

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.



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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



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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



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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



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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.



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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.

	Inpatients
For patients identified at risk of developing a pressure injury, the two-part assessment is to be repeated	<p>Daily as a minimum, and:</p> <ul style="list-style-type: none">• 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



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PRESSURE INJURY PREVENTION FOR CHILDREN IN HOSPITAL

INFORMATION FOR PARENTS AND CARERS

A pressure injury is an injury to the skin, caused by unrelieved pressure. They can happen quickly, be painful and take a long time to heal.

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

They can also develop around the back of the head, on the ears or nose, on the spine, shoulder blades and tailbone, and on the heels.

Children at increased risk

Children have an increased risk of developing a pressure injury in hospital if they have:

- a plaster cast, splint or brace
- equipment and other things pressing on their skin
- limited movement, or are restricted to bed
- reduced feeling
- been very unwell
- not been eating or drinking enough.

Signs of a pressure injury

A pressure injury may be developing if your child has any of the following signs:

- Redness of the skin, or changes in skin colour
- Tenderness, pain, or itching in affected areas
- Blistering
- Broken skin
- There is an unpleasant smell coming from the area under a plaster, splint or brace, or it is leaking fluid.

If you notice any signs of a pressure injury, notify a nurse or other care team member.

Pressure Injury Prevention for Children in Hospital: Information for Parents and Carers, Released March 2016, © Clinical Excellence Commission 2016. GHPN (CEC) 160113

Reducing the risk of a pressure injury in hospital

Speak with the doctors, nurses and other care team members and ask how you can help prevent a pressure injury. You can also:

- Check your child's skin regularly for any signs of a pressure injury, especially under medical devices
- Where possible, encourage your child to move or change their position regularly
- Speak with the staff who are caring for your child about your child's diet and how much they are drinking
- If your child wears a nappy, ensure it is changed as soon as possible when it becomes wet or dirty
- Keep your child's skin clean and dry, and use a 'skin friendly' cleanser and moisturiser daily.



About the Pressure Injury Prevention Project

The Pressure Injury Prevention Project is a project run by the Clinical Excellence Commission. It promotes best practice for the prevention and management of pressure injuries. For further information, please visit www.cec.health.nsw.gov.au/programs/pressure-injury-prevention-project

Acknowledgement

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.), Cambridge Media, Osborne Park, Australia, 2014.



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



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Awareness raising posters



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Thank you

For further information:

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