DIAPER DERMATITIS

Are any of the following true?
- Family history eczema, psoriasis, allergies
- Immunocompromised
- Recent contact with similar rash

YES

Patient factors

NO

Symptom Assessment
Are any of the following true?
- Acute onset with pus, vesicles or ulceration
- Moderate or severe presentation
- Systemic signs or symptoms
- Chronic diaper dermatitis (e.g. no rash free period)
- Secondary infection or UTI
- Disruption of sleep and behaviour
- Duration longer than 14 days

YES

REFER

NO

Typical candidal dermatitis symptoms
- Rash first noticed in creases ± folds
- Beefy red plaques
- Satellite papules
- Superficial pustules at margins of inflamed areas
- Crying during diaper changes, when urinating or defecating
- Rash present for > 3 days

± previous diagnosis of candidal diaper dermatitis

Irritant dermatitis symptoms
- Dusky red, shiny rash
- Rash on buttocks, pubic skin
- No involvement of creases, folds

± previous diagnosis of irritant diaper dermatitis

- Change diapering practices; and,
- Barrier creams/ointments; and,
- Topical antifungal BID for maximum of 14 days
  - clotrimazole 1% cream;
  - ketoconazole 2% cream;
  - miconazole 2% cream; or,
  - nystatin cream
- If inflammation present, add hydrocortisone 0.5 – 1% cream, applied separately, once or twice daily for up to 7 days.

Follow up in 7 days

Resolved?

- Continue prevention strategies indefinitely

Improving?

- Continue treatment for another 7 days. If not resolved after additional 7 days, refer to MD.

No improvement or worsening?

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