Preventing Pressure Injuries

1. Complete Risk Assessment
   - A structured risk assessment should be completed as soon as possible to ensure early recognition of individuals at risk.
   - Completed on admission, daily or when a patient’s condition changes, when a patient is transferred from one ward/department to another.
   - RCH follows the Glamorgan Pressure Ulcer Risk Assessment scale.

<table>
<thead>
<tr>
<th>Pressure Injury Risk Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td></td>
</tr>
<tr>
<td>Child cannot be moved without great difficulty or deterioration in condition/general anaesthetic</td>
<td>20</td>
</tr>
<tr>
<td>Unable to change his/her position without assistance/cannot control body movement</td>
<td>15</td>
</tr>
<tr>
<td>Some mobility, but reduced for age</td>
<td>10</td>
</tr>
<tr>
<td>Normal mobility for age</td>
<td>0</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Equipment/ objects / hard surface pressing or rubbing on skin</td>
<td>15</td>
</tr>
</tbody>
</table>

Patients with a risk score of 10 or greater require a Pressure Injury Prevention Plan.

2. Develop a Pressure Injury Prevention Plan

Prevent friction & shearing forces during repositioning and transfers:
- Lower bed head prior to repositioning
- Use slide sheets to move patient
- Apply skin barrier dressing

Reduce moisture:
- Apply barrier cream to high risk areas
- Keep skin dry and clean
- Investigate and manage incontinence

Skin Inspection:
Inspect skin of all patients on admission and at each repositioning to identify indications of pressure injury.
- Patients with a pressure risk assessment score of 20+ should have their skin inspected HOURLY.

Barrier Cream:
Barrier creams place a physical barrier between the skin and contaminants that may irritate the skin and lead to breakdown.

PICU has a variety of barrier cream products on imprest for use:
- Nappy goo – contains zinc oxide which provides a protective barrier on top of the skin that protects skin from moisture and irritants
- Calmoseptine – also contains zinc oxide
- Hamilton dimethi cream – contains a silicone polymer (Dimethicon) which is a proven water repellent

When to use?
- Prevention/treatment of nappy rash and sacral pressure injuries
- Any area of body susceptible to moisture i.e. underarms

Nutrition:
High risk patients should be referred to a dietician for a nutritional assessment and appropriate dietary recommendations to prevent compromise to skin integrity.

Positioning & repositioning:
- It is recommended that patients who are unable to reposition themselves (most PICU patients!) should be repositioned every 2 hours!
- Repositioning should be performed regardless of the support surface on which the patient is managed i.e. pressure mattress.