



GUIDELINE

Cares, Hygiene and Clothing

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Infant Cares:

Involve parents in infant cares and discuss scheduling of infant care with parents.

Infant cares include:

- Positioning
- Nappy changes
- Mouth cares
- Hat releases if on CPAP
- Application of [coconut oil](#) if < 30 weeks gestation

Recommended frequency:

Ventilated Infants

- Stable: 4-6 hourly repositioning / nappy changes/ mouth cares.
- Unstable: 6 hourly position changes / nappy changes/ mouth care. Longer than 6 hours after discussion with senior nursing staff or at direct order from medical staff. These infants should have pressure relieving devices in use.

CPAP Infants

- 3-4 hourly hat releases / repositioning / nappy changes/ mouth care to correlate with feed times.

Infants on full enteral feeds (not on CPAP or Ventilated)

- Continuous milk feeds: 2 hourly observations, 4 hourly PA temperature, 4-6 hourly nappy change and cares.
- 2 hourly feeds: 2 hourly observations, 4 hourly PA temperature, 4-6 hourly nappy change and cares.
- 3 hourly feeds: 3 hourly PA temperature and observations 3-6 hourly nappy change and cares.

Hygiene

Regular bathing or washing of the skin using lotions and soaps in the sick or preterm infant has been shown to alter the skin pH. The acid mantle and natural flora of the skin is an important defense against infection.

The procedure of washing or sponging the sick or preterm infant can cause significant stress. As seen by episodes of desaturation, increase or decreases in the heart rate, hypothermia. It can take some infants up to 1 to 2 hours to recover.

Wherever possible washing of an individual baby should involve parents and be integrated into other cares, such as [weighing](#).

This guideline is to provide a guide in meeting the hygiene requirements of infants requiring Level 3 and Level 2 care within the NICU. Discuss individual requirements outside of these guidelines with CNC on duty.

Medically stable infants requiring CPAP or HHF may be bathed by their parents if deemed appropriate by the Consultant /Senior Registrar and Clinical Nurse Consultant covering that area. This must be documented in the baby's notes to facilitate consistency between staff.

What to use for washing and nappy changes?

Water Wipes will be used for all washes and nappy changes for:

- All Level 3 babies in SCN3 and SCN2 - including Term babies
- All babies in incubators
- All babies less than 1500g
- All babies with intravascular devices

Each baby will have their own packet of WaterWipes.

The above babies will be washed every **four** days using Waterwipes.

They will have 1% Chlorhexidine lotion applied second daily.

Refer to [Chlorhexidine Wash Procedure](#).

Face area:

The face area should be washed with sterile water and cotton wall balls.

Wash Procedure

One to three hours before wash perform hand hygiene and remove sufficient WaterWipes from the packet and place in clean container. Place container in incubator to warm wipes. Proceed with wash working from head to toe. Use sterile water and cotton wool for face area. If more Waterwipes are required perform hand hygiene prior to removing from packet. Collect used wipes in brown paper bag for disposal at end of wash.

Possible exceptions: Level 3 babies in SCN2 who are > 35 weeks and maintaining temperature in an open cot but still requiring CPAP or HHF. In order to facilitate family integrated care these babies may be considered for routine bathing.

This should follow discussion with the relevant Consultant/CNC involved. Water for the bath should be drawn from the bath tap located at the rear of SCN2 (KEMH). This must be documented in the baby's notes to facilitate consistency between staff.

Nappy Change Procedure

Perform hand hygiene and remove sufficient wipes for a wash from WaterWipes packet and place in clean container. Continue with nappy change, place dirty nappy and WaterWipes in brown bag for disposal. If more Waterwipes are required perform hand hygiene prior to removing from packet.

Infants Graded Out of Incubators

- After successfully grading out of incubator into perspex cot infants are to continue with the "Waterwipes" regime for 48 hours. Waterwipes are to be warmed on radiant warmer prior to use.
- If baby is a Level 3 baby, is < 1500 grams or has peripheral IV then to continue with "Waterwipes" regime until these criteria no longer apply.
- If after 48 hours infant has maintained its temperature in the cot then infant may have a bath. The first bath an infant receives is a very significant milestone for parents. The first bath must be discussed with parents and an agreed time for the bath between nursing staff and parents arranged. The first bath is undertaken by the nursing staff with parents being taught how to bath their infant. Infants need baths only every 2-3 days. Babies who are not Level 3 babies in SCN3 or SCN2, who are not in incubators, who are greater than 1500 grams and do not have intravascular devices can have their washes/baths using tap water (apart from their faces which should be washed using sterile water and cotton balls).

Infant Clothing:

Parents are to be included in the choice of clothes for the infant to wear from the clothing provided by the hospital.

Parents may bring clothes in for their infant to wear if their infant is clinically stable (including those on CPAP and HHF).

The clothing and infant needs to be approved by the CNC for the area and this documented in the infant care plan. Parents must be informed that the clothes may become lost if the clothes are inadvertently put into the hospital laundry.

Suitable clothes must have:

- Fasteners on the front.
- Hands and feet of the baby uncovered by the clothes.
- And the clothes cannot require excessive manipulation of the limbs or over the head application.

Related CAHS internal policies, procedures and guidelines

Neonatology Guideline

- [Chlorhexidine Wash Procedure](#)
- [Parenting in the Neonatal Unit](#)
- [Skin Care Guideline](#)
- [Weight, Length and Head Circumference](#)


Neonatology Medication Protocol

- [Coconut Oil](#)

References and related external legislation, policies, and guidelines

1. Allwood M. Skincare guidelines for infants aged 23-30 week's gestation: a review of literature Neonatal, paed & Child health Nurs., 2011, 14(1)
2. John Hunter Children's NICU guidelines
3. Lovejoy-Bluem, A. Newborn Skin Care Guidelines. Neonatal Network. 2014, 33(4)
4. Lund, C., Kuller, J., Lane, A., Lott, J., & Raines, D. (1999) Neonatal skincare: Clinical outcomes of the AWHONN/NANN evidence-based practice guideline. J Obstet, Gynaecologic, & Neonatal Nursing, 28(3), 241-254.
5. Lund, C., Osborne, J., Kuller, J., Lane, A., Wright, J., & Raines, D. Neonatal skincare: Clinical outcomes of the AWHONN/NANN evidenced-based clinical practice guideline. J Obstet Gynecol Neonatal Nurs. 2001; 30, (1) 41-51.

This document can be made available in alternative formats on request.

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