

Pressure ulcer prevention for children

Information for parents and carers



This leaflet provides parents, carers and children with information on pressure ulcers, how they develop, and the steps you can take to help prevent them. Occasionally there may be good reasons why your child's treatment is different to that in this leaflet and you should discuss this with your health care professional. It is vital that you and your child (as able) are involved in their care and that both you and your child participate in decisions regarding the prevention and management of pressure ulcers. This partnership in care results in better outcomes for your child.



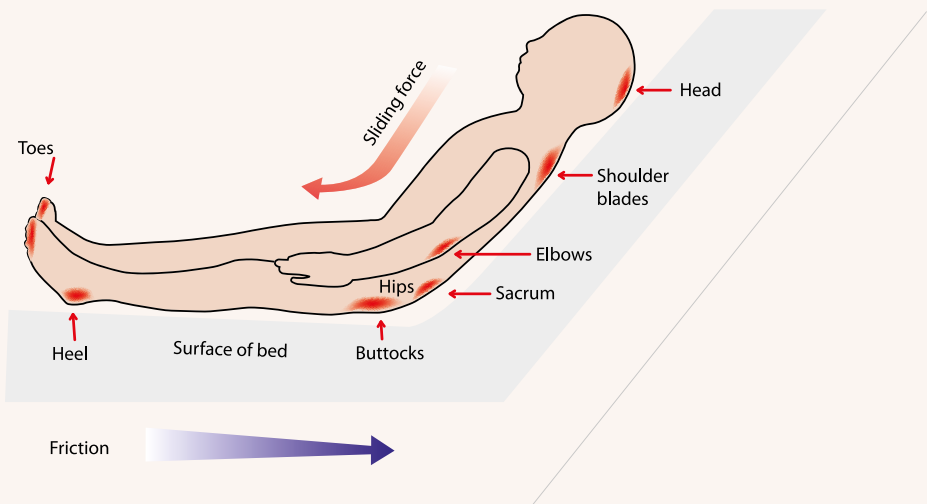
What is a pressure ulcer?

A pressure ulcer is damage that occurs on the skin and underlying tissues when the blood supply to that area is stopped and the tissue is starved of oxygen and nutrients. A pressure ulcer can develop for a variety of reasons, especially if your child is unwell. It can be very painful and lead to further complications. A pressure ulcer can be caused by:

- **Pressure** – this can occur when the weight of the body presses down on the skin or from any object or piece of equipment, for example wheel chair, urinary catheter tubing, gastrostomy/nasogastric tube, splint, body brace, intravenous line, saturation probes or plaster cast.
- **Friction and shear** – this is when the child's skin is pulled or repeatedly rubbed against a surface such as a mattress, bedding or other equipment mentioned above. This occurs when a child slides down in the bed or chair or by incorrect moving and handling.
- **Moisture** – this can also make it more likely for a sore area to start.
- **Previous damage** – if your child has had a pressure ulcer in the past, the skin will be prone to further damage.

What does a pressure ulcer look like?

The first sign that a pressure ulcer may be developing is usually discoloured skin. The area of skin can look a bit red or bruised. This may get progressively worse and eventually lead to an open wound. Pressure ulcers are most likely to occur over bony prominences (bones close to the skin), for example the back of the head, nappy area/bottom, the base of the spine, ear, bridge of the nose, heel, and elbow.



What are the warning signs?

- red patches on fair-skinned children;
- purple/bluish patches on dark-skinned children;
- skin may feel hot, firm or soft and /or appear shiny;
- blistering or cracks may form;
- hard or swollen areas which may be painful.

Why is your child at risk of a pressure ulcer?

Any child can get a pressure ulcer, but some children are more likely to develop them than others.

For example, children who:

- have reduced mobility; for example, if your child is ill and has to stay in bed or in a chair or wheelchair for long periods of time or if their illness or medical condition makes it difficult for them to change position without help;
- have a piece of equipment that can restrict their movement or cause pressure and/or friction, for example a wheel chair, urinary catheter tubing, gastrostomy tube, splint, body brace, plaster cast, saturation probe, facemask, intravenous catheter (for intravenous medications);
- have a poor diet and don't drink enough water;
- are underweight or overweight, as this can affect your child's mobility and skin condition allowing it to become damaged more easily;
- have circulatory or respiratory conditions that affect their blood flow;
- have increased moisture due to incontinence or sweat resulting in 'nappy rash';
- have had a pressure ulcer in the past;
- are seriously ill or undergoing surgery;
- have damaged their spinal cord and /or cannot feel pain over part or all of their body;
- currently have a pressure ulcer;
- have long periods with a high temperature.

What you can do

As your child's parent/carer you have a very important role in helping to care for your child's skin. Your health care professional should advise on how pressure is best reduced or relieved on areas of skin that are vulnerable to pressure ulcers.

This advice should include:

- correct sitting and lying positions;
- how to assist your child into sitting and lying positions;
- how often your child needs to move or be moved in the bed or the chair;
- supporting your child's feet;
- keeping good posture;
- which equipment you should use and how to use it.

Important measures you can take are:

Skin

Check your child's skin daily – when you are washing and dressing your child, you can help by looking closely at your child's skin for the warning signs of pressure ulcer development and reporting any areas of concern to the health care professional **immediately**. Spotting symptoms early is important so that steps can be taken to prevent a pressure ulcer developing.

Surfaces

Speak with your child's health care professional about specialist mattresses and equipment. They will be able to advise you about specific benefits and risks of such equipment and decide if your child needs this.

Keep moving

Keep your child moving – this is done by moving around and changing position as much as possible. Encouraging and/or assisting your child to change their position as often as possible will help to relieve pressure on the bony parts of the body. Children who use wheelchairs need to move frequently in their chair to reduce pressure on their bottom. If your child already has a pressure ulcer, lying or sitting on the ulcer should be avoided as this will make the ulcer worse.

Avoid pressure and friction – ensure your child is not lying on any tubing, wires or other equipment. Keep your child's bed sheets free from creases which can cause rubbing. Always use a slide sheet for repositioning older children, it is important to avoid dragging your child when moving them. If your child wears a cast, splint or body brace etc, alert your child's health care professional immediately if you have any concerns.

Check equipment regularly – ensure wheelchairs, cushions and splints are appropriately adjusted by your child's occupational therapist and physiotherapist and report any problems with this equipment to them as soon as possible.

Incontinence

Keep your child's skin clean and dry – wash and dry skin as soon as it is soiled. When you dry your child's skin, pat it gently rather than rubbing it. Regularly moisturise dry skin. A barrier cream or spray may be advised to help protect your child's skin from the effects of urine, faeces, sweat or 'ooze' from a wound. This should be applied lightly.

Nutrition

Make sure your child eats and drinks well – help your child eat a well-balanced diet with plenty of fresh fruit, vegetables and protein rich foods (eg meat, fish, eggs, cheese and dairy products) or if they have enteral feeds ensure they have all their feeds and water as prescribed by their dietitian. Encourage your child to drink adequate fluids, particularly water, to keep the skin soft and supple.



Practical hints and tips

Do:

- change your child's position frequently – while in bed or sitting in a chair, avoid being in one position for long periods of time;
- take good care of your child's skin – keep it clean and free from too much moisture;
- encourage a healthy balanced diet;
- use the equipment as advised by your health care professional;
- inspect your child's skin for red marks or dark purple areas and report these as soon as possible.

Don't:

- sit on a rubber ring cushion (may cause more damage);
- massage or rub pressure areas;
- drag your child over damp or creased bed clothes;
- use a sheepskin to relieve pressure;
- allow incontinence sheets to crease up under your child – avoid their use if you can;
- don't try to manage a pressure ulcer yourself – seek help from your health care professional and/or tissue viability nurse specialist.

If you have any questions or concerns about your child's skin or if you would like more information then please speak to a member of nursing staff looking after your child in hospital or at home.

This leaflet has been adapted from the latest NICE leaflet *Pressure Ulcers – prevention, treatment and care* and local Health and Social Care Trust pressure ulcer prevention leaflets.

Further detailed information can be found at:

- Pressure Ulcers – prevention and treatment
www.nice.org.uk/guidance/cg179
- Pressure Ulcer Prevention: Quick Reference Guide
www.pha.site/hDfT
- The Role of Nutrition Pressure Ulcer Prevention and Treatment: National Pressure Ulcer Advisory Panel White Paper
www.pha.site/journals-lww-com
- Your Turn
www.your-turn.org.uk and see the PHA materials on www.publichealth.hscni.net



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