Purpose
To accurately and consistently document each episode of diaper dermatitis in Neonatal Intensive Care Unit patients, including: assessment, intervention(s), scan into Medication Administration Record, individualized plan of care, and problem list.

Background
NICU nurses do not have a standardized process to document the assessment and intervention(s) for diaper dermatitis episodes. As a result, the chart does not tell the story.

Providence Health & Services Oregon Region (Providence St Vincent Medical Center and Providence Portland Medical Center) has a Regional Diaper Dermatitis Algorithm and a Regional Neonatal Skin Care Procedure.

Assessment
Current research reports that the overall prevalence rate of diaper dermatitis in NICU patients is between 15-42%. Additionally, there is no “gold standard” in the prevention and treatment of diaper dermatitis, nursing practices varies widely across the United States. Many hospitals have developed their own treatment algorithms in an effort to standardize the care and treatment of diaper dermatitis. Most of the developed algorithms stress the importance of treating diaper dermatitis as an active problem and involving various disciplines (Wound Care, RN’s, Pharmacy, Neonatologists/Neonatal Nurse Practitioners, etc) to ensure timely and appropriate care.

Assessment continued
A survey of PSVMC NICU RN’s was conducted to determine charting practices during an episode of diaper dermatitis and functionality of the Regional Diaper Dermatitis Algorithm. The survey revealed 69% of nurses feel that diaper dermatitis is a problem in our unit. 62% of the nurses report that they do not follow the Regional Diaper Dermatitis Algorithm for various reasons (it’s ineffective, confusing and lacks details, ordering providers don’t follow the Algorithm, and personal/preprofessional preference). Many nurses don’t like the products we use to prevent and/or treat diaper dermatitis, 72% would like to trial new products. 80% of nurses do not open the diaper dermatitis cascade under skin assessment, most simply make a comment under Skin Assessment, however, most do not chart their interventions. 79% of nurses do not scan the medications they use to prevent and/or treat diaper dermatitis. 90% don’t add it to that patient’s individualized plan of care. Individualizing each patient’s plan of care with the treatment plan with ensure timely and appropriate care.

Chart reviews were completed at the same time to determine current practice of charting diaper dermatitis (the following parts of the chart were reviewed: Active Problem List, Skin Assessment, MAR, and Plan of Care). The statistics reported above were reflected in the chart review; additionally, diaper dermatitis was only added as an active problem in 4% of the charts. Including diaper dermatitis in the active problem list is important to cue the providers to follow the treatment algorithm and follow-up with the care team regarding issues.

Goals
To implement standardized charting for diaper dermatitis, addressing assessment, interventions, and results.

Intervention
Collaborated with IS to determine the appropriate section for nurses to chart their assessment and intervention during an episode of diaper dermatitis. Collaborated with NICU educator to determine the appropriate place to chart the individualized plan of care. Collaborated with an NNP to determine that the ordering providers will add diaper dermatitis to the active problem list.

Educate all RN’s on importance of charting consistency (open diaper dermatitis cascade) and of scanning medications into the MAR with each application; appropriate place to add individualized treatment plan. Educate ordering providers about importance of adding diaper dermatitis to the active problem list.

Next Steps
Complete chart audits to determine consistency and accuracy of charting an episode of diaper dermatitis.

Collaborate with Providence Portland Medical Center to revise the Regional Diaper Dermatitis Algorithm and the Regional Neonatal Skin Care Procedure.

References
