



A lifetime of specialist care

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Prevention and treatment of pressure ulcers in children





Table of contents

- What is a pressure ulcer? 3
- Who is at risk of getting a pressure ulcer? 3
- Where can pressure ulcers develop? 4
- Where pressure ulcers happen on the body 6
- How can I reduce the risk of my child getting a pressure ulcer? 7
- What you need to do 7
- What else should I do? 9
- What happens if your child gets a pressure ulcer? 9
- What are the treatments for pressure ulcers? 9
- More information 10
- Useful contacts 11

This leaflet gives you general information about the prevention and treatment of pressure ulcers in children. It does not replace the need for personal advice from a health professional. Please ask us if you have any questions.

What is a pressure ulcer?

A pressure ulcer (also known as a bed sore) is damage to the skin and the deeper layers of tissue under the skin. It happens when pressure is applied to the same area of skin for a long time which cuts off the blood supply, starving the skin and tissue of oxygen and nutrients.

Pressure ulcers can develop in children who have to stay in a bed or a chair for a long time, or children who do not move much because they are unwell.

They are commonly caused when children need to use equipment such as a face mask, tubes, ties (to keep medical devices in place) or an intravenous line (a thin plastic tube inserted into a vein to deliver medication or fluids).


A pressure ulcer can develop very quickly. It usually starts with the skin in the affected area changing colour. At first, it may appear slightly redder, warmer or darker than usual. If action is not taken quickly, it can develop into a blister or an open wound. This is a pressure ulcer.

Pressure ulcers can become painful, cause a serious infection and take a long time to heal.

Who is at risk of getting a pressure ulcer?

People of any age can get a pressure ulcer. Children may be at a higher risk of getting a pressure ulcer if they:

- have problems moving or changing position without help
- cannot feel pain over part, or all, of their body
- are older and have problems controlling their bladder/ or wear nappies
- have an underlying condition that means they have poor circulation

- 
- are having an operation
 - have had a pressure ulcer before
 - have a poor diet and do not drink enough water or milk
 - need to use devices that rest on the skin
 - have an injury which affects how they move.

The more of the problems listed above that a child has, the more he/she is at risk of getting a pressure ulcer.

If your child is at risk of getting a pressure ulcer, the nurse or doctor will explain to you why and what can be done to prevent it.

When children are admitted to hospital, they are assessed as soon as possible to see whether they are at risk of developing a pressure ulcer.

If they are not at risk, they will be reassessed if there is a change in their condition that puts them at risk (for example, if they have surgery, or a condition or illness gets worse).

Where can pressure ulcers develop?

Pressure ulcers often develop on bony parts of the body, for example:

- nose
- shoulder blades
- elbows
- lower back
- hips
- sacrum (a large, triangular bone at the base of the spine) and bottom
- ankles
- heels and toes.

Pressure ulcers can also develop when medical equipment is in contact with the skin causing:

Shear damage

This is damage to the deeper layers of the skin. It can happen

when a person slides down or is moved up in a bed or chair, for example.

Rubbing

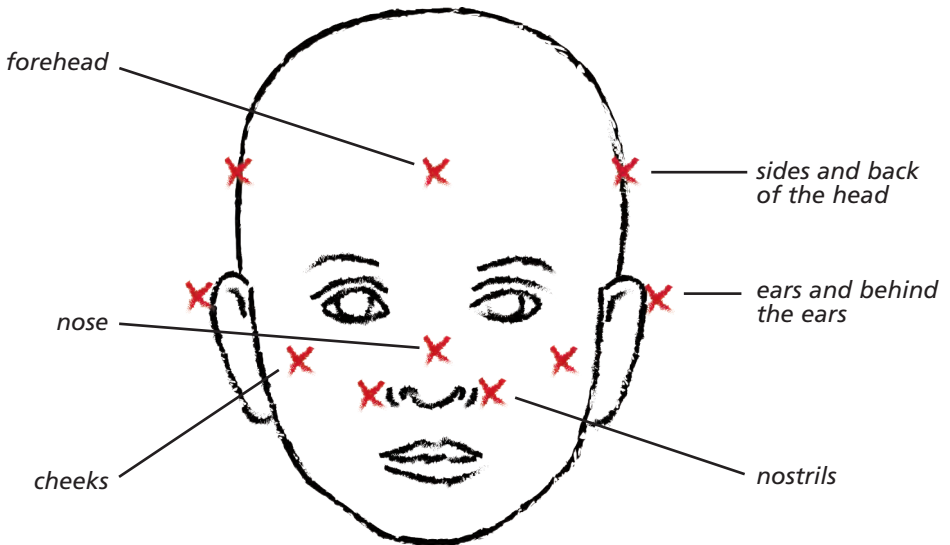
This can happen when devices rub on the skin, for example, when using face masks or equipment which has prongs (such as those, that fit into the nostrils of the nose for delivery of oxygen – see picture on front cover).

Pressure ulcers on the face

Pressure ulcers happen where the face mask and ties (to secure it) touch the skin:

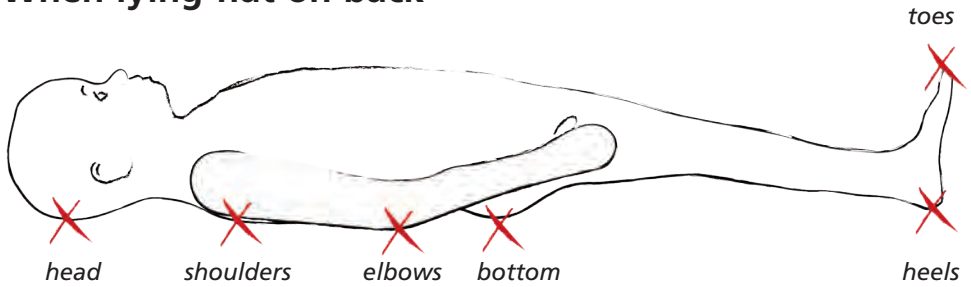


Face mask

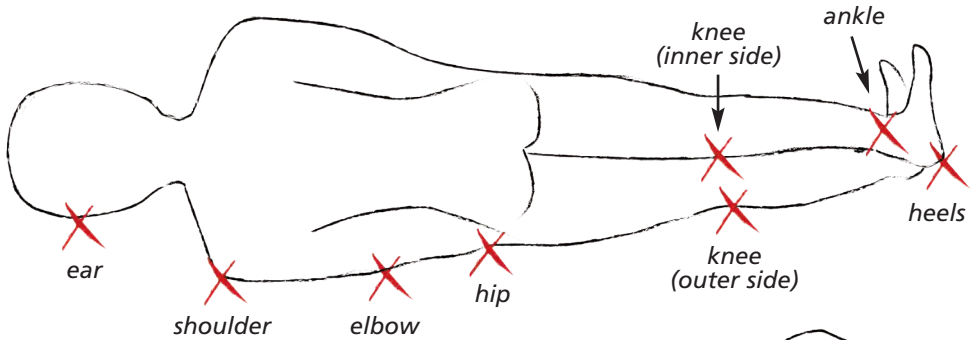


Where pressure ulcers happen on the body

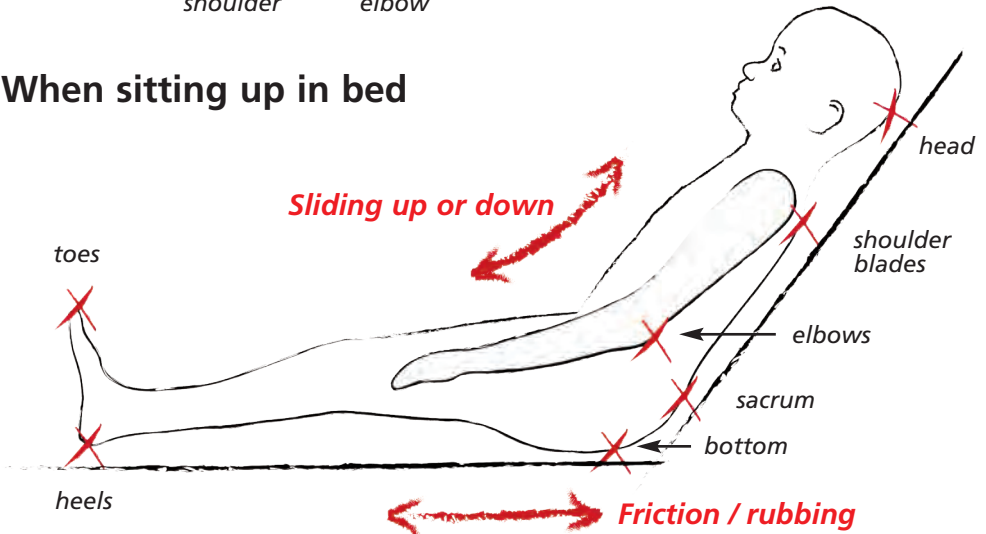
When lying flat on back



When lying flat on one side



When sitting up in bed



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


There are steps that you can take to help reduce the risk of your child getting a pressure ulcer. Any one of the healthcare professionals involved in the care of your child will give you advice on how pressure can be reduced or relieved on areas of the skin that are vulnerable to pressure ulcers.

The healthcare professional could be a nurse, doctor, dietitian, occupational therapist, physiotherapist, play specialist or tissue viability clinical nurse specialist (a nurse who specialises in pressure ulcer and wound care).

What you need to do

Take care of your child's skin

- Check your child's skin every day for signs of a pressure ulcer – red marks or dark purple areas, for example.
- Keep your child's skin clean and dry whenever possible.
- Making sure you wash and dry your child's skin as soon as it becomes soiled.
- After washing your child, gently pat the skin dry rather than rubbing it.
- Moisturise dry skin regularly. A barrier cream or spray may be recommended to help protect your child's skin from the effects of urine, faeces, sweat or 'ooze' from a wound. This should be applied lightly.
- Avoid getting crumbs or creases on your child's bed sheets and on chairs where your child is sitting, as these can cause rubbing.
- Remove any hair braids because lying on them can cause pressure ulcers.

- 
-
- Do not massage any areas where pressure ulcers can develop (see pictures on page 6).

Make sure your child has the right support

- Speak to your child's healthcare professional about specialist mattresses and equipment. He/she will be able to advise on the most appropriate equipment.
- Support your child with positioners (pillows, fluidised positioners, or rolled blankets) to stop him/her sliding down a bed or chair because this can cause rubbing or shearing (see page 6).
- Support and raise your child's heels using a small pillow or positioner so they do not touch the mattress.
- Try to reduce the number of layers between your child and his/her pressure-relieving mattress and/or cushion.
- Check your child's equipment regularly. Make sure wheelchairs, cushions and splints are regularly adjusted by an occupational therapist or physiotherapist.

Keep your child moving

- Encourage and/or help your child to change position as often as possible. This will help relieve pressure on the bony parts of the body. If your child already has a pressure ulcer, lying or sitting on it should be avoided as this will make the ulcer worse.
- If your child is in hospital, ask a ward nurse to help you reposition your child using a slide sheet.
- Make sure your child is not lying on any tubes, wires or other equipment.

Eating and drinking

Ensure your child eats a well-balanced diet with plenty of fresh fruit, vegetables and protein-rich foods (e.g. meat, fish, eggs, cheese and dairy products).

Encourage your child to drink enough fluids, particularly water. Drinking water and having a good diet will keep the skin soft and supple and help to prevent pressure ulcers.

What else should I do?

- Contact your healthcare professional if you notice any sore areas of skin on your child, or your child says any areas are painful or sore.
- If your child wears a cast, splint or body brace, tell your child's healthcare professional immediately if you notice any skin changes. Spotting symptoms early means steps can be taken to prevent a pressure ulcer developing.
- Make sure anyone helping you reads this leaflet.

What happens if your child gets a pressure ulcer?

Wherever possible, we do everything to reduce the risk of your child getting a pressure ulcer.

In the event of a pressure ulcer developing, your child's nurse or doctor will regularly reassess it to decide on the best treatment.

What are the treatments for pressure ulcers?

Pressure redistributing equipment

A healthcare professional will assess your child and recommend the most suitable equipment, which will then be supplied. This could be a mattress, head support, cushions or special pressure-relieving dressing, for example.

Eating well

A dietitian can advise on particular nutrients that may be added to your child's diet to help with pressure ulcer healing. Please ask your nurse if you want to speak to a dietitian.



Dressings

Your nurse or tissue viability clinical nurse specialist will talk to you about the best type of dressing for your child's pressure ulcer. If there is a sign of infection in the pressure ulcer, your child may also be given special 'antimicrobial' dressings to help fight infections.

Pain management

While your child is in hospital, he/she will be regularly assessed by nurses to see if they have any pain from the pressure ulcer. Your child may be given pain relieving medicines for wound cleaning or dressing changes.

Removing damaged skin

Sometimes it may be necessary to remove the damaged skin and the tissue below it. This will help it to heal.

More information

If you have any questions about pressure ulcers, please ask your healthcare professional.

There is also more information available from:

- National Institute for Health and Care Excellence (NICE):
www.nice.org.uk/guidance/cg179/ifp/chapter/About-thisinformation
- National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Injury Alliance:
www.npuap.org
- Your Turn – campaigning to prevent pressure ulcers:
www.your-turn.org.uk

Useful contacts

Tissue viability clinical nurse specialists

Royal Brompton Hospital

0330 12 88121 ext 82970 bleep 7074

Harefield Hospital

0330 12 88121 ext 85346 bleep 6239

Rehabilitation and therapies

0330 12 88121 ext 84181

Play service

Play team referrals

Email: **PaediatricPlayTeam@rbht.nhs.uk**

Tel: **0330 12 88121 ext 82026**

Play service manager

0330 12 88121 bleep 1294

Clinical psychologist

0330 12 88251

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call PALS on:

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

You can also email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
Tel: 0330 12 88121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
Tel: 0330 12 88121

Website: www.rbht.nhs.uk

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercumesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercümenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

