	Assessment: <ul style="list-style-type: none"> • Observe and document changes in skin integrity • Assess frequency and consistency of stools on a daily basis • Consider differential diagnosis and dermatological referral • Look for features that may indicate bacterial secondary infection <ul style="list-style-type: none"> • Anticipate increased NAD risk from antibiotics, immunosuppression treatment or neonatal abstinence syndrome (NAS) 	Good practice: <ul style="list-style-type: none"> • Encourage regular nappy-free time as much as possible • Use skin barrier products that do not interfere with the absorbency of nappies <ul style="list-style-type: none"> • Encourage use of disposable gel core nappies • Reassess the skin-care regimen every 48 hours • In case of skin deterioration, contact a tissue viability nurse 		Avoid: <ul style="list-style-type: none"> • Baby wipes of any kind for neonates • Perfumed soaps and moisturisers • Powders, such as talcum powder • Thickly applied creams that can block the absorbency of nappies

References: Health Direct Australia. Baby rash. 2015. <https://tinyurl.com/yx6vrz9z> (accessed 15 January 2020); Schmid-Wendtner MH, Korting HC. The pH of the skin surface and its impact on the barrier function. *Skin Pharmacol Physiol.* 2006; 19(6): 296–302. Telofski LS, Morello AP 3rd, Mack Correa MC, Stamatas GN et al. The infant skin barrier: can we preserve, protect and enhance the barrier? *Dermatol Res Pract.* 2012; 2012: 198789. Stamatas GN, Nikolovski J, Mack MC, Kollias N. Infant skin physiology and development during the first five years of life: a review of recent findings based on in vivo studies. *Int J Cosmet Sci.* 2011; 33(1): 17–24. Blume-Peytavi U, Hauser M, Stamatas GN, Pathirana D, Garcia Bartels N. Skin care practices for newborns and infants: review of the clinical evidence for best practices. *Pediatr Dermatol.* 2012; 29(1): 1–14.



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