

WET DRESSING FOR DERMATOLOGICAL CONDITIONS PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- The primary treatment of eczema (atopic dermatitis) involves the management of pruritus and dryness of the skin.
- Due to the chronic nature of the condition, fastidious management and comprehensive education for the parents/carers is essential to support ongoing treatment outside of the hospital.
- Wet dressings are applied in conjunction with topical steroid and moisturisers.
- Wet dressing applications are usually prescribed 2-3 times per day in order to restore moisture to the skin.
- If a child requires a third dressing change and the patient is under the care of the Hospital in the Home (HITH) team it is the responsibility of the parent/carer to apply the third dressing of the day.
- The use of distraction techniques during the dressing helps to make the process more relaxed.
- Bleach baths and antibiotic therapy may be used as adjuncts when prescribed.
- Some children with infected eczema may require hospitalisations for intravenous antibiotics.
- Adhesive urine bags and skin tapes are not to be used on these patients. Plastic identification bands can be pinned to the child's clothing rather than directly secured onto the skin surfaces.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline	
Date Effective:	1 August 2016	Review Period: 3 years
Team Leader:	CNE	Area/Dept: Hospital in the Home

CHANGE SUMMARY

- SCHN document
- Replaces CHW Procedure No: O/C/06:8094-01:02 due for mandatory review.
- No major changes have been made to the document; however there have been several minor changes/updates made throughout the document.

READ ACKNOWLEDGEMENT

- HITH staff are required to read and acknowledge the document.
- Nursing staff and clinicians caring for patients with dermatological conditions requiring wet dressings should read the document.

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1 Introduction

Childhood eczema is a common itchy, superficial inflammatory skin disease that usually develops during early childhood ^(1,6). Eczema is characterised by a number of symptoms depending on severity ranging from a minor irritating rash to the more severe persistent eczema involving more complex long term symptoms ⁽¹⁰⁾. Treatment of eczema aims to decrease the associated symptoms, improve quality of life and reduce the severity and frequency of flares and involves patient education, regular use of emollients, topical corticosteroids and the application of wet dressings ⁽⁵⁾.

2 Wet Dressings

For the management of acute symptoms of eczema wet dressings are used to reduce the associated pruritus and inflammation by improving the penetration of topical corticosteroids, cooling and hydrating the skin and reducing discomfort ⁽⁴⁾. In addition, wet dressings provide a temporary protective barrier from skin trauma associated with scratching due to itch. They promote healing and support anti-infective treatment where present ⁽³⁾.

Most patients with eczema requiring wet dressing treatment are managed in the home environment. Nurses from the Hospital in the Home (HITH) Service visit twice a day to attend to dressing changes and to educate the parents about eczema, its treatment and in recognising and minimising the triggers for eczema. Parent education also involves clear instructions and hands on demonstration of the application of wet dressings. This enables the parents to subsequently initiate treatment early if their child has a relapse and improve adherence to treatment therapy ⁽⁹⁾.

The following should be noted:

- Some children with infected eczema may require hospitalisation for IV antibiotics.
- Adhesive urine bags and skin tapes are not to be used on these patients. Plastic identification bands can be pinned to the child's clothing rather than directly secured onto skin surfaces.
- A thorough history regarding allergies should be obtained from the parent and all known allergens avoided. An Allergy Skin Prick Test may be organised by the treating team to determine suspected allergens.
- Wet dressing application is usually prescribed twice or three times per day. If a child under the care of the HITH team requires a third dressing then the parents will be responsible for application of that dressing.
- The final dressing for the day should be done immediately prior to the child's usual bedtime, if possible. This alleviates itch and allows the child a comfortable night's sleep.
- For children less than 2 years the face dressing must be removed prior to overnight sleep and the child should sleep with their head a face uncovered to promote safe sleeping practices and comply with Sudden Infant Death Syndrome (SIDS) guidelines ⁽⁸⁾. If the child wakes overnight moisturiser should be re-applied to the face.
- Antihistamines should not be routinely used in the management of eczema in children. In children with severe eczema where there is severe itching or urticaria a trial of non-sedating antihistamine may be ordered to minimise the itch and prevent the child from

scratching and causing further infection ⁽⁷⁾. Sedating antihistamines are not recommended and should not be used in young children without specialist supervision ⁽²⁾.

Distraction Techniques

The use of distraction techniques during the dressing helps to make the process more relaxed. Playing children's music, singing songs, playing games or watching TV during the dressing may make it a more pleasant experience for everyone.

The Ward Child Life Therapist (Play Therapist) can be contacted if there are significant problems with anxiety regarding the dressings.

3 Equipment

- Creams +/- ointment and moisturiser
- Clean bowl filled with warm water
- Bath oil
- Bandages
- Cotton linen (laundry department) or commercially prepared Wet Dressing Garments e.g. Tubifast® Garments may be supplied by the parents
- Tubifast® - or similar cotton stretch bandaging

Usually, wet dressings are attended 2-3 times a day. Clean linen, Tubifast garment or bandage is used at each dressing change. For non-infectious eczema, retention bandages are reused unless soiled, in which case they are discarded. Tubifast garments or stretch bandages are washed as per manufacturer's instructions. Cotton linen can be machine or hand washed with sensitive or hypoallergenic range of laundry detergents in hot water and tumble dried on low or air dried. Bleach or fabric softeners should not be used.

4 Procedure

1. Explain the procedure to the child and parents/carers. Encourage care givers to participate in the wet dressing process. The child may require wet dressings in the future and the parents will be enabled to attend to treatment regimens at home, thereby preventing a hospital admission.
2. Report any oozing and swab moist skin lesions prior to dressing application.

Bath:

3. A 2-3 minute daily bath is attended with additives as ordered by the Medical Officer (usually QV® oil). Gently pat excess water without fully drying or rubbing the skin.
4. Sometimes patients with signs of localised infection may be ordered a bleach bath 3-4 times per week. For further information on bleach baths for eczema please refer to: http://chw.schn.health.nsw.gov.au/ou/immunology/resources/allergy/atopic_dermatitis/bleach_baths_for_eczema.pdf

Dressing:

5. Apply a small amount of topical steroid over all affected eczematous areas. Apply sparingly, sufficient to make the skin shine. Rub in well. As a guide, one fingertip unit (FTU) is the amount of ointment from the first bend in the finger to the fingertip will cover an area equal to two adult hands ⁽²⁾.
Note: *Different steroid creams and ointments may be used for the body and face.*
6. Apply the moisturiser as ordered over the topical steroid to the entire body, being generous with the application and massage well into the skin. Dermeez® is the most commonly used moisturiser. Other emulsifying ointments such as Eucerin®, which may be difficult to rub into the skin and can be mixed in a clean container with water to form a cream. It is recommended that the moisturiser is decanted using a spatula or spoon rather than fingers then be applied to the skin to avoid cross contamination. Moisturisers should be used daily as maintenance therapy even when there are no symptoms of eczema to keep the skin hydrated. Moisturisers are critical to decreasing flare ups and minimising relapses ^(3,9).
7. Linen pieces or Tubifast® garments or bandages should be soaked in warm water and applied to the affected areas, using a few layers. Bath oil can also be added to the water if desired for extra moisturising. These should not be dripping, but sufficiently wet to remain damp until the next dressing. Between dressing changes parents may spray the base layer with warm water from a clean trigger pump to prevent the dressings from drying out.
8. Where linen pieces are used wrap with crepe bandages. Ensure bandages are applied firmly but not tightly as to impede circulation and comfort. Bandages assist in keeping the linen damp and in place. Do not allow the bandages to come in contact with bare skin, as they are rough and can irritate sensitive skin. Apply tubular bandages over dressings to keep the dressings in place. A vest can be made out of large size Tubifast® by cutting slits near the top as armholes.
9. When wet Tubifast® is used as the base layer a second dry layer is applied to secure and help retain moisture in the base layer

Dressing for the Face:

- Apply the prescribed topical steroid as charted and then moisturiser over the affected area
- Cut a piece of linen or Tubifast® to create a face mask.
- Soak in warm water.
- Apply to face and cover with crepe bandage or second layer of Tubifast® A Tubifast® 'cap' may be applied to the head to hold dressing in place.
- Ensure the mask does not cover eyes, nose or mouth.
- A separate dressing may be required around the neck if it severely affected. Ensure bandages are not too tight around the neck.

Note: Face dressing must be removed for children less than 2 years prior to overnight sleep to promote safe sleeping practices as per SIDS Guidelines.



Fig 1. Example of a face mask

5 Wet dressing for a child with Impetigo

Impetigo is a bacterial infection of the skin. The main type of bacteria responsible for Impetigo is *Staphylococcus aureus*. It usually begins as a focal erythema and progresses to pruritic vesicles, erosions and honey-coloured crusts. Impetigo can present as blisters or as thick yellow crusts. Impetigo is not usually painful or itchy, and does not affect the child systemically.

Impetigo is highly contagious through contact with discharge from the lesions. The child should be isolated until the lesions/blisters have dried. Education is provided regarding personal and environmental hygiene to prevent the risk of contagious spread to close contacts.

Equipment

- As for Wet Dressing

5.1 Procedure

- As for Wet Dressings plus the following changes:
 - **Bath:** Olive oil may be applied to lesions prior to bathing to help remove scabs. Replaced with QV oil if prescribed.
Note: Occasionally bleach baths may be prescribed. Refer to: [Bleach Baths for Eczema](#)
 - Salt or bleach baths may be prescribed to dry lesions
 - Wash hair with water or lotion that has been prescribed.

- Cover affected areas completely with a base layer that has been soaked in warm water or a recommended dressing. Salt or bleach may be added to water to help dry lesions as prescribed.

6 Education

Parents must observe the dressing procedure and participate as soon as possible as parents will often be expected to continue dressings at home. Parents will be educated by the HITH nurses and given full practical and written instructions on application techniques. Information is available for parents via the [Fact Sheets and Homecare Guidelines](#) listed below.

7 Related information

- **Wet Dressings Homecare Guideline:**
<http://chw.schn.health.nsw.gov.au/o/documents/policies/homecare/2006-8120.pdf>
- **Bleach Baths for Eczema** (Allergy and Immunology CHW) Information sheet:
http://chw.schn.health.nsw.gov.au/ou/immunology/resources/allergy/atopic_dermatitis/bleach_baths_for_eczema.pdf

Fact Sheets

- **Eczema:** <http://www.schn.health.nsw.gov.au/files/factsheets/eczema-en.pdf>
- **Impetigo:** <http://www.schn.health.nsw.gov.au/files/factsheets/impetigo-en.pdf>

8 References

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