

# Child With a Skin Condition

Chapter 36  
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## Introduction

- Important to know difference between adult skin and children skin
- Use this to guide thinking as reviewing chapter
  - Prevention
  - Care
  - Medication administration

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## Introduction: Skin is largest organ in the body

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|--------------------|-------------------------|
| ○ Skin layers:     | ○ Accessory structures: |
| ○ Epidermis        | ○ Sebaceous glands      |
| ○ Dermis           | ○ Sweat glands          |
| ○ Subcutaneous fat | ○ Nails                 |

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## Introduction

- Sensitive to:
  - Temperature
  - Touch
  - Pain
  - Pressure
- Common skin disorder classifications
  - Chemical
  - Allergic
  - Microbial
- Rashes (**exanthems**)
  - Allergies
  - Chemicals
  - Microbes

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## Wheals

- Round, elevated skin lesions, often temporary, that look white in the center and are surrounded by red inflammation
- Itchiness treated with antihistamine (topical, oral, or IV)

**Bites**



**Urticaria**



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## Skin and Childhood: Neonatal skin

- Thin
- Lanugo: fine soft hair that sheds within 28 days
- Little subcutaneous fat
- Rapid heat loss
- Body water loss through evaporation
- Milia: clogged pores
- Skin exam important! Included in Meditech

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### Skin and Childhood: Infant skin

- More sensitive than adult
- Thin
- Bruise easily
- Skin more reactive/sensitive to variety of factors

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### Skin and Childhood: Macular rash

- Flat
- Circumscribed boundaries
- Color changes



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### Skin and Childhood: Papular rash

- Raised
- Solid lesion
- Circumscribed boundaries
- Color changes



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### Skin and Childhood: Vesicle

- Raised
- Fluid filled
- Circumscribed boundaries
- NOT blisters
  - Vesicle: 5-10 mm
  - If larger: considered blister



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### Skin and Childhood: Assessment

- Check for rashes (discusses previous slides)
- Note discomfort, tenderness, pruritus
- Check for presence of hives (urticaria)
- Check hair shafts for infection, nits, or pus
- Ask about travel history
- Ask about allergies
- Ask about exposure to new foods
- Ask about new soaps/detergent/lotion

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### Special Considerations for Children

- Difficulties keeping hands away from lesion/wound
- Avoid picking or manipulating wound
- Keep wound covered
- Teach good hand hygiene to prevent spread of infection to other areas of skin

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### Special Considerations for Children Aggravation of Skin Disorders

- Heat irritates rash; avoid heat packs
- Apply cool compress, cool water bath
- Baking soda paste, calamine lotion, oatmeal paste, oral antipruritic/antihistamine
- Offer distraction
- NEVER powder or corn starch

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### Special Considerations for Children Heat Rash

- aka "Prickly Heat"
- Dressing young children too warmly
- Exposure to high heat and humidity
- Causes blocked sweat ducts
- Blisters form (neck, chest, shoulders)
- Described as "prickly"
- Treatment same as previous slide

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### Special Considerations for Children Delayed Wound Healing

#### Causes

- Dry wound base environments
- Nutritional deficiencies
- Issues with circulation
- Chronic illnesses
- Infection
- Medications

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### Special Considerations for Children Preventing Spread of Infection

- Nursing:
  - PPE and contact isolation
- At home:
  - Hand washing!!
  - Isolate from others if necessary
  - Follow CDC guidelines for isolation

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### Special Considerations for Children Clothing Suggestions for Children

- Loose, comfortably fitting cotton clothing
- Clothing that wicks perspiration and secretions away from rash/lesion
- Wash soiled clothing/linen separately

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### Common Skin Disorders: Contact Dermatitis

- AKA "Diaper Rash"
- Assessment:
  - Bright red maculopapular rash in area between skin and diaper
  - Contiguous boundaries without satellite lesions
  - Weeping of skin rash
  - Irritability or inconsolability of infant

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### Common Skin Disorders: Contact Dermatitis

- Nursing considerations
    - Keep skin clean/dry ← change diaper frequently
    - Mild soap and water
    - Layer vitamin A and D or zinc-oxide ointment
    - Determine if allergy
- \*\*good info page 643 in orange box\*\**

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### Common Skin Disorders: Contact Dermatitis



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### Common Skin Disorders: Poison Oak and Poison Ivy

- Usually shows in 1-2 days
- Delayed reaction possible; 5-25 days post exposure
- Rash is not contagious – comes from oily sap from plant
  - Inadequate removal of sap causes contamination/spread
- Severe pruritus, red streaks
- Vesicles that break and crust
- If child has breathing issues; may have inhaled smoke from burning branches/leaves

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### Common Skin Disorders: Poison Oak and Poison Ivy

- Interventions
  - Wash skin to remove all plant oils
  - Wash entire surface of skin and scalp
  - Do not touch other body parts; avoid cross-contaminating
  - Wash clothing separately
  - Clean car upholstery, if necessary
  - Calamine lotion
  - Topical or oral antihistamines

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### Common Skin Disorders: Poison Oak and Poison Ivy



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### Common Skin Disorders: Cellulitis

- Bacterial infection of skin
- Recent trauma, puncture wound, sinusitis, impetigo, otitis media
- Usually found on face, eye orbit, arms, and legs
- Spreads rapidly
- IV or oral antibiotics

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### Common Skin Disorders: Cellulitis

- Assessment
  - Inspection and palpation
- Nursing considerations
  - Broad spectrum antibiotic
  - Contact precautions
  - Blood cultures

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### Common Skin Disorders: Cellulitis



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### Common Skin Disorders: Eczema

- Autoimmune pruritic superficial inflammatory skin disorder
- "atopic dermatitis"
- Reaction to stress, allergic reaction
- Usually on face first
- Red, raised papules
- Diagnosed between infancy and age 5
- Many triggers, see page 645

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### Common Skin Disorders: Eczema

- Assessment
  - Gather history (including allergies)
  - After face, spreads to scalp and arms, elbows
- Nursing considerations
  - Prevent scratching/spread
  - Avoid fragrance/dyed topical ointments
  - Avoid tight fitting clothing

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### Common Skin Disorders: Eczema



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### Common Skin Disorders: Thrush

- Yeast-like fungus
- Warm, moist areas (skin folds)
- Common when on antibiotic therapy
- Assessment
  - Itching, burning irritated areas
  - White plaques in mouth, bright red under patches

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### Common Skin Disorders: Thrush

- Nursing considerations
  - Thin layer antifungal cream on skin
  - Healing ointment on top of antifungal
  - Cool water soaks
  - Loose fitting cotton clothing
  - Antifungal oral suspension if in mouth
  - Alternative food options if in mouth due to change of taste

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### Common Skin Disorders: Thrush



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### Common Skin Disorders: Ringworm

- Cutaneous fungal infection
- Acquired through close personal contact and infected pets
- NOT caused by worms



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### Common Skin Disorders: Ringworm

- Several types
  - Tinea capitis: scalp and hair
  - Tinea pedis: athlete's foot
  - Tinea unguium: fingernail/toenail fungal infection
  - Tinea cruris: jock itch
  - Tinea corporis: groin, extremities, trunk
  - Tinea versicolor

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### Common Skin Disorders: Ringworm

- Assessment
  - Tinea capitis: Hair loss on scalp
  - Tinea pedis: intense itchiness in area. Possible fissures
  - Tinea corporis: ring-shaped lesions. Hyperkeratotic borders. Center of ring may be clear or pink, ring consists of vesicles

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### Common Skin Disorders: Ringworm

- Nursing considerations
  - Especially high risk when wearing shared equipment; keep CLEAN
  - Topical antifungal medication
  - Sandals in public showers

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## Common Skin Disorders: Scabies

- Assessment
  - Severe itching (worse at night)
  - Characteristic red lines with bright, red patchy lesions
  - Rashes that intensify between fingers, wrists, buttocks, knees, elbows, and genitals
- VERY contagious
- Tiny insects that burrow deep into skin
- Incubation period: 1-2 months after contact with infected person

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## Common Skin Disorders: Scabies

- Treatment
  - Scabicide cream
  - ENTIRE family may need treatment
- Nursing considerations
  - Contact precautions
  - Wash ALL clothing/linen in HOT water. Wash sheets DAILY until mite free
  - Vacuum furniture, floors, carpet, and car interior
  - Follow school requirements for returning

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## Common Skin Disorders: Scabies



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## Common Skin Disorders: Impetigo

- Superficial infection on skin
- Mainly on face or extremities
- Round, oozing lesions
- Highly contagious
- Can spread to other parts of body by scratching and passing bacteria

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## Common Skin Disorders: Impetigo

- Assessment
  - Macular rash progresses to papular rash then vesicular rash then pustule
  - Vesicles rupture and ooze
  - Oozing lesion crusts over
  - \*\*Note that initial assessment may appear to look like cigarette burns, careful assessment is necessary

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## Common Skin Disorders: Impetigo

- Nursing considerations
  - Topical or oral antibiotics
  - Soaking lesion and gently washing to remove crusts
  - Nails should be cut short
  - Prevent scratching
  - Good handwashing

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### Common Skin Disorders: Impetigo



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### Common Skin Disorders: Lice

- Highly communicable parasites
- Spread via hairbrush/comb, linen, coats, hoods, clothes, hats
- Can infest couch, bed, or car upholstery
- Need DIRECT contact to spread
- Intense itching from: crawling behaviors, feeding behaviors, and waste products of adult lice

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### Common Skin Disorders: Lice

- Assessment
  - Search for adult lice or nits (nit 1-2 mm in diameter)
- Nursing considerations
  - Treat with pediculicide
  - Nits must be removed meticulously, one by one
  - Combs/brushes to be replaced
  - Linen all washed in HOT water

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### Common Skin Disorders: Lice



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### Common Skin Disorders: Acne

- Skin condition associated with clogged pores
- Increased androgens in teenagers = main cause
- Normal bacteria on skin contributes to acne
- Severe cases of acne called "acne vulgaris"

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### Common Skin Disorders: Acne

- Assessment
  - Presence of clogged pores and comedones
  - Physical scarring?
  - Emotional impact on self esteem
- Nursing considerations
  - Appropriate skin care
  - Medications if necessary

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### Common Skin Disorders: Acne



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### Common Skin Disorders: Vitiligo

- Condition of depigmentation or loss of natural skin color
- No known cause
- Progressive, acquired absence of melanocytes in skin
- May impact eyes and hair color
- Can cause emotional distress

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### Common Skin Disorders: Vitiligo

- Nursing considerations
  - Provide families with information on treatment/enhancements
  - Surgical procedures are under study
    - Skin grafts
    - Cultured and non cultured cellular transplantation

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### Common Skin Disorders: Vitiligo



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### Common Skin Disorders: Burns

#### TYPES

- Electrical: caused by electrical current
- Thermal: caused by contact (heat burns)
- Chemical: exposure to caustic chemical
- Radioactive: caused by ionizing radiation
- Immersive: immersed in scalding water

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### Common Skin Disorders: Burns

- Assessment
  - Find percentage burned
  - Rule of nines (next slide)
    - Late adolescent or adult
  - Calculate child's fluid resuscitation
- Minor burns: less than 10% of body surface area (BSA)
- Major burns: greater than 10% BSA, or any involvement of respiratory tract

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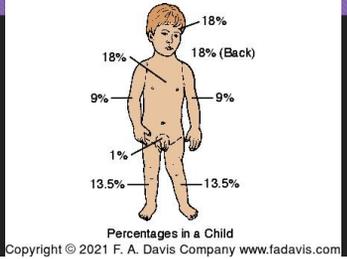
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### Common Skin Disorders: Burns RULE OF NINES

Modified percentages for body surface area of a child



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### Common Skin Disorders: Burns

- Nursing considerations
  - Remove source of burn
  - Cool water (NOT ICE)
  - Cool, moist, clean cloth on burn to prevent heat loss
  - Pain medication
  - Stabilization of child airway and provide fluids
  - High infection risk

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### Common Skin Disorders: Tattoo and Piercings

- Body modifications
- Goal for healthcare team: prevent infection
- Assessment
  - Redness, warmth, drainage, discomfort, rash
- Nursing consideration
  - Educate on tattoo/piercing care
  - Educate on risks of not using licensed professional

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### NCLEX Question

The mother of a 13-year-old is upset because the child had a tattoo placed on the upper arm. What should the nurse instruct this mother?

- a. Apply sunblock over the tattoo
- b. Cleanse the area with rubbing alcohol
- c. Wash the area with hot water and soap
- d. Dab the area with hydrogen peroxide daily

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### NCLEX Question

**a. Apply sunblock over the tattoo**

Sunblock lotion or cream should always be applied to a tattoo. Solutions with hydrogen peroxide or alcohol should not be used as they may cause an interference with healing. The tattoo site should be cleansed with mild soap and water daily. A child with a new tattoo should not swim, soak in baths, or use a hot tub until the skin on the tattoo is completely healed.

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