Texas Children's Hospital

BCM
Baylor College of Medicine

Texas Children's Hospital
Dermatology Service
PCP Referral Guidelines- Diaper Dermatitis

Diagnosis: **DIAPER DERMATITIS**

GENERAL INFORMATION:

- Diaper dermatitis, regardless of cause, can frequently recur until the patient is toilet-trained and out of diapers.
- Irritant contact dermatitis is favored when there are satellite papules/pustules and spares the inguinal folds
- Candidal diaper dermatitis is favored when there are satellite papules/pustules and often involves the inguinal folds.
- Cleaning recommendations
  - Can use a spray bottle or warm running water with soft wash cloth or flannel wipes to clean.
  - If necessary, use fragrance and preservative free wet wipes (e.g. Seventh Generation or Pampers Sensitive Brands)
- Barrier methods
  - Use thick layer ("like icing on a cake") of Vaseline or Aquaphor with each diaper change OR
  - Use thick layer ("like frosting on a cake") extra strength destin (40% zinc oxide). When changing the diaper, do NOT remove the "frosting". Just pat dry and put more frosting on. The only time, baby's skin on bottom should be seen is after a bowel movement or after bathing.
- Families should be reminded that topical steroids should not be used on a daily basis, only for short intervals during flares.
- If diaper dermatitis is refractory to treatment, especially if there is facial involvement, consider assessing for zinc deficiency.

TREATMENT RECOMMENDATIONS:

- **Mild:** Start hydrocortisone 2.5% ointment (or other Class 5 or 6 topical steroid) mixed in equal amounts with miconazole 1% cream (or other anti-Candidal alternative) twice daily until improvement is seen. Follow application with a thick layer of Vaseline or Aquaphor.
- **SEVERE:** Start triamcinolone 0.1% ointment (or other class 3 or 4 topical steroid) mixed in equal amounts with miconazole 1% cream (or other anti-Candidal alternative). Follow application with a thick layer of Vaseline or Aquaphor. Use twice daily for maximum 2 weeks. If rash is improved, but not completely resolved, then follow recommendations above for mild diaper dermatitis, until resolution.

REFERRAL GUIDELINES:

- Referral is not necessary if patient responds to therapy.
- Consider referral for severe diaper dermatitis, if there is insufficient improvement after 1-2 weeks of therapy.

Educational recommendations are made from the best evidence, expert opinions and consideration for the patients and families cared for by the service. This is NOT intended to impose standards of care preventing selective variation in practice that are necessary to meet the unique needs of individual patients. The physician must consider each patient's circumstance to make the ultimate judgment regarding best care.

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BARRIER OINTMENTS/PASTES

- Vaseline Petroleum Jelly
- Aquaphor Ointment (contains lanolin)
- Desitin Maximum Strength Barrier Cream (zinc oxide 40%)
- Boudreaux's Butt Paste Maximum Strength (zinc oxide 40%, contains Balsam Tolu Resin)
- Triple Paste (zinc oxide 12.8%, miconazole 1%, contains lanolin)

ANTI-CANDIDAL ALTERNATIVES

- Ketoconazole 2% cream (not currently covered by Medicaid)
- Miconazole 1% cream
- Nystatin 1% cream

TOPICAL STEROID ALTERNATIVES

Class	Agents
Class 6 (low potency)	Alclometasone dipropionate 0.05% ointment, cream Triamcinolone acetonide 0.025% cream Triamcinolone acetonide 0.1% cream Desonide 0.05% ointment, cream Fluocinolone acetonide 0.01% ointment, cream
Class 5 (medium potency)	Betamethasone valerate 0.1% cream Clocortolone pivalate 0.1% cream Fluocinolone acetonide 0.025% cream, oil Fluticasone propionate 0.05% cream Flurandrenolide 0.05% cream Hydrocortisone butyrate 0.1% ointment, cream Hydrocortisone probutate 0.1% cream Hydrocortisone valerate 0.2% cream Prednicarbate 0.1% ointment, cream Triamcinolone 0.025% ointment
Class 4 (medium potency)	Desoximetasone 0.05% cream Fluocinolone acetonide 0.025 % ointment Flurandrenolide 0.05% ointment Hydrocortisone valerate 0.2% ointment Mometasone furoate 0.1% cream Triamcionolone acetonide 0.1% cream
Class 3 (high potency)	Amcinonide 0.1% cream Betamethasone dipropionate 0.05% cream Betamethasone valerate 0.1% ointment Diflorasone diacetate 0.05% cream Fluticasone propionate 0.005% ointment Triamcinolone acetonide 0.1% ointment Triamcinolone acetonide 0.05% cream

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