Crusting Technique in Severe Diaper Dermatitis-
A Quality Improvement Project at Children’s Hospital Colorado

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Disclosure Information
- I do not have anything to disclose

Objectives
- Define terminology
- Identify when the Crusting Technique would be an appropriate intervention
- Demonstrate proper application of the Crusting Technique
- Review patient case scenarios and discuss practice implementation
Diaper Dermatitis / IAD

- Incontinence-Associate Dermatitis (IAD) skin damage caused by exposure to urine or stool (Early, Moderate, Severe, Fungal)

Crusting Technique

- Cleansing skin, ensuring dry surface
- Applying barrier powder (Stoma or Fungal)
- Sealing with non-alcohol based liquid skin barrier (like Cavilon)
- Forms a crust to protect skin from caustic stool and urine

Crusting Technique

- Standard of care in ostomy world
- Inflammation and erosion/denudation of the skin due to prolonged exposure to urine or stool
Diaper Dermatitis / IAD

- Incontinence-Associate Dermatitis (IAD): skin damage caused by exposure to urine or stool (Early, Moderate, Severe, Fungal)

Lack of Evidence

- Team of 4 Wound/Ostomy nurses
- Providers and bedside RNs not adhering to “Crusting” orders
- Receiving resistance to Crusting Technique from providers because of:
  - Lack of understanding of technique
  - Lack of education/training
  - Lack of evidence
Quality Improvement

- Lack of evidence + lack of adherence = QI/Case Study
- Targeted Heme/Onc/BMT units
- Severe IAD

Summary of QI Study

- 6-month QI project
- 5pts
- Limitations

Case Study I

- 4mo, F, ALL (acute lymphoid leukemia)
- 43 Pts, 1.54 WBC
- Vancomycin
Case Study II

-18mo, F, ALL
-278 Plt, 6.4 WBC
-VARICELLA ZOSTER +

Conclusion

We believe the “Crusting” technique for diaper dermatitis is a viable treatment option for severe IAD and more research and evidence needs to be done.

References


