

PRESSURE INJURY PREVENTION FOR CHILDREN IN HOSPITAL

INFORMATION FOR CLINICIANS

A pressure injury is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, resulting from sustained pressure (including pressure associated with shear). Children have an increased risk of developing a pressure injury, as they are not able to verbalise their pain or discomfort.

Children at increased 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.

Pressure injuries occur

- Around/under plasters, splints or braces, and medical devices such as tubes, masks, drains and cannulas
- On the back of the head
- On and around ears or nose
- On the coccyx
- On the heels
- On and around the spine and shoulder blade.

Risk assessment

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

1. Use a validated pressure injury risk assessment tool (e.g. Adapted Glamorgan or Braden Q), and
2. Skin assessment that is based on visual inspection.

When to do a risk assessment

Children should be assessed within 8 hours of presentation by health staff skilled in using the risk assessment tool. For children identified at risk of developing a pressure injury, the two-part

assessment is repeated daily as a minimum, and also

- If there is a change to health status or mobility
- Pre-operatively, and as soon as feasible post-surgery
- On transfer of care
- If a pressure injury develops

Parent, family and carers education

It is important to discuss the early warning signs of pressure injury with parents, family and carers. Providing education on prevention and appropriate interventions will reduce the child's likelihood of developing a pressure injury. Parents, family and carers of children identified at risk should be engaged and provided with education including an information sheet as soon as possible.

Actions to reduce the risk of pressure injury

- Assess every child
- Check skin regularly, under plasters, splints or braces, under/around medical devices (tubes, masks or drains)
- Change the child's position regularly - two hours during the day and four hours at night or more frequently if required
- Regularly reassess the child's nutritional and hydration requirements
- Utilise specialised pressure-relieving equipment, such as cushions and mattresses
- If the child wears a nappy, encourage the parents/carers to ensure it is changed as soon as it becomes wet or dirty
- Keep the child's skin clean and dry, use a 'skin-friendly' cleanser and moisturiser
- Encourage parents, family and carers to be aware of the early warning signs and inform clinicians
- Incorporate parents, family and carers in the development of the child's care plan and interventions
- Engage the child as appropriate.

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.

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PRESSURE INJURY
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