Preventing Pressure Injuries in Children

CLINICAL EXCELLENCE COMMISSION

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Developed by
NSW Paediatric Pressure Injury Resources Working Group
Background

A pressure injury is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, shear, or a combination of these factors.

Pressure injuries may develop under plasters, splints or braces, and around medical equipment such as tubes, masks, drains and cannulas.
Assessment of pressure injury risk

The most effective approaches to prevention and management include:

• Timely assessment
• Use of a validated risk assessment tool
• The engagement of patients and/or their parent/carers
• Individualised care plans which address risk factors identified
• Monitor and analyse pressure injury data
• Quality improvement activities
Pressure injury risk factors

Three primary predictors of pressure injury development:

• Devices/objects/hard surfaces causing unrelieved pressure the on skin
• Reduced mobility/activity
• Other risk factors influencing perfusion
Children at risk

• Reduced activity and mobility levels
• High/low body mass index and/or birth weight
• Skin immaturity
• Increased temperature
• Altered nutritional and hydration indicators
• Reduced perfusion and oxygenation
• The presence of an external device
• Reduced or impaired sensation
• Long duration of hospital stay
Where a pressure injury could occur

- Around/under plaster casts, braces or splints
- On and around the spine and shoulder blade
- On and around the ears or nose
- On the back of the head
- On the coccyx
- On the heels
Reducing the risk

- Assess every child’s level of risk as recommended
- Check skin regularly
- Position changed regularly
- Nappies changed as soon as wet or dirty
- Support parent/carers
- Regularly reassess the child’s nutritional and hydration requirements
- Utilise specialised equipment to relieve pressure
- Keep child’s skin clean and dry
What is a risk assessment?

The result of the two-part assessment will inform the clinical decision making process.

• Use a validated pressure injury risk assessment tool (e.g. Adapted Glamorgan or Braden Q), and

• Skin assessment that is based on visual inspection.
What is a skin assessment?

A skin assessment is a general examination of the skin.

It includes examination of the entire skin surface to check integrity, and identify any characteristics indicative of pressure damage/injury.

This entails assessment for erythema, blanching response, localised heat, oedema, induration, and skin breakdown.

Check the skin beneath devices, prosthesis, and dressings, when practical.
When to do a risk assessment?

Assessed within 8 hours of presentation to the health facility by health staff skilled in using the risk assessment tool.

| For patients identified at risk of developing a pressure injury, the two-part assessment is to be repeated | Daily as a minimum, and:  
- If there is a change to health status or mobility  
- Pre-operatively, and as soon as feasible after surgery  
- On transfer of care  
- If a pressure injury develops |
Parental education

• Important to discuss pressure injury risk and appropriate interventions

• Provide information sheet as soon as possible
When a pressure injury is identified

- Assess child and provide immediate care
- Notify child’s medical team and consult appropriate senior nurse for advice and to review child
- Document injury in child’s clinical record:
  - Wound location; size and appearance at time of report
  - Care actions that followed
- Complete incident report
- Inform parent/carer if not present during assessment
- Implement appropriate care actions
Who do I ask for more information?

Local Health District Pressure Injury Steering Committee Representative

OR

Local Health District Children’s Healthcare Network Paediatric CNC

OR

Clinical Excellence Commission
Awareness raising posters
Acknowledgements

NSW Paediatric Pressure Injury Resources Working Group
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