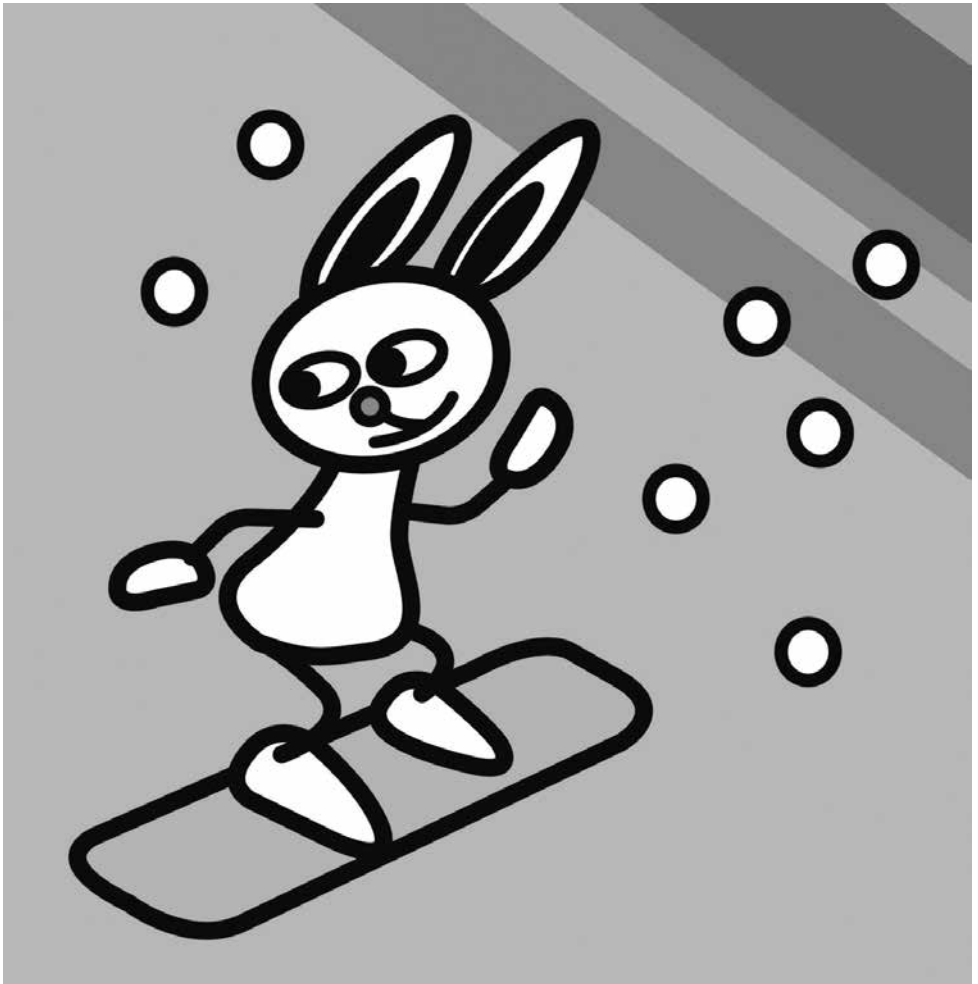


Preventing Pressure Ulcers

Information for parents and carers



What is a pressure ulcer?

A pressure ulcer is an area of damage to the skin and/or underlying tissues which is caused by pressure being placed on one area of the skin for a prolonged period of time.

Pressure ulcers can also form when there is friction or shear (tension or pulling) against the skin. Moisture can also make it more likely for a pressure ulcer to develop.

Pressure ulcers (sometimes known as pressure sores or bed sores) can be very painful and can lead to complications, such as wound infections.

Some children are more likely to develop pressure ulcers than others. We will tell you if your child has an increased risk of developing a pressure ulcer.

What part of my child's body might get a pressure ulcer?

Pressure ulcers can develop anywhere on the body, but are mostly found over bony areas, such as heels, elbows, hips, ankles and the sides of the feet, as well as the bottom.

Babies and young children have large heads compared to the rest of their body. This extra weight puts more pressure on the back of their head and ears, which means they are more likely to develop a pressure ulcer in these areas.

What does a pressure ulcer look like?

Pressure ulcers can vary in the way they look. To start with, a developing pressure ulcer will appear as a red mark, or sometimes as an area of skin which looks like a deep purple bruise. If this pressure is not relieved, it can develop into a blister and possibly a deep wound on your child's skin.

How do pressure ulcers develop?

Pressure

This is due to the weight of the body pressing on the skin, which prevents oxygenated blood reaching the skin and tissue below. Lying in one position for a long time can cause this. Some medical devices can increase the risk of pressure ulcers, such as casts or splints, feeding tubes, and certain breathing masks.

Shear

This is when your child's skin is stretched in opposite directions. This can happen when you are moving your child up or down the bed.

There are certain factors that may increase your child's risk of developing a pressure ulcer. These include:

- **Immobility** – this is when your child is unable to move on their own. This might be due to a disability or if your child is too unwell or sleepy to move by themselves.
- **Moisture** – this can make your child's skin more prone to pressure damage. A build-up of urine or faeces (poo) on the skin will result in the skin becoming irritated, making it more sensitive to the effects of shear and pressure. Sweating under casts or splints may also increase the risks of developing pressure damage.
- **Reduced sensation** – if your child has reduced sensation they may not be able to tell you that their skin is feeling uncomfortable or sore.
- **Reduced nutritional intake** – if your child is malnourished (not getting the right nutrients from food) their skin and tissues may be more at risk of pressure damage.
- **Poor circulation** – the risk of pressure ulcers is increased in children who have circulatory (blood flow) or respiratory (breathing) conditions, which affect the movement of oxygenated blood around their body. This means their skin and tissues do not always get the oxygen they need.

How do I know if my child is at risk of a pressure ulcer?

Whilst your child is staying in hospital, the care team will have completed a risk assessment to work out their level of risk. If your child is identified as being 'at risk' of developing a pressure ulcer, their care team will develop and discuss a plan of care with you, to reduce this risk.

How can I help to reduce the risk of my child getting a pressure ulcer?

There are a variety of things you can do in hospital and at home to reduce the chance of your child developing a pressure ulcer.

Turning and repositioning

This can help relieve pressure on specific parts of the body. In hospital, we aim to move your child approximately every two hours, or more often if needed. Before your child leaves hospital, we will talk with you about how often to move them at home and the best ways of doing this. There may be times when moving your child is not an option, but we will explain how you can still help in this situation.

It is important that your child is not lying on any tubing, wires or other equipment used in their treatment and that the sheets are not creased.

Whilst in hospital, your nurse will assess your child to see if pressure re-distributing equipment is required. This may be a different mattress, chair cushion or heel 'off-loading' boots. If your child needs to go home with any equipment, this will be arranged ready for when they are discharged from hospital.

Regular skin assessment

Look at your child's skin regularly, especially their heels, hips, bottom, elbows, back of their head and ears. If you notice any red or purple marks or blistering on your child's skin, please seek advice from their care team straight away.

Splints and casts

If your child has a removable splint or removable cast, their care team will discuss with you how often that the splint/cast should be removed for the skin underneath to be checked. Speak to your child's care team as soon as possible if you notice any red or purple areas that do not disappear, or any skin blistering.

If your child's splint/cast is not removable, you will be given advice and a leaflet from the Plaster Room about how to look after it.

Your child's care team will give you information on the best way to position the splint/cast during the day and night.

If your child complains (or shows signs) of any pain due to the cast, such as pressure in one area or rubbing, please seek advice as soon as possible from their care team. Aim to keep your child's skin dry underneath the splint/cast.

Nappy and pad changing

If your child uses nappies or pads, we suggest you change them more frequently than usual, to prevent moisture building up on your child's skin.

Avoid the use of soap products, as these can dry the skin. We can recommend creams and barrier products to use to protect against moisture and nappy rash.

Balanced diet

Drinking and eating well is especially important for children at risk of developing a pressure ulcer, as this will help their body to heal. If your child is on a special diet or feeding regime, their dietitian will be able to give you advice about keeping their diet healthy.

Further information

If there is anything else you would like to know, please speak to a member of your child's care team on the ward.

If you are concerned at any time after your child has left hospital about any new areas of skin which you think might be forming a pressure ulcer, please seek help from your family doctor (GP) or community nursing team.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

Author: Tissue Viability Service, Oxford University Hospitals NHS Foundation Trust
July 2017
Review: July 2020
Oxford University Hospitals NHS Foundation Trust
Oxford OX3 9DU
www.ouh.nhs.uk/information

