

ALL WALES PAEDIATRIC PRESSURE ULCER CARE PLAN

(Paediatrics 0-18years)
NHS Wales v1.2 (13/02/2025)

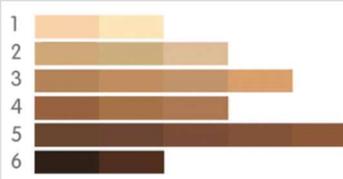
ADDRESSOGRAPH

Hospital		Ward	
Date of Assessment		Time of Assessment	

CYP-Child/ Young Person

Risk assessment outcome: (please tick)	Aim of Care:
<input type="checkbox"/> Primary Prevention Pathway: CYP at risk of developing pressure damage	<ul style="list-style-type: none"> ▪ To prevent pressure ulcer development
<input type="checkbox"/> Secondary Prevention & Treatment Pathway: CYP has existing pressure damage	<ul style="list-style-type: none"> ▪ To prevent pressure ulcer development ▪ To prevent deterioration of existing pressure ulcer and promote healing

Reassess risk of pressure ulcer development if there is a change in risk factors or clinical condition

Plan of Care	
<p>Skin Inspection <i>Frequent assessment of the CYP's skin condition will help to identify the early signs of pressure ulcer development.</i></p>  <p><i>Colour Bar Tool (Ho and Robinson, 2015)</i></p>	<ul style="list-style-type: none"> • Document individualised skin tone below. • Check pressure areas for signs of skin/pressure ulcer changes when repositioning or attending to hygiene needs and at dressing interventions. • When assessing the skin over a pressure area at risk or surrounding a pressure ulcer consider colour, texture and temperature of the tissue which may indicate deeper tissue damage. • Observe/ask the CYP to identify any areas that are painful, itchy, uncomfortable or numb (consider CYP with sensory or communication differences). • Consider CYP with any attached medical devices to be at risk of pressure ulcers. If safe to do so, inspect skin under the device at least daily/each community visit. Change position as appropriate. • Respond to any changes in skin condition - review risk assessments /care planning and document accordingly. • Refer to the Tissue Viability Team for advice for CYP presenting with a deteriorating skin status or current pressure ulcer.
<p>Skin Tone (1-6) please circle the number on the chart above.</p>	<p>Document Individualised Skin Inspection Care Needs:</p>
<p>Surface / Equipment <i>Pressure redistributing support surfaces are designed to either increase the surface area the body comes into contact with or to reduce the duration of pressure at any given site.</i></p>	<ul style="list-style-type: none"> • Select pressure relieving/redistribution equipment including mattresses and seat cushions that are age and weight appropriate to meet individual need and risk. Check for faults at least daily/at each visit. • If risk assessment identifies the CYP has impaired sensation or perfusion, protect feet and heels when in chair and offload to relieve the pressure points when in bed if clinically safe • Ensure CYP who requires wheelchair/seating/sleep systems are correctly sized and positioned to reduce risk of shear/pressure. Contact provider of the support surface if any concerns arise. • Ensure any corrective /medical devices (e.g., lower limb splints/spinal braces/ facemask/ nasal cannula/ saturations probe/ BP cuff/ catheter) are secured and fitted correctly to reduce risk of shear/pressure. Contact provider/ supplier of the device if any concerns arise. Where appropriate change site of device/probe to relieve pressure.
<p style="text-align: center;">Mattress Cushion Offloading device</p>	<p>Document Individual equipment needs below:</p>
<p>Keep Moving /Reposition</p>	<ul style="list-style-type: none"> • Plan repositioning regime if the CYP is unable to independently make major position changes themselves to meet their needs and activities. • Consider prescribed pain management /administration of analgesia when repositioning.



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<i>Repositioning is undertaken to reduce the duration and magnitude of pressure and shear over vulnerable areas of the body.</i>	<ul style="list-style-type: none"> Encourage the CYP to regularly reposition themselves within their ability and plan of care. Implement a gradual sitting regime using an appropriate pressure redistribution cushion for limited periods of time as tolerated and with close inspection of the skin/wound response. Avoid positioning directly on a pressure ulcer and/or any medical devices Assist in optimising mobility, activity and function if required
Bed Repositioning Frequency: hrs Seating regime: hrs/mins x frequency	Document Individual Keep Moving/Reposition Care needs:
Incontinence/Moisture Management <i>The presence of skin damage from moisture may increase the risk of pressure ulceration</i>	<ul style="list-style-type: none"> Keep skin clean and dry. Protect the skin from exposure to excessive moisture with a barrier product and consider using a skin emollient. Ensure an individualised continence management plan is developed and implemented, and products are fitted correctly. Refer for specialist advice if current regime is not effective.
Cleansing regime Emollient Barrier product	Document individualised continence/Skin Care needs
Nutrition /hydration <i>Malnutrition is a reversible risk factor for pressure ulcer development</i>	<ul style="list-style-type: none"> Encourage optimum fluid and nutritional intake daily for a CYP who is considered at risk or with pressure ulcer. Coordinate repositioning and sitting times to optimise their position to promote nutritional intake at meal times. Refer to Dietitian if indicated by STAMP risk assessment.
	Document Individualised Nutrition /hydration Care needs:
CYP and caregiver Involvement <i>Well informed individuals are better able to manage their own health and enhances concordance with treatment regimes</i>	<ul style="list-style-type: none"> Give information to the CYP and caregivers about causes, assessment and management of pressure ulcers in an appropriate format. Involve the CYP and caregivers involved in decision making when establishing a management plan and goals of care. Teach the CYP and caregivers about how to identify signs/symptoms that should be brought to the health professional's attention.
	Document Individualised CYP Involvement Care Needs:

MDT professional group (E.g. TVN, Play, OT)	Date Referred	Comments

Plan completed by:					
Name		Signature		Designation	