



Royal Berkshire  
NHS Foundation Trust

# Preventing pressure ulcers in hospital and at home

Information for  
parents and carers

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## This leaflet explains what pressure ulcers are and gives advice on how to lessen the risk of getting them.

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### What is a pressure ulcer?

A pressure ulcer is an area of damage to the skin and/or underlying tissues, caused by pressure being placed on one area of the skin for a prolonged period of time.

They can also form when there is friction or tension or pulling against the skin or the area is moist.

Pressure ulcers (also called pressure sores or bed sores) can be very painful and can lead to complications, such as infections.

Some children are more at risk of developing pressure ulcers than others.

### What part of my child's body might get a pressure ulcer?

They can develop anywhere on the body, but are mostly found over bony areas, such as heels, elbows, hips, ankles and the sides of the feet, as well as the bottom.

Babies and young children have large heads compared to the rest of their body. This extra weight puts more pressure on the back of their head and ears, which means they are more likely to develop a pressure ulcer in these areas.

### What do pressure ulcers look like?

Pressure ulcers can vary in the way they look. To start with, it will appear as a red mark, or sometimes as an area of skin that looks like a deep purple bruise. If this pressure is not relieved, it can develop into a blister and possibly a deep wound on your child's skin.

### How do pressure ulcers develop?

**Pressure:** This is due to the weight of the body pressing on the skin, which prevents oxygenated blood reaching the skin and tissue below. Lying in one position for a long time can cause this. Some medical devices, such as casts or splints, feeding tubes, and certain breathing masks, can increase the risk of pressure ulcers.

**Tension or pulling (shear):** This is when your child's skin is stretched in opposite directions, which can happen when you are moving your child up or down the bed. There are certain factors that may increase your child's risk of developing a pressure ulcer. These include:

- **Immobility** – this is when your child is unable to move on their own. This might be due to a disability or if your child is too unwell or sleepy to move by themselves.

- **Moisture** – this can make your child's skin more prone to pressure damage. A build-up of urine (wee) or faeces (poo) on the skin will result in the skin becoming irritated, making it more sensitive to the effects of pressure and tension. Sweating under casts or splints may also increase the risks of developing pressure damage.
- **Reduced sensation** – if your child has reduced sensation they may not be able to tell you that their skin is feeling uncomfortable or sore.
- **Reduced nutritional intake** – if your child is malnourished (not getting the right nutrients from food) their skin and tissues may be more at risk of pressure damage.
- **Poor circulation** – the risk of pressure ulcers is increased in children who have blood flow or breathing problems, which affect the movement of oxygenated blood around their body. This means their skin and tissues do not always get the oxygen they need.

## Is my child is at risk?

While your child is staying in hospital, the care team will have completed a risk assessment to work out their level of risk. If your child is identified as being 'at risk' of developing a pressure ulcer, their care team will develop and discuss a plan of care with you, to reduce this risk.

## How can I help reduce the risk?

There are a variety of things you can do in hospital and at home to reduce the chance of your child developing a pressure ulcer.

**Turning and repositioning:** This can help relieve pressure on specific parts of the body. In hospital, we aim to move your child every two hours, or more often if needed. Before your child leaves hospital, we will talk with you about how often to move them at home and the best ways of doing this. There may be times when moving your child is not an option, but we will explain how you can still help in this situation.

It is important that your child is not lying on any tubing, wires or other equipment used in their treatment and that the sheets are not creased.

While in hospital, your nurse will assess your child to see if pressure re-distributing equipment is required. This may be a different mattress, chair cushion or heel 'off-loading' boots. If your child needs to go home with any equipment, this will be arranged ready for when they are discharged from hospital.

**Regular skin assessment:** Look at your child's skin regularly, especially their heels, hips, bottom, elbows, back of their head and ears. If you notice any red or purple marks or blistering on your child's skin, please seek advice from their care team straight away.

**Splints and casts:** If your child has a removable splint or removable cast, their care team will discuss with you how often that the splint/cast should be removed for the skin underneath to be checked. Speak to your child's care team as soon as possible if you notice any red or purple areas that do not disappear, or any skin blistering.

If your child's splint/cast is not removable, you will be given advice from the Plaster Room about how to look after it.

Your child's care team will give you information on the best way to position the splint/cast during the day and night.

If your child complains (or shows signs) of any pain due to the cast, such as pressure in one area or rubbing, please seek advice as soon as possible from their care team. Aim to keep your child's skin dry underneath the splint/cast.

**Nappy and pad changing:** If your child uses nappies or pads, we suggest you change them more frequently than usual, to prevent moisture building up on your child's skin.

Avoid the use of soap products, as these can dry the skin. We can recommend creams and barrier products to use to protect against moisture and nappy rash.

**Balanced diet:** Drinking and eating well is especially important for children at risk of developing a pressure ulcer, as this will help their body to heal. If your child is on a special diet or feeding regime, their

dietitian will be able to give you advice about keeping their diet healthy.

## Further information

If there is anything else you would like to know, please speak to a member of your child's care team on the ward.

If you are concerned at any time after your child has left hospital about any new areas of skin which you think might be forming a pressure ulcer, please seek help from your family doctor (GP) or community nursing team.

## Contact us

**Kempton Day Bed Unit:** 0118 322 7512 / 8754 (Mon-Fri 7am-7pm)

**Dolphin & Lion Ward:** 0118 322 7519 / 8075 (outside of these hours)

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

*Based on a leaflet by Oxford University Hospitals NHS Foundation Trust.*



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Next review due: February 2027