

# Fever, Child

A fever is a higher than normal body temperature. A normal temperature is usually 98.6° F (37° C). A fever is a temperature of 100.4° F (38° C) or higher taken either by mouth or rectally. If your child is older than 3 months, a brief mild or moderate fever generally has no long-term effect and often does not require treatment. If your child is younger than 3 months and has a fever, there may be a serious problem. A high fever in babies and toddlers can trigger a seizure. The sweating that may occur with repeated or prolonged fever may cause dehydration.

A measured temperature can vary with:

- Age.
- Time of day.
- Method of measurement (mouth, underarm, forehead, rectal, or ear).

The fever is confirmed by taking a temperature with a thermometer. Temperatures can be taken different ways. Some methods are accurate and some are not.

- An oral temperature is recommended for children who are 4 years of age and older. Electronic thermometers are fast and accurate.
- An ear temperature is not recommended and is not accurate before the age of 6 months. If your child is 6 months or older, this method will only be accurate if the thermometer is positioned as recommended by the manufacturer.
- A rectal temperature is accurate and recommended from birth through age 3 to 4 years.
- An underarm (*axillary*) temperature is not accurate and not recommended. However, this method might be used at a child care center to help guide staff members.
- A temperature taken with a pacifier thermometer, forehead thermometer, or "fever strip" is not accurate and not recommended.
- Glass mercury thermometers should not be used.

Fever is a symptom, not a disease.

## CAUSES

A fever can be caused by many conditions. Viral infections are the most common cause of fever in children.

## HOME CARE INSTRUCTIONS

- Give appropriate medicines for fever. Follow dosing instructions carefully. If you use acetaminophen to reduce your child's fever, be careful to avoid giving other medicines that also contain acetaminophen. **Do not** give your child aspirin. There is an association with Reye's syndrome. Reye's syndrome is a rare but potentially deadly disease.
- If an infection is present and antibiotics have been prescribed, give them as directed. Make sure your child finishes them even if he or she starts to feel better.
- Your child should rest as needed.
- Maintain an adequate fluid intake. To prevent dehydration during an illness with prolonged or recurrent fever, your child may need to drink extra fluid. Your child should drink enough fluids to keep his or her urine clear or pale yellow.
- Sponging or bathing your child with room temperature water may help reduce body temperature. **Do not** use ice water or alcohol sponge baths.
- **Do not** over-bundle children in blankets or heavy clothes.

## SEEK IMMEDIATE MEDICAL CARE IF:

- Your child who is younger than 3 months develops a fever.

- Your child who is older than 3 months has a fever or persistent symptoms for more than 2 to 3 days.
- Your child who is older than 3 months has a fever and symptoms suddenly get worse.
- Your child becomes limp or floppy.
- Your child develops a rash, stiff neck, or severe headache.
- Your child develops severe abdominal pain, or persistent or severe vomiting or diarrhea.
- Your child develops signs of dehydration, such as dry mouth, decreased urination, or paleness.
- Your child develops a severe or productive cough, or shortness of breath.

**MAKE SURE YOU:**

- Understand these instructions.
- Will watch your child's condition.
- Will get help right away if your child is not doing well or gets worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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# Vomiting and Diarrhea, Infant

Throwing up (*vomiting*) is a reflex where stomach contents come out of the mouth. Vomiting is different than spitting up. It is more forceful and contains more than a few spoonfuls of stomach contents. Diarrhea is frequent loose and watery bowel movements. Vomiting and diarrhea are symptoms of a condition or disease, usually in the stomach and intestines. In infants, vomiting and diarrhea can quickly cause severe loss of body fluids (*dehydration*).

## CAUSES

The most common cause of vomiting and diarrhea is a virus called the stomach flu (*gastroenteritis*). Vomiting and diarrhea can also be caused by:

- Other viruses.
- Medicines.
- Eating foods that are difficult to digest or undercooked.
- Food poisoning.
- Bacteria.
- Parasites.

## DIAGNOSIS

Your caregiver will perform a physical exam. Your infant may need to take an imaging test such as an X-ray or provide a urine, blood, or stool sample for testing if the vomiting and diarrhea are severe or do not improve after a few days. Tests may also be done if the reason for the vomiting is not clear.

## TREATMENT

Vomiting and diarrhea often stop without treatment. If your infant is dehydrated, fluid replacement may be given. If your infant is severely dehydrated, he or she may have to stay at the hospital overnight.

## HOME CARE INSTRUCTIONS

- Your infant should continue to breastfeed or bottle-feed to prevent dehydration.
- If your infant vomits right after feeding, feed for shorter periods of time more often. Try offering the breast or bottle for 5 minutes every 30 minutes. If vomiting is better after 3-4 hours, return to the normal feeding schedule.
- Record fluid intake and urine output. Dry diapers for longer than usual or poor urine output may indicate dehydration. Signs of dehydration include:
  - Thirst.
  - Dry lips and mouth.
  - Sunken eyes.
  - Sunken soft spot on the head.
  - Dark urine and decreased urine production.
  - Decreased tear production.
- If your infant is dehydrated or becomes dehydrated, follow rehydration instructions as directed by your caregiver.
- Follow diarrhea diet instructions as directed by your caregiver.
- **Do not** force your infant to feed.
- If your infant has started solid foods, **do not** introduce new solids at this time.
- Avoid giving your child:
  - Foods or drinks high in sugar.
  - Carbonated drinks.
  - Juice.
  - Drinks with caffeine.

- Prevent diaper rash by:
  - Changing diapers frequently.
  - Cleaning the diaper area with warm water on a soft cloth.
  - Making sure your infant's skin is dry before putting on a diaper.
  - Applying a diaper ointment.

### **SEEK MEDICAL CARE IF:**

- Your infant refuses fluids.
- Your infant's symptoms of dehydration do not go away in 24 hours.

### **SEEK IMMEDIATE MEDICAL CARE IF:**

- Your infant who is younger than 2 months is vomiting and not just spitting up.
- Your infant is unable to keep fluids down.
- Your infant's vomiting gets worse or is not better in 12 hours.
- Your infant has blood or green matter (*bile*) in his or her vomit.
- Your infant has severe diarrhea or has diarrhea for more than 24 hours.
- Your infant has blood in his or her stool or the stool looks black and tarry.
- Your infant has a hard or bloated stomach.
- Your infant has not urinated in 6-8 hours, or your infant has only urinated a small amount of very dark urine.
- Your infant shows any symptoms of severe dehydration. These include:
  - Extreme thirst.
  - Cold hands and feet.
  - Rapid breathing or pulse.
  - Blue lips.
  - Extreme fussiness or sleepiness.
  - Difficulty being awakened.
  - Minimal urine production.
  - No tears.
- Your infant who is younger than 3 months has a fever.
- Your infant who is older than 3 months has a fever and persistent symptoms.
- Your infant who is older than 3 months has a fever and symptoms suddenly get worse.

### **MAKE SURE YOU:**

- Understand these instructions.
- Will watch your child's condition.
- Will get help right away if your child is not doing well or gets worse.

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# Vomiting and Diarrhea, Child

Throwing up (*vomiting*) is a reflex where stomach contents come out of the mouth. Diarrhea is frequent loose and watery bowel movements. Vomiting and diarrhea are symptoms of a condition or disease, usually in the stomach and intestines. In children, vomiting and diarrhea can quickly cause severe loss of body fluids (*dehydration*).

## CAUSES

Vomiting and diarrhea in children are usually caused by viruses, bacteria, or parasites. The most common cause is a virus called the stomach flu (*gastroenteritis*). Other causes include:

- Medicines.
- Eating foods that are difficult to digest or undercooked.
- Food poisoning.
- An intestinal blockage.

## DIAGNOSIS

Your child's caregiver will perform a physical exam. Your child may need to take tests if the vomiting and diarrhea are severe or do not improve after a few days. Tests may also be done if the reason for the vomiting is not clear. Tests may include:

- Urine tests.
- Blood tests.
- Stool tests.
- Cultures (to look for evidence of infection).
- X-rays or other imaging studies.

Test results can help the caregiver make decisions about treatment or the need for additional tests.

## TREATMENT

Vomiting and diarrhea often stop without treatment. If your child is dehydrated, fluid replacement may be given. If your child is severely dehydrated, he or she may have to stay at the hospital.

## HOME CARE INSTRUCTIONS

- Make sure your child drinks enough fluids to keep his or her urine clear or pale yellow. Your child should drink frequently in small amounts. If there is frequent vomiting or diarrhea, your child's caregiver may suggest an oral rehydration solution (ORS). ORSs can be purchased in grocery stores and pharmacies.
- Record fluid intake and urine output. Dry diapers for longer than usual or poor urine output may indicate dehydration.
- If your child is dehydrated, ask your caregiver for specific rehydration instructions. Signs of dehydration may include:
  - Thirst.
  - Dry lips and mouth.
  - Sunken eyes.
  - Sunken soft spot on the head in younger children.
  - Dark urine and decreased urine production.
  - Decreased tear production.
  - Headache.
  - A feeling of dizziness or being off balance when standing.
- Ask the caregiver for the diarrhea diet instruction sheet.
- If your child does not have an appetite, **do not** force your child to eat. However, your child

must continue to drink fluids.

- If your child has started solid foods, **do not** introduce new solids at this time.
- Give your child antibiotic medicine as directed. Make sure your child finishes it even if he or she starts to feel better.
- Only give your child over-the-counter or prescription medicines as directed by the caregiver. **Do not** give aspirin to children.
- Keep all follow-up appointments as directed by your child's caregiver.
- Prevent diaper rash by:
  - Changing diapers frequently.
  - Cleaning the diaper area with warm water on a soft cloth.
  - Making sure your child's skin is dry before putting on a diaper.
  - Applying a diaper ointment.

### **SEEK MEDICAL CARE IF:**

- Your child refuses fluids.
- Your child's symptoms of dehydration do not improve in 24-48 hours.

### **SEEK IMMEDIATE MEDICAL CARE IF:**

- Your child is unable to keep fluids down, or your child gets worse despite treatment.
- Your child's vomiting gets worse or is not better in 12 hours.
- Your child has blood or green matter (*bile*) in his or her vomit or the vomit looks like coffee grounds.
- Your child has severe diarrhea or has diarrhea for more than 48 hours.
- Your child has blood in his or her stool or the stool looks black and tarry.
- Your child has a hard or bloated stomach.
- Your child has severe stomach pain.
- Your child has not urinated in 6-8 hours, or your child has only urinated a small amount of very dark urine.
- Your child shows any symptoms of severe dehydration. These include:
  - Extreme thirst.
  - Cold hands and feet.
  - Not able to sweat in spite of heat.
  - Rapid breathing or pulse.
  - Blue lips.
  - Extreme fussiness or sleepiness.
  - Difficulty being awakened.
  - Minimal urine production.
  - No tears.
- Your child who is younger than 3 months has a fever.
- Your child who is older than 3 months has a fever and persistent symptoms.
- Your child who is older than 3 months has a fever and symptoms suddenly get worse.

### **MAKE SURE YOU:**

- Understand these instructions.
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# Nosebleed

Nosebleeds are common. They are due to a crack in the inside lining of your nose (*mucous membrane*) or from a small blood vessel that starts to bleed. Nosebleeds can be caused by many conditions, such as injury, infections, dry mucous membranes or dry climate, medicines, nose picking, and home heating and cooling systems. Most nosebleeds come from blood vessels in the front of your nose.

## HOME CARE INSTRUCTIONS

- Try controlling your nosebleed by pinching your nostrils gently and continuously for at least 10 minutes.
- Avoid blowing or sniffing your nose for a number of hours after having a nosebleed.
- **Do not** put gauze inside your nose yourself. If your nose was packed by your health care provider, try to maintain the pack inside of your nose until your health care provider removes it.
  - If a gauze pack was used and it starts to fall out, gently replace it or cut off the end of it.
  - If a balloon catheter was used to pack your nose, **do not** cut or remove it unless your health care provider has instructed you to do that.
- Avoid lying down while you are having a nosebleed. Sit up and lean forward.
- Use a nasal spray decongestant to help with a nosebleed as directed by your health care provider.
- **Do not** use petroleum jelly or mineral oil in your nose. These can drip into your lungs.
- Maintain humidity in your home by using less air conditioning or by using a humidifier.
- Aspirin and blood thinners make bleeding more likely. If you are prescribed these medicines and you suffer from nosebleeds, ask your health care provider if you should stop taking the medicines or adjust the dose. **Do not** stop medicines unless directed by your health care provider.
- Resume your normal activities as you are able, but avoid straining, lifting, or bending at the waist for several days.
- If your nosebleed was caused by dry mucous membranes, use over-the-counter saline nasal spray or gel. This will keep the mucous membranes moist and allow them to heal. If you must use a lubricant, choose the water-soluble variety. Use it only sparingly, and **do not** use it within several hours of lying down.
- Keep all follow-up visits as directed by your health care provider. This is important.

## SEEK MEDICAL CARE IF:

- You have a fever.
- You get frequent nosebleeds.
- You are getting nosebleeds more often.

## SEEK IMMEDIATE MEDICAL CARE IF:

- Your nosebleed lasts longer than 20 minutes.
- Your nosebleed occurs after an injury to your face, and your nose looks crooked or broken.
- You have unusual bleeding from other parts of your body.
- You have unusual bruising on other parts of your body.
- You feel light-headed or you faint.
- You become sweaty.
- You vomit blood.
- Your nosebleed occurs after a head injury.

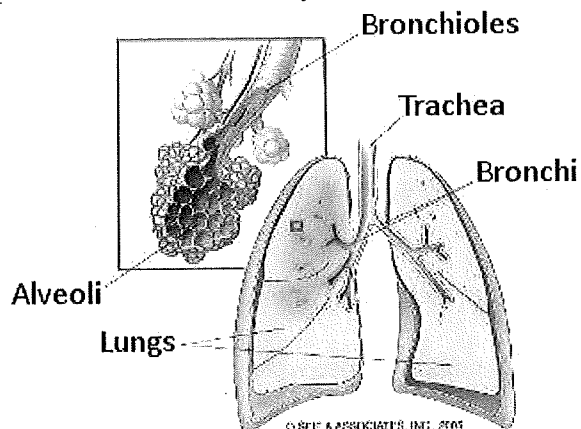
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# Bronchiolitis, Pediatric

Bronchiolitis is inflammation of the air passages in the lungs called bronchioles. It causes breathing problems that are usually mild to moderate but can sometimes be severe to life threatening.



Bronchiolitis is one of the most common illnesses of infancy. It typically occurs during the first 3 years of life and is most common in the first 6 months of life.

## CAUSES

There are many different viruses that can cause bronchiolitis.

Viruses can spread from person to person (*contagious*) through the air when a person coughs or sneezes. They can also be spread by physical contact.

## RISK FACTORS

Children exposed to cigarette smoke are more likely to develop this illness.

## SIGNS AND SYMPTOMS

- Wheezing or a whistling noise when breathing (*stridor*).
- Frequent coughing.
- Trouble breathing. You can recognize this by watching for straining of the neck muscles or widening (*flaring*) of the nostrils when your child breathes in.
- Runny nose.
- Fever.
- Decreased appetite or activity level.

Older children are less likely to develop symptoms because their airways are larger.

## DIAGNOSIS

Bronchiolitis is usually diagnosed based on a medical history of recent upper respiratory tract infections and your child's symptoms. Your child's health care provider may do tests, such as:

- Blood tests that might show a bacterial infection.
- X-ray exams to look for other problems, such as pneumonia.

## TREATMENT

Bronchiolitis gets better by itself with time. Treatment is aimed at improving symptoms. Symptoms from bronchiolitis usually last 1-2 weeks. Some children may continue to have a cough for several weeks, but most children begin improving after 3-4 days of symptoms.

## HOME CARE INSTRUCTIONS

- Only give your child medicines as directed by the health care provider.
- Try to keep your child's nose clear by using saline nose drops. You can buy these drops at any pharmacy.
- Use a bulb syringe to suction out nasal secretions and help clear congestion.
- Use a cool mist vaporizer in your child's bedroom at night to help loosen secretions.
- Have your child drink enough fluid to keep his or her urine clear or pale yellow. This prevents dehydration, which is more likely to occur with bronchiolitis because your child is breathing harder and faster than normal.
- Keep your child at home and out of school or daycare until symptoms have improved.
- To keep the virus from spreading:
  - Keep your child away from others.
  - Encourage everyone in your home to wash their hands often.
  - Clean surfaces and doorknobs often.
  - Show your child how to cover his or her mouth or nose when coughing or sneezing.
- **Do not** allow smoking at home or near your child, especially if your child has breathing problems. Smoke makes breathing problems worse.
- Carefully watch your child's condition, which can change rapidly. **Do not** delay getting medical care for any problems.

### **SEEK MEDICAL CARE IF:**

- Your child's condition has not improved after 3-4 days.
- Your child is developing new problems.

### **SEEK IMMEDIATE MEDICAL CARE IF:**

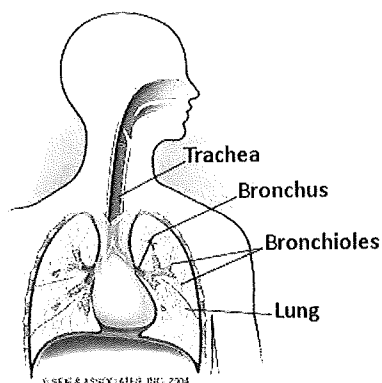
- Your child is having more difficulty breathing or appears to be breathing faster than normal.
- Your child makes grunting noises when breathing.
- Your child's retractions get worse. Retractions are when you can see your child's ribs when he or she breathes.
- Your child's nostrils move in and out when he or she breathes (*flare*).
- Your child has increased difficulty eating.
- There is a decrease in the amount of urine your child produces.
- Your child's mouth seems dry.
- Your child appears blue.
- Your child needs stimulation to breathe regularly.
- Your child begins to improve but suddenly develops more symptoms.
- Your child's breathing is not regular or you notice pauses in breathing (*apnea*). This is most likely to occur in young infants.
- Your child who is younger than 3 months has a fever.

### **MAKE SURE YOU:**

- Understand these instructions.
- Will watch your child's condition.
- Will get help right away if your child is not doing well or gets worse.

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# Influenza, Child



Influenza ("the flu") is a viral infection of the respiratory tract. It occurs more often in winter months because people spend more time in close contact with one another. Influenza can make you feel very sick. Influenza easily spreads from person to person (*contagious*).

## CAUSES

Influenza is caused by a virus that infects the respiratory tract. You can catch the virus by breathing in droplets from an infected person's cough or sneeze. You can also catch the virus by touching something that was recently contaminated with the virus and then touching your mouth, nose, or eyes.

## RISKS AND COMPLICATIONS

Your child may be at risk for a more severe case of influenza if he or she has chronic heart disease (such as heart failure) or lung disease (such as asthma), or if he or she has a weakened immune system. Infants are also at risk for more serious infections. The most common problem of influenza is a lung infection (*pneumonia*). Sometimes, this problem can require emergency medical care and may be life threatening.

## SIGNS AND SYMPTOMS

Symptoms typically last 4 to 10 days. Symptoms can vary depending on the age of the child and may include:

- Fever.
- Chills.
- Body aches.
- Headache.
- Sore throat.
- Cough.
- Runny or congested nose.
- Poor appetite.
- Weakness or feeling tired.
- Dizziness.
- Nausea or vomiting.

## DIAGNOSIS

Diagnosis of influenza is often made based on your child's history and a physical exam. A nose or throat swab test can be done to confirm the diagnosis.

## TREATMENT

In mild cases, influenza goes away on its own. Treatment is directed at relieving symptoms. For more severe cases, your child's health care provider may prescribe antiviral medicines to shorten the sickness.

Antibiotic medicines are not effective because the infection is caused by a virus, not by bacteria.

## HOME CARE INSTRUCTIONS

- Give medicines only as directed by your child's health care provider. **Do not** give your child aspirin because of the association with Reye's syndrome.
- Use cough syrups if recommended by your child's health care provider. Always check before giving cough and cold medicines to children under the age of 4 years.
- Use a cool mist humidifier to make breathing easier.
- Have your child rest until his or her temperature returns to normal. This usually takes 3 to 4 days.
- Have your child drink enough fluids to keep his or her urine clear or pale yellow.
- Clear mucus from young children's noses, if needed, by gentle suction with a bulb syringe.
- Make sure older children cover the mouth and nose when coughing or sneezing.
- Wash your hands and your child's hands well to avoid spreading the virus.
- Keep your child home from day care or school until the fever has been gone for at least 1 full day.

## PREVENTION

An annual influenza vaccination (flu shot) is the best way to avoid getting influenza. An annual flu shot is now routinely recommended for all U.S. children over 6 months old. Two flu shots given at least 1 month apart are recommended for children 6 months old to 8 years old when receiving their first annual flu shot.

## SEEK MEDICAL CARE IF:

- Your child has ear pain. In young children and babies, this may cause crying and waking at night.
- Your child has chest pain.
- Your child has a cough that is worsening or causing vomiting.
- Your child gets better from the flu but gets sick again with a fever and cough.

## SEEK IMMEDIATE MEDICAL CARE IF:

- Your child starts breathing fast, has trouble breathing, or his or her skin turns blue or purple.
- Your child is not drinking enough fluids.
- Your child will not wake up or interact with you.
- Your child feels so sick that he or she does not want to be held.

## MAKE SURE YOU:

- Understand these instructions.
- Will watch your child's condition.
- Will get help right away if your child is not doing well or gets worse.

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# Croup, Pediatric

Croup is a condition that results from swelling in the upper airway. It is seen mainly in children. Croup usually lasts several days and generally is worse at night. It is characterized by a barking cough.

## CAUSES

Croup may be caused by either a viral or a bacterial infection.

## SIGNS AND SYMPTOMS

- Barking cough.
- Low-grade fever.
- A harsh vibrating sound that is heard during breathing (*stridor*).

## DIAGNOSIS

A diagnosis is usually made from symptoms and a physical exam. An X-ray of the neck may be done to confirm the diagnosis.

## TREATMENT

Croup may be treated at home if symptoms are mild. If your child has a lot of trouble breathing, he or she may need to be treated in the hospital. Treatment may involve:

- Using a cool mist vaporizer or humidifier.
- Keeping your child hydrated.
- Medicine, such as:
  - Medicines to control your child's fever.
  - Steroid medicines.
  - Medicine to help with breathing. This may be given through a mask.
- Oxygen.
- Fluids through an IV.
- A ventilator. This may be used to assist with breathing in severe cases.

## HOME CARE INSTRUCTIONS

- Have your child drink enough fluid to keep his or her urine clear or pale yellow. However, **do not** attempt to give liquids (or food) during a coughing spell or when breathing appears to be difficult. Signs that your child is not drinking enough (is *dehydrated*) include dry lips and mouth and little or no urination.
- Calm your child during an attack. This will help his or her breathing. To calm your child:
  - Stay calm.
  - Gently hold your child to your chest and rub his or her back.
  - Talk soothingly and calmly to your child.
- The following may help relieve your child's symptoms:
  - Taking a walk at night if the air is cool. Dress your child warmly.
  - Placing a cool mist vaporizer, humidifier, or steamer in your child's room at night. Do not use an older hot steam vaporizer. These are not as helpful and may cause burns.
  - If a steamer is not available, try having your child sit in a steam-filled room. To create a steam-filled room, run hot water from your shower or tub and close the bathroom door. Sit in the room with your child.
- It is important to be aware that croup may worsen after you get home. It is very important to monitor your child's condition carefully. An adult should stay with your child in the first few

days of this illness.

**SEEK MEDICAL CARE IF:**

- Croup lasts more than 7 days.
- Your child who is older than 3 months has a fever.

**SEEK IMMEDIATE MEDICAL CARE IF:**

- Your child is having trouble breathing or swallowing.
- Your child is leaning forward to breathe or is drooling and cannot swallow.
- Your child cannot speak or cry.
- Your child's breathing is very noisy.
- Your child makes a high-pitched or whistling sound when breathing.
- Your child's skin between the ribs or on the top of the chest or neck is being sucked in when your child breathes in, or the chest is being pulled in during breathing.
- Your child's lips, fingernails, or skin appear bluish (*cyanosis*).
- Your child who is younger than 3 months has a fever of 100°F (38°C) or higher.

**MAKE SURE YOU:**

- Understand these instructions.
- Will watch your child's condition.
- Will get help right away if your child is not doing well or gets worse.

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# Diaper Rash

Diaper rash describes a condition in which skin at the diaper area becomes red and inflamed.

## CAUSES

Diaper rash has a number of causes. They include:

- Irritation. The diaper area may become irritated after contact with urine or stool. The diaper area is more susceptible to irritation if the area is often wet or if diapers are not changed for a long periods of time. Irritation may also result from diapers that are too tight or from soaps or baby wipes, if the skin is sensitive.
- Yeast or bacterial infection. An infection may develop if the diaper area is often moist. Yeast and bacteria thrive in warm, moist areas. A yeast infection is more likely to occur if your child or a nursing mother takes antibiotics. Antibiotics may kill the bacteria that prevent yeast infections from occurring.

## RISK FACTORS

Having diarrhea or taking antibiotics may make diaper rash more likely to occur.

## SIGNS AND SYMPTOMS

Skin at the diaper area may:

- Itch or scale.
- Be red or have red patches or bumps around a larger red area of skin.
- Be tender to the touch. Your child may behave differently than he or she usually does when the diaper area is cleaned.

Typically, affected areas include the lower part of the abdomen (below the belly button), the buttocks, the genital area, and the upper leg.

## DIAGNOSIS

Diaper rash is diagnosed with a physical exam. Sometimes a skin sample (*skin biopsy*) is taken to confirm the diagnosis. The type of rash and its cause can be determined based on how the rash looks and the results of the skin biopsy.

## TREATMENT

Diaper rash is treated by keeping the diaper area clean and dry. Treatment may also involve:

- Leaving your child's diaper off for brief periods of time to air out the skin.
- Applying a treatment ointment, paste, or cream to the affected area. The type of ointment, paste, or cream depends on the cause of the diaper rash. For example, diaper rash caused by a yeast infection is treated with a cream or ointment that kills yeast germs.
- Applying a skin barrier ointment or paste to irritated areas with every diaper change. This can help prevent irritation from occurring or getting worse. Powders should not be used because they can easily become moist and make the irritation worse.

Diaper rash usually goes away within 2-3 days of treatment.

## HOME CARE INSTRUCTIONS

- Change your child's diaper soon after your child wets or soils it.
- Use absorbent diapers to keep the diaper area dryer.
- Wash the diaper area with warm water after each diaper change. Allow the skin to air dry or use a soft cloth to dry the area thoroughly. Make sure no soap remains on the skin.
- If you use soap on your child's diaper area, use one that is fragrance free.

- Leave your child's diaper off as directed by your health care provider.
- Keep the front of diapers off whenever possible to allow the skin to dry.
- **Do not** use scented baby wipes or those that contain alcohol.
- Only apply an ointment or cream to the diaper area as directed by your health care provider.

**SEEK MEDICAL CARE IF:**

- The rash has not improved within 2-3 days of treatment.
- The rash has not improved and your child has a fever.
- Your child who is older than 3 months has a fever.
- The rash gets worse or is spreading.
- There is pus coming from the rash.
- Sores develop on the rash.
- White patches appear in the mouth.

**SEEK IMMEDIATE MEDICAL CARE IF:**

Your child who is younger than 3 months has a fever.

**MAKE SURE YOU:**

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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