

Pressure relieving devices

If your child requires long periods of bed rest or has reduced activity, you may need specialist equipment. Pressure reducing mattresses are available in hospital and for home use.

An Occupational Therapist can advise on where to obtain these products, which include high specification foam mattress, air bed, cushion, trough, pillow, slide sheet and hoist.

Film dressings that can stick to the skin can help prevent friction. Hydrocolloid dressings can protect against friction and incontinence.

Regular wheelchair assessments are also necessary for long-term users.

REMEMBER:

- S - SURFACE** - think about the length of time spent on the bed or chair
- K - KEEP MOVING** - is assistance needed to reposition?
- I - INCONTINENCE** – keep skin clean and dry. Consider the use of continence products
- N - NUTRITION** – eating a well-balanced diet and keeping well hydrated is very important

Early signs of a pressure ulcer

- Redness
- Discomfort or pain
- Bluish/purplish patches
- Areas of cool or hot skin
- Blisters or skin damage
- Patches of hard skin

Report any changes to the skin immediately to a healthcare professional who can advise on pressure area care.

If you have any questions or concerns as a patient or carer, please speak to your Children and Young People's Homecare Team Nurse on 01270 612071

This leaflet is available in audio, Braille, large print and other languages.
To request a copy, please ask a member of staff.

Pressure Ulcer Prevention for Children and Young People at home

Information for parents and carers



What is a pressure ulcer?

A pressure ulcer is an area of damage to the skin caused by unrelieved pressure (also known as pressure sores or bed sores).

What is moisture lesion?

Ulcers can also be caused by moisture, where the skin is abnormally wet for prolonged periods with urine or faeces for example.

The range in severity is from skin discolouration to severe open wounds where muscle and bone are visible.

What causes pressure ulcers?

Children who have a neurological condition, impaired mobility, impaired nutrition, poor posture, injury, or are seriously ill are more likely to develop a pressure ulcer. If good blood flow is interrupted due to a child's inability to move freely, the tissue will begin to break down.

Pressure - from lying in one position too long, or pressure from medical devices essential to life which cannot be compromised.

Friction - from skin rubbing against a surface.

Shearing - caused by pulling the child up or down the bed.

Moisture - from sweat, urine or faeces.

Immobility – inability to move freely due to diagnosis or injury.

Early signs include red marks, broken skin, blisters and pain.

Unsettled behaviours, inconsolable crying, unexplained fever, excessive sweating, reduced appetite or an area your child they will not allow you to touch. An offensive smell from an area under a plaster brace/splint could also be an early sign of a pressure ulcer.

Pressure areas are often preventable, therefore you should react to red skin.

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

Pressure ulcers can develop anywhere on the body, but are mostly found over bony areas such as heels, elbows, hips, bottoms, ankles and sides of the feet. As well as under plaster casts and braces, medical equipment such as tubes, masks, tapes, drains and probes can also cause pressure injury.

Babies and young children have large heads and this puts extra weight and pressure on the back of the head and ears therefore these are common areas where pressure ulcers may develop.

How can I help in preventing a pressure ulcer?

As part of your child's care we are committed to ensuring that your child receives the best possible care to prevent pressure ulcers. When your child goes home, your Homecare Nurse will risk assess your child's skin at their first home visit and monitor as part of your child's ongoing care. They will then discuss a management plan with you and take steps to ensure a pressure ulcer prevention strategy is commenced and documented as required.

As a parent you can take an active part in monitoring your child's skin condition. If you notice a reddened area on your child's skin which remains red after relieving the pressure to that area, please inform your child's nurse.

Healthy skin is our aim Prevention is better than cure

Observe - check your child's skin regularly, at least morning and night, inspect high risk areas and those that are constantly moist. Check areas in plaster, splints or braces and be aware of pain and discomfort.

Position - change your child's position regularly. Avoid dragging when moving your child, always ask for help. If your child cannot move themselves, then reposition them two hourly during the day and four hourly during the night. Where children can move actively it should be encouraged. Make sure your child is not lying on tube wires, creased sheets or other equipment. Use moving and handling equipment (after training) to aid position changes.

Hygiene - use soap or liquid cleansers that are pH negative, unperfumed and alcohol free. Avoid massaging or rubbing the skin. Apply moisturisers to dry skin and barrier cream to moist skin.

Nutrition - make sure your child has a healthy diet and drinks lots of fluids or follows the feeding plan as detailed by your Dietitian. Good nutrition will maintain healthy skin and help heal wounds.