**Remember:**

Ask your nurse if you are unsure about anything about your child’s care.

**Additional instructions**

________________________________________________________

________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Developed by Annmarie Ormonde,
Dermatology Nurse Specialist.

Date issued: January 2017
Review date: January 2020

© 2017 Our Lady’s Children’s Hospital Crumlin, Dublin 12. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior written permission of the copyright holder. Every effort has been made to ensure that the information provided is accurate and in accord with standards accepted at the time of printing.
Introduction

- Nappy Rash (Napkin Dermatitis) describes a range of symptoms in the nappy area ranging from mild redness to associated infection and inflammation. It is quite common in infants. It also can be quite painful and uncomfortable.

- There may be red patches on your baby’s bottom, or the whole area may be red. The skin may look sore and feel hot to touch, and there may be spots, pimples or blisters.

**Causes of Napkin Rash**

- prolonged contact with urine (wee) or stools (poo)
- sensitive skin
- rubbing or chafing
- soap, detergent or bubble bath
- baby wipes
- diarrhoea or other illness
- Teething can also be a contributory factor.

It is not always possible to prevent nappy rash. However, if it occurs, these simple steps will help to manage it:

- Wash hands thoroughly before changing the nappy.
- Change wet or soiled nappies as quickly as possible and frequently e.g. 2 hourly.
- Gently clean skin with warm water and emollient based product such as Silcock’s base, or a non-irritant cleansing product recommended by the dermatology nurse.
- A bath may also help daily or every second day.
- Wash the nappy area with a soft cloth. Remove any residue on the skin with and dry area thoroughly in a patting motion. paying particular attention to skin creases.
- Female: Cleanse from front to back of genital area to reduce risk of infection.
- Liberally apply a protective barrier cream after every change. A water repellent ointment such as white soft paraffin.
- If your baby gets nappy rash you can treat it with a nappy rash cream. Ask your pharmacist to recommend one.
- If a steroid cream is prescribed by your doctor, discontinue after the prescribed time.
- A bright red rash with widely distributed lesions indicates a Candida infection which should be treated with an anti-fungal ointment.
- You’ll need to use an anti-fungal cream, available either from the pharmacist or on prescription from your GP. Ask your pharmacist or GP for advice.
- If after following the above steps for approximately 5 days the nappy rash remains severe or is not improving, link with your GP.
- Pain medication may also be required in the initial stages. This can be discussed with the dermatology nurse or team.
- If further advice is needed, contact a dermatology nurse specialist on 01 428 2646.