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Hospital Care of Patients with Epidermolysis Bullosa

- **No tape** or adhesives should be applied directly on the skin!!
- Avoid any friction or shear forces to the skin. Move by lifting (not sliding) on to the OR table.
- Cut off adhesive portion of EKG leads and pulse oximeter probes. Place the leads in the appropriate sites and secure in place with strips of Mepilex Transfer®, Mepilex Lite®, Mepiform® or Mepitac® (Molnlycke Health Care, Inc.). Mepilex Transfer® or Mepilex Lite® may also be used beneath pulse oximetry pads.
- Always use gloves that are slippery (i.e. coated with Vaseline® petrolatum or Aquaphor®) prior to handling the patient.
- If blood pressure cuffs or tourniquets must be used, apply gauze or leave a layer of bandaging or clothing underneath the cuff or tourniquet to disperse pressure at the edge.
- PAD Everything
- Dab (do not rub!) with alcohol prior to blood drawing, IVs and injections.
- Lubricate all tubes that come into contact with the patient' mucosal surfaces with water soluble lubricants (i.e. Surgilube® by Fougera).
- For tubes that are in direct contact with the skin, lubricate with a petroleum- based lubricant such as Vaseline® petrolatum or Aquaphor® to minimize friction.
- Strips of Mepiform®, Mepilex Transfer®, Mepilex Lite® or Mepitac® (Molnlycke Health Care, Inc.) should be used to secure the IV cannulae. Note: tape can be used to secure the IV lines to a gauze wrap or other bandage, but NEVER directly to the skin. Remember to pad the tourniquet if one is used.
- If tape or another adhesive accidentally adheres to skin, or if any bandage, dressing or other product gets stuck, saturate it with normal saline, Vaseline® petrolatum, mineral oil, baby oil or tap water to gently soak it off.
- If betadine is used for the surgical incision site, ensure that it is largely removed by gently blotting with rubbing alcohol. Some of the antiseptic agents may cause itching when left in place post-operatively.
- Overall, common sense will guide you in caring for the skin of your patients with EB. Remember to alert your staff to listen to the parents of your patients: they have been living with EB and usually know what is best for their child's skin.

The information provided herein is intended to educate the reader about certain medical conditions and certain possible treatments. It is not a substitute for examination, diagnosis, and medical care provided by a licensed and qualified health professional. If you believe you, your child, or someone you know, suffer from conditions described herein, please see your healthcare provider. Do not attempt to treat yourself, your child, or anyone else without proper medical supervision.