6.0 Nursing care

<table>
<thead>
<tr>
<th>Important Steps</th>
<th>Key Points</th>
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<tbody>
<tr>
<td>1.0 Handling</td>
<td>1.1 Handle gently.</td>
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<td>1.2 DO NOT RUB THE SKIN.</td>
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<td>1.3 Pat rather than rub the baby.</td>
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<td>1.4 To lift the baby, Place a blanket under the baby. Lift the baby using the blanket as a shield in between your hands and the baby. Roll the baby onto his side, place one hand beneath the bottom and another beneath the head, allow the baby to roll back onto your hands and lift in one movement.</td>
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<td>1.5 Avoid lifting babies from axilla.</td>
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<td>1.6 Request from clerk a sheepskin or egg crate for the babies crib. There may be need for an air bed which can be requested from the floor nurse clinical leader.</td>
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<td>1.7 Avoid the use of name bracelets to decrease friction on the wrist of the baby.</td>
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<td>2.0 Clothing</td>
<td>2.1 Dress the baby with soft, loose fitting clothing without any seams.</td>
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<td>2.2 Turn clothing with seams inside out, so that seams are facing outwards.</td>
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<td>2.3 Suggest to parents to purchase a full sleeper that includes feet.</td>
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<td>3.0 Shoes &amp; Socks</td>
<td>3.1 Dress the baby with soft, loose fitting shoes.</td>
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<td>3.2 Cut the elastics on socks.</td>
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<td></td>
<td>3.3 Use soft loose fitting shoes <a href="http://preschoolians.com">http://preschoolians.com</a> <a href="http://www.robeez.com">http://www.robeez.com</a></td>
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<td>4.0 Feeding</td>
<td>4.1 Use a Habermann nipple to avoid oral blisters.</td>
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<td>4.2 Habermann nipples can be purchased by parents in the SickKids specialty food store.</td>
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<td>4.3 For the breast feeding baby, apply Vaseline on the babies face prior to feeding to avoid friction contact with mothers skin.</td>
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<td>5.0 Pain</td>
<td>5.1 Refer to Pain Assessment in SickKids Hospital Policies and Procedures.</td>
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6.0 Elimination
6.1 Recurring blisters may arise in the bowel tract.
6.2 Assess for constipation.
6.3 Assess the anus - anal fissures along with anal scarring may occur.
6.4 Do not use rectal suppositories.
6.5 Ask doctor to prescribe a stool softener (Ex. Lactulose, Peg Flakes).

7.0 Nail Care
7.1 Do not remove dystrophic nails.
7.2 Advise parents to cut the nail only if the nail becomes too long.
7.3 A nail is too long if it poses a risk of injury to the surrounding skin.
7.4 Uremol 20% could be used to soften the nails.
7.5 Glove, apply dot of uremol 20% to nail and rub into nail.

8.0 Care of Blisters
8.1 Blister management is painful; provide pain control measures before popping the blister.
8.2 Ask doctor to prescribe Tylenol or Codeine 30 minutes before procedure.
8.3 Use Aseptic technique.
8.4 Very carefully puncture the blister with a sterile needle 30G.
8.5 Aim for several spots near the blister's edge as the blister may enlarge.
8.6 The blister may need to be punctured in multiple areas.
8.7 Do not apply pressure on top of the blister.
8.8 Let the fluid drain and collect with gauze, leave the overlying skin in place.

8.5 Supplies Needed:
• 30 G needle
• Few pieces of gauze

8.9 Changing Dressings
9.1 If the dressing sticks to the skin reassess the bandage.
9.2 Do not remove dressings that are stuck to the skin, soak with normal saline for about 15 minutes or until you feel the dressing will come off without lifting the skin.
9.3 Avoid daily dressings. If wounds are clean and healing well, do not clean again.
9.4 Clean with normal saline.
9.5 Gently pat skin to dry.
9.6 Apply the prescribed cream (Polysporin, Flamazine) using a tongue depressor thinly and evenly on dressing. Apply dressing.
9.7 Do not use Bacitracin or other antibiotics that are highly sensitizing.
9.8 Silicone dressings are the best choice (ex. Mepilex, Mepitel).
9.9 Cover wound with silicone dressings
9.10 If Mepitel is used, cover with Telfa, secure with Mepitac or cling.
9.11 Mepitel can be washed using tap water and re-used.
9.12 Silicone dressings can be used for up to 7 days.
9.13 **DO NOT USE TAPE ON SKIN** If tape is needed use Mepitac.
9.14 Demonstrate to caregivers a dressing application on an active blister.

10.0 Diaper Change

10.1 The goal is to decrease friction during diaper change.
10.2 For open blisters on bottom
   - Remove diaper
   - Do not rub the dirty skin
   - Apply KY jelly, Muco gel, or a Hydrocolloid gel such as Intrasite gel to a piece of gauze
   - Apply this gauze to area
   - Suggested Intrasite conformable can also be used.
   - During the next diaper change, use the already applied impregnated gauze to gently wipe the skin clean.
     - Replace the impregnated gauze.
     - Re- apply diaper

10.3 For closed blisters on bottom
   - Very carefully puncture the blister with a sterile 30G needle
   - Collect drainage with gauze
   - Do not de-roof the blister
   - Use water to clean the surrounding area