4) Moisture lesions
Moisture lesions (such as nappy rash) are very common in children. When children are ill or have low immunity, moisture lesions can sometimes progress rapidly. Worsening of lesions can lead to mild perineal erythema (a salmon-coloured rash in the nappy area) or, more severely, dermal ulcers (sores on the skin followed by the disintegration of the tissue). Friction and frequent nappy changes can make the problem worse, and can increase the risk of an infection developing in this area.

If you are concerned about any of the above, please talk to the doctor or nurse caring for your child.

Some people have to live with the risk of pressure ulcers developing, for example those who have altered sensation (sensations such as cold, warmth, tingling and pressure that are experienced spontaneously in the absence of stimulation). In these circumstances, health professionals will already have provided the child and his/her family with advice on how to minimise the risk of a pressure ulcer developing.

Looking after your child’s skin in hospital
Skin is a barrier against infection, so it is important to look after it.

Correct sitting and lying positions are important, so we may reposition your child more frequently, or just move their arms/legs. We may also increase the frequency of nappy/pad changing to prevent the build-up of moisture.

Your child’s skin will be inspected regularly by the nurse to detect early signs of pressure damage. Families and carers can also help by checking the child’s skin.

Sometimes it is not possible to prevent a pressure ulcer developing. In these cases your doctor or nurse will use appropriate wound healing interventions, such as dressings. It is important that the same steps taken to prevent pressure ulcers are continued during the treatment of a pressure ulcer.

Useful contacts
If you have questions or concerns about pressure ulcers, please contact the nurse in charge of your child’s care.

NHS Choices
NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. Web: www.nhs.uk
St George’s is committed to the prevention of pressure damage both in our hospitals and our community settings. We want you to be involved in your child’s care, and encourage both you and your child to participate in decisions regarding the prevention of pressure ulcers. This partnership in care results in better outcomes for your child.

What is a pressure ulcer?
A pressure ulcer is a type of damage that breaks down the skin and underlying tissue. The first sign of a pressure ulcer forming is discolouration of the skin – red patches on light-skinned children and blue/purple patches on dark-skinned children. Blisters and cracks may form, and the skin may feel hot, firm and/or shiny.

Most pressure ulcers are the result of either pressure or shear. These are explained in more detail below.

Pressure Ulcers
Pressure ulcers may be caused when the skin and soft tissue become trapped between an internal and an external surface.

Shear
Shear may occur if your child slides down the bed, dragging their skin against the sheet. It may also be caused by repetitive movement against a surface. Moisture (such as a wet bottom) can make ulceration more likely.

Pressure ulcers in children are most likely to develop on the back of the head, ears, bridge of the nose, shoulder blades, elbows, base of the spine, nappy area and heels.

Why is my child at risk of pressure ulcers?
There are certain circumstances under which your child may be at greater risk of forming pressure ulcers. This is especially true if your child has:

1) Reduced mobility
You should be particularly aware of the potential for pressure ulcers if:

- your child is ill and has to stay in bed or in a chair for long periods of time
- your child’s illness or medical condition makes it difficult for them to move. This may also be linked to pain on movement
- your child is using a medical device or monitor that restricts their movement.

It is important to regularly have equipment such as wheelchairs, cushions, and splints checked and appropriately adjusted, as ill-fitting equipment is less effective. You may need to perform additional checks as your child grows and gains weight.

2) Reduced nutritional intake
If your child is malnourished (not getting the right nutrients from food) their skin and tissues may become dry and may be damaged more easily.

3) Poor circulation
The risk of pressure ulcers is increased for children who have circulatory or respiratory conditions that affect their blood flow. This is because their skin and tissue does not always get the oxygen it needs. In these children, the limbs and extremities (hands, feet, fingers and toes) should be monitored closely so that early signs of pressure damage can be spotted.

Premature babies and children with complex circulatory conditions are also at high risk of developing pressure ulcers, which are not always avoidable.