

GUIDELINE ON BATHING AN INFANT (Under 1)


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1.0 Introduction

Personal hygiene is an essential part of an infant's daily care in order to enhance comfort, promote self-esteem and prevent infection. Meeting the infant's hygiene needs during hospitalisation is a vital aspect of nursing care delivery (Trigg and Mohammed 2010). Each infant is individual in their hygiene needs and assessment of their requirements is made in conjunction with their parents/guardians, the infant's medical/surgical condition and the need for daily bathing. The cultural needs of the infant must be respected when attending to daily hygiene needs (OLCHC 2007, GOSH 2012).

Bathing provides an opportunity for nurses to involve parents/guardians in the care of their infant and to teach them the principles of bathing their infant. Ensure parents/guardians are included in all aspects of bathing their infant when present and negotiate bathing times to coincide with parents/guardians visits (GOSH 2012).

2.0 Definition of Guidelines

Guidelines represent the written instructions about how to ensure high quality services are delivered. Guidelines must be accurate, up to date, evidence-based, easy to understand, non-ambiguous and emphasise safety. When followed they should lead to the required standards of performance.

3.0 Applicable to

All Nursing staff including nursing students and Healthcare Assistant's.

4.0 Objectives of the Guidelines


There are two methods of bathing an infant- a full bath or a 'top and tail'. Small infants do not require a daily bath unless they are unwell, have had dirty nappies or specifically require bathing to care for skin conditions. Older infants may require a daily bath as they are more active. Sick infants may find a full bath too stressful, therefore a 'top and tail' may be more appropriate (Trigg and Mohammed 2010, Great Ormond Street Hospital (GOSH) 2012). Whether performing a full bath or 'top and tail' the infant's face, hair, nappy area and pressure areas should receive regular attention.

Bathing provides an opportunity for nurses to involve parents/guardians in the care of their infant and to teach them the principles of bathing their infant. Ensure parents/guardians are included in all aspects of bathing their infant when present and negotiate bathing times to coincide with parents'/guardians' visits (Trigg and Mohammed 2010, Hockenberry & Wilson 2013).

5.0 Guidelines

Equipment required:


- Bath
- 2 towels
- Low alkaline baby soap & shampoo
- Cream/ointment for buttocks/perineal area/skin if required

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- Fresh nappy
- Fresh clothes
- Weighing scales (if required)
- Dry wipes/wash cloth
- Cotton wool balls
- Disposable gloves and apron
- 2 cot sheets and blanket

5.1 Preparing the environment and equipment

	Action	Rationale & Reference
1	Explain procedure to parents/guardians and encourage involvement	To ensure parents/guardians understand the procedure and gain their trust and co-operation (Hockenberry & Wilson 2013)
2	Close windows and doors to keep the room warm and draught free	To ensure the temperature in the room is conducive to removing the infant's clothing
3	Prepare the environment by gathering the required equipment	For adequate preparation, readiness and ease of procedure (GOSH 2012)
4	If using a portable baby bath, place at a comfortable height on a safe secure stand or place on the floor	To prevent back injury/strain and to avoid the bath becoming unsteady
5	Wash hands before patient contact	To prevent cross infection (OLCHC 2013a)
6	Fill bath, running in cold water first then hot water until the bath water is warm/tepid and suitable for the infant's age, size, health and preference. The water should not be HOT. The water temperature should be checked by the nurse/parent/guardian by dipping her/his elbow into the water.	To prevent bathing in infant water which is either too cold or too hot (GOSH 2012, NHS 2013)


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5.2 Face care, eyes and ears


	Action	Rationale & Reference
7	Undress the infant to the nappy. Wrap the infant firmly in a towel enclosing the arms	To keep the infant warm and avoid splaying of the arms
8	Face, mouth and eyes: Prior to adding soap to the bath water, clean the infant's face and mouth with a clean wipe or wash cloth, then dry. Perform eye care only if there is discharge or a medical reason for cleansing. Use non-woven sterile gauze if performing eye care and 0.9% w/v Normal Saline	Refer to Eye Care Guidelines (OLCHC 2012) Note: do not use cotton wool on the infant's facial area as this may cause damage to the delicate skin around the eyes and may leave strands on the infant's face and nose.
9	Ears: Inspect infant's external auditory canal and cleanse gently with the damp wipe/cloth. Do not use cotton buds in the ear canal	Cotton buds should not be inserted in an infant's ears as perforation can occur due to pressure on the tympanic membrane (NHS 2014)


5.3 Hair care

	Action	Rationale & Reference
10	With the infant still wrapped up, lay the infant along your non-dominant forearm, cradling the infant's head in your hand	To maintain an safe and secure position for the infant
11	Holding the infant's head over the bath, scoop water up with your dominant hand and wet the infant's head	
12	Apply a small amount of mild shampoo (with parental/guardian approval) to the infant's head and shampoo gently	Taking care not to apply pressure to the fontanelle
13	Rinse the infant's head with clean water from the bath	
14	Return infant to the cot and dry his/her head with a soft towel	To prevent heat loss (Himsworth 2010)


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5.4 Body Care

	Action	Rationale & Reference
15	Add small amount of baby soap to bath water (with parental/guardian approval)	
16	Remove towel and nappy from the infant	
17	If infant's bottom is soiled, clean with moistened wipe/cotton wool, front to back	To ensure bath water remains free from faeces/urine
18	Evaluate skin condition, paying particular attention to the umbilicus, skin creases and any rashes or birth marks present	To observe, record, report and treat where possible, any skin problems
19	At this time, weigh infant if required	
20	Place infant in the bath by putting your non dominant arm under the infant's shoulders and holding the upper arm on the opposite side to you. The infant's head should rest naturally along the forearm for support. The infant's thigh on the opposite side can be held securely from behind by your dominant hand while lifting the infant into the bath	To maintain safety and comfort whilst holding the infant securely
		
21	The infants' thigh can be released once in the bath, continue to hold the infant's shoulders and arm gently but firmly. Using your 'free hand' wash the infant with wash cloth or wipes, paying special attention to skin creases around the neck, under arms, groin and buttocks	
22	Rinse soap from the infant's body	

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23	Interact with the infant during bath time by talking and smiling to them. Allow an older infant time to splash for a short time if appropriate.	Communication and play are important to the infant's development (Ginsburg et al 2007)
24	Observe the infant for signs of distress or heat loss during the bath- if signs appear remove from the bath immediately	Maintain safety of the infant at all times
25	Lift the infant from the bath in the same way as he/she was put into the bath, wrap in towel. Place on a cot and dry immediately	To maintain the infant's comfort and temperature (Himsworth 2010)
26	Ensure between the fingers and toes and skin creases are thoroughly dried	To maintain skin integrity
27	Apply barrier creams as appropriate to buttocks and put on a clean nappy. Apply any skin creams or ointments which may be prescribed	To reduce skin irritation due to urine and faeces To treat skin conditions as necessary, in accordance with medication safety standards (An Bord Altranais 2007) and OLCHC medication policy (2014)
28	Encourage parents to massage their infant at this time if the infant's condition permits	Infant massage promotes development, stimulation and bonding between the infant and her/his parents (International Association of Infant Massage Canada, 2009, NICE 2012, Mayo Clinic, 2015)
29	Dress the infant in age and gender appropriate clean clothes. Position the infant in a safe place e.g. car seat or baby bouncer/chair while making up the cot with fresh linen	To maintain the infant's safety and dignity
30	Dispose of dirty nappy in the appropriate bin and place linen in the appropriate linen skip	To prevent cross contamination (OLCHC 2011)
31	Place the infant in the cot, ensuring cot sides are in situ and the infant is warm	To maintain the infant's comfort and safety (Himsworth 2010)
32	Clean the bath with detergent and water and dry. If portable bath, bring to the sluice room and clean	To prevent cross contamination as per SOP for the Decontamination of Portable Baby Baths in OLCHC (2013b)
33	Remove apron and gloves and dispose in appropriate bin	To prevent cross contamination (OLCHC 2011)
34	Wash hands before leaving cubicle	To prevent cross infection (OLCHC 2013)
35	Document all cares including skin condition, handling and any urinary output or bowel motion	To maintain accountability through accurate recording of clinical practice (An Bord Altranais 2002, NHO 2013)

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'Top and Tailing'

	Action	Rationale & Reference
36	Follow points 1-6	
37	Wrap the infant in a towel/blanket	To maintain the infant's body temperature and dignity
38	Use a damp cloth or gauze swabs to clean the infant's face, neck and head	To attend to infant's hygiene needs
39	Use the spare towel to dry the infant's face, neck and head	To maintain the infant's temperature
40	Unwrap the towel/blanket from the infant's body and remove the nappy. Using wet cotton wool or wet wipes, clean the nappy area from front to back	Provides an opportunity to observe the infant's skin and nappy area for rash or redness
41	Place a new nappy on the infant and dress in age and gender appropriate clothes	To maintain dignity and comfort
42	Follow points 30-35	

6 Implementation Plan

Communication and Dissemination

- Guidelines available on hospital intranet
- Hard copies of the guidelines will be included in the Nurse Practice Guideline Folder in each clinical area
- Information will be circulated in NPDU Newsletter

7 Monitoring and / or Audit


Feedback from nursing staff on the guidelines to contribute to ongoing guideline development.

8.0 References

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