



Great Ormond Street Hospital for Children NHS Foundation Trust: Information for Families

Treating and reducing the risk of pressure ulcers after leaving hospital

Our skin is the most important barrier against infection so we need to look after it carefully. Sometimes, for a variety of reasons, people who are unwell develop pressure ulcers. They can be very painful and can lead to complications. Most people think that pressure ulcers only affect older people but this is not true.

At Great Ormond Street Hospital (GOSH), we recognise that children can develop pressure ulcers too. This information sheet explains about the steps you can continue to take at home to reduce the risk of your child developing a pressure ulcer. It also explains how to manage a pre-existing pressure ulcer at home.

What are pressure ulcers?

Pressure ulcers (also known as bed sores) happen when there is constant pressure on an area of skin because a person is not able to move or change position. Some medical devices can cause pressure ulcers, for instance CPAP masks, nasogastric tubes or splints.

Pressure ulcers can also form when there is friction against the skin, for instance, rubbing on a bed sheet. Moisture can also make it more likely for a sore area to start. Areas that can be affected in children include: the back of the head, ears, heels, elbows, base of the spine and the nappy area.

Signs of a pressure ulcer

Pressure ulcers can range from intact but discoloured skin to a blister. In the worst cases, the skin breaks down to form a deep wound.

When a pressure ulcer is first developing, the area can just look a bit bruised. In light-skinned people, the area might look reddened or in darker-skinned people, the area might look darker. The skin might seem shinier than usual and feel 'stretched'. As a sore area develops, the skin might swell or develop blisters or crack. There might be hard areas which are painful.

Preventing pressure ulcers

While your child has been staying in hospital, we have completed skin assessments to decide if they are at risk of pressure ulcers. If we decide that your child is 'at risk', this does not mean that they will definitely develop a pressure ulcer. It just alerts us to put special equipment and nursing care in place to stop one developing.

If your child has developed a pressure ulcer

We will have started to treat the pressure ulcer while your child is staying with us – this will continue when you return home. We will make contact with your family doctor (GP) or community nursing team to arrange them to review your child's skin and change dressings as needed.



If your child is 'at risk'

There are a variety of things you can do at home to reduce the chance of a pressure sore developing. These can include:

Turning and repositioning – This helps relieve pressure on specific parts of the body. We might suggest turning your child over or repositioning their arms and legs. In hospital, we aim to move your child every two hours or more frequently if needed. We will discuss how often to move your child at home and the best ways of doing this. There will be times when moving your child is not an option, but we will explain if this is the case.

Regular skin assessment – We recommend that you check your child's skin regularly, especially bony areas such as heels, base of spine and elbows. This will help you to recognise the early signs of a pressure ulcer so you can seek help promptly.

Protective dressings – You may have been given a dressing such as Aderma® or Siltape® to help protect your child's skin from rubbing. This acts as an extra layer of padding between either the device and skin or the bed and body. Please use this as advised.

Balanced diet – Eating and drinking are especially important for those at risk of developing a pressure ulcer. A good balanced diet and hydrating fluids will increase skin integrity. If your child is on a special feeds or under the care of a dietitian, they will be able to advise you about keeping your child's diet healthy.

Special 'air' mattress – These are different to regular bed mattresses and also relieve pressure on your child's skin. Again, there are circumstances where an air mattress is not suitable. If you need an air mattress, your child's occupational therapist will have ordered one for you at home.

Nappy and pad changing – If your child uses nappies or pads, we suggest you change them more frequently than usual to prevent any moisture building up on your child's skin. We can also recommend creams and sprays to use to protect against moisture and nappy rash.

Aqueous cream – We suggesting using this instead of soap when you wash your child, as it is moisturising but not greasy. It is particularly useful if your child develops nappy rash, as it is non-irritating. Keeping skin hydrated with a moisturising cream is also good for maintaining skin integrity.

Barrier cream or spray – This helps protect the skin against urine, faeces and sweat and comes as a cream or a spray. You can put this on areas at risk at least twice a day.

Implications of pressure ulcers

Pressure ulcers can be painful and lead to complications. Some children are more prone to developing pressure ulcers than others. Our aim is to prevent pressure ulcers before they develop. If your child has developed a pressure ulcer previously, please discuss the implications of this before you leave hospital. If your child is re-admitted to GOSH or another hospital, please tell your nurse so that they are aware.

If you are concerned at any time following discharge about any new areas of skin which you think might be forming a pressure sore, please seek help from your family doctor (GP) or community nursing team in the first instance. If you have a follow up appointment at GOSH, please tell your doctor at GOSH as well.