



Tissue Viability Service
Pressure Ulcer Prevention
Information for parents and carers

Introduction

Sometimes, for a variety of reasons, people who are unwell develop pressure ulcers (bed sores). Most people think that this only happens in elderly people but that is not true, children can also be affected. This leaflet is designed to give you information to help us to reduce the risk of your child developing one whilst in hospital.

What are Pressure Ulcers?

Pressure ulcers happen when there is a constant pressure on an area of skin because the person is not able to move or change position. They can also occur due to friction such as rubbing on bed sheets. Excessive moisture on the skin, including urine and faeces can also weaken the skin making it more likely for a sore to start.

The areas children are most likely to develop pressure ulcers are:

- the back of the head
- ears
- heels
- elbows
- base of spine
- in the nappy area.

The first thing you may notice is the area may look a little “bruised”. It may be red in light skinned people or darker than the normal skin in dark skinned people. The skin may look shiny or feel “tight” or warmer than the skin around it. As it develops a blister may appear.

How can we prevent pressure ulcers happening?

After your child is admitted we will do an assessment which helps us identify patients who may be “at risk” of developing an ulcer. We look at how active they are, whether they have any pain or discomfort, whether their blood circulation is good and whether they are in nappies or pads.

If we decide your child is “at risk” this does not mean they will definitely develop a pressure ulcer. The assessment allows us to discuss with you any extra measures we may need to take to prevent one happening.

Throughout your child’s stay in hospital we will look closely at their skin regularly to check that a pressure ulcer is not developing.

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What will we do if we think your child is “at risk”

As soon as we identify your child may be “at risk” we will discuss with you the kind of measures we may take. We will welcome parent and carer support in helping us to implement them.

Turning and Repositioning.

Changing position helps to relieve pressure on certain parts of the body. It may be that your child is turned from side to side or arms and legs are repositioned. This may be done as often as every two hours, but this depends on the individual patient.

Sometimes we may not be able to move your child for medical reasons but if that is the case we will explain that to you.

Mattresses.

All of our cot and bed mattresses are made of a special foam which is good for patient who are “at risk” of developing a pressure ulcer. Occasionally we may decide we need to get a special “air mattress” for your child. If we do we will discuss this with you.

Skin Care.

Excessive moisture on the skin may weaken its resistance to developing a sore. This may be due to “sweat” or urine or faeces so we may need to change nappies or pads more frequently than usual. We may also use creams and sprays to prevent against moisture and nappy rash.

Medical Equipment.

Some children have lots of essential medical equipment attached to them as part of their treatment for example a pulse oximeter attached to a finger or toe which can also sometimes cause pressure. To minimise this happening we may move these around frequently to reduce the risk. If your child does develop a sore area they may be referred to the Tissue Viability Nurse or to the Plastic surgery Team who would advise on how to treat the sore which is usually with special dressing to encourage it to heal.

Very occasionally they may need a surgical operation to help it heal.

Who to contact if you have any queries

Please speak to the nurse looking after your child or ask to speak to the Ward Manager.

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment. This information can be made available in other languages and formats if requested.

Alder Hey Children's NHS Foundation Trust
Eaton Road,
Liverpool
L12 2AP
Tel: 0151 228 4811
www.alderhey.nhs.uk