Staphylococcal Scalded Skin Syndrome

Women’s & Children’s Group
Children’s Services

This leaflet has been designed to give you important information about your child’s condition, and to answer some common queries that you may have.
What is Staphylococcal Scalded Skin Syndrome?
Staphylococcal Scalded Skin Syndrome is an infection of the skin. It causes the skin to become red, sore and blistered. These blisters have the appearance of a scald or a burn, hence its name.

What causes it?
Staphylococcal Scalded Skin Syndrome is caused by bacteria called Staphylococcus Aureus. In Staphylococcus Scalded Skin Syndrome the Staphylococcus Aureus bacteria commonly infects the throat, eyes or ears. It then produces toxins that cause the skin to peel and blister.

How do you get Staphylococcal Scalded Skin Syndrome?
A large proportion of the adult population carries the Staphylococcal bacteria in their nose, throat or mouth without becoming infected or unwell. The bacteria are easily passed onto others from the hands of these ‘carriers’.

Who gets Staphylococcal Scalded Skin Syndrome?
Children and babies under 6 years old are most at risk of developing Staphylococcus Scalded Skin Syndrome as their immune system has not yet developed a natural protection against bacteria which older children and adults have.

What are the symptoms?
Affected children usually feel unwell, lethargic (lacking energy), irritable and sometimes have a fever. The skin becomes red and painful, it then blisters and the skin peels, leaving raw patches. This blistering usually occurs where the skin touches clothes, bedding or skin to skin contact, usually under arms, around the neck, trunk and groin areas. Children often have red, sore and crusted areas around the mouth and sometimes sticky eyes.

How is it diagnosed?
A diagnosis will be made based on your child’s symptoms and by examining him/her. Swabs will be taken, usually from the throat and skin to try and confirm the presence of the Staphylococcal bacteria. Blood tests will also help confirm the diagnosis.

What is the treatment?
Treatment will vary depending on your child’s symptoms. Antibiotics are necessary to treat the Staphylococcal bacteria. To begin with these will be given intravenously, through a drip or cannula (small tube) inserted into your child’s vein. Once your child is recovering well then these antibiotics will be changed to oral medicines, which can be continued at home.

As the skin is painful it is helpful for children to be nursed only in underwear/nappies. Also, affected children do not like to be handled or cuddled as this causes more pain and blistering. It is often necessary to treat the blistered areas like burns and therefore burns dressings may be used. Other treatment may include creams and eye drops.
As the skin heals it becomes dry and itchy, in this case medication may be given for the itching and moisturisers may be used on the skin and in the bath until this resolves.

Pain relief is important and a combination of Paracetamol, Ibruprofen and oral Morphine may be used to keep pain under control.

If your child is refusing to drink or is finding it difficult or painful, then a drip may be used to give intravenous fluids until your child is drinking better.

**Alternative treatment**
Currently there is no alternative treatment available for this condition.

**What is the prognosis?**
Children and babies with Staphylococcal Scalded Skin Syndrome do very well and will make a good recovery. The skin usually heals and returns to normal in 10-14 days. As the blisters are very superficial (on the surface) they will heal without scarring.

**Risks**
As your child has open blisters then he/she is vulnerable to getting an infection of these areas. For this reason your child will be nursed in a single cubicle and all visitors should wash their hands before entering the room.

**When will my child be discharged?**
Your child will see a senior doctor or consultant every day and he/she will be discharged home with oral medication when the doctor feels he/she is ready.

**Do we need to be seen again?**
For a few days following discharge your child will usually be followed up by the Children’s Community nurses. Please see your child’s nurse for more details. Your child will be seen again by a consultant on the ward or in the clinic if they feel it is necessary.

**Contact details within the Trust for patients to obtain additional information**
Rainforest Ward, Diana Princess of Wales Hospital, Grimsby
Tele: 01472 874111 extension 7520
Children’s Services Community Nursing Team – Grimsby
Tele: 01472 874111 extension 7559
Disney Ward, Scunthorpe General Hospital, Scunthorpe
Tele: 01724 290139
Children’s Services Community Nursing Team – Scunthorpe
Tele: 01724 282282 extension 2425

**References**
www.nottinghameczema.org.uk

**Concerns and Queries**
If you have any concerns/queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.
For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.
Alternatively you can email:
nlg-tr.PALS@nhs.net

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Diana Princess of Wales Hospital
Scarthen Road
Grimsby
01472 874111

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
01724 282282

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