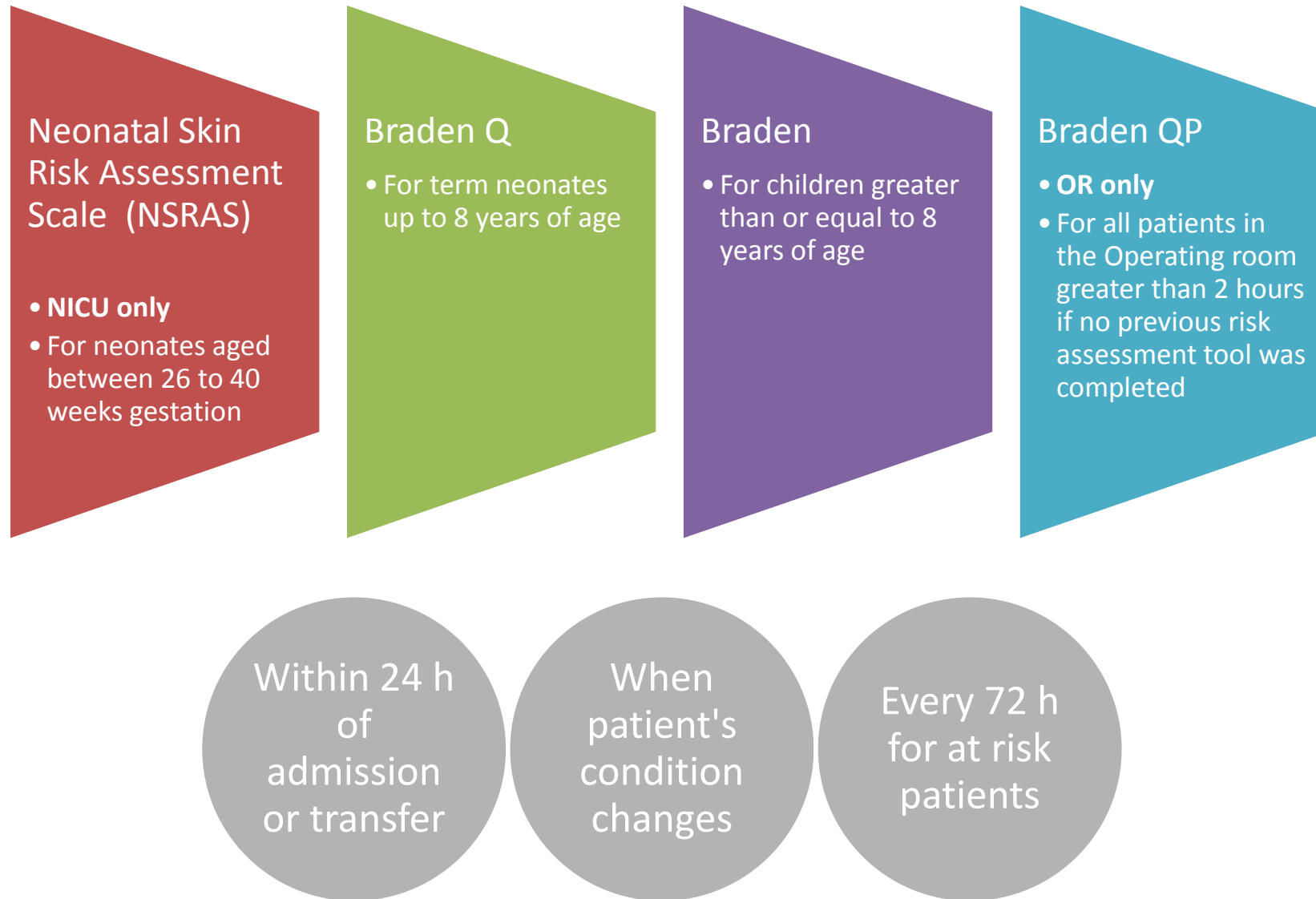


Appendix 1: Pressure Ulcer Risk Assessment in Neonatal and Pediatric Patients



Appendix 2: Prevention of Pressure Ulcers in NICU

Mobility

- Turn and position every 2 hours. For babies less than 29 weeks gestational age (GA), follow NICU minimal handling guidelines .
- For hemodynamically unstable babies, frequent small shifts in position are recommended
- Cushion bony prominences and occiput using positioning devices
- Change position of pulse oximetry probe site every 6 hours or PRN if possible. Change position of devices daily and monitor skin integrity.
- Refer to bubble CPAP protocol for skin care recommendations specific to the use of this device
- Consider Occupational Therapy and Physical Therapy consult for assessment

Activity

- Promote mobilization out of bed if clinical feasible such as kangaroo care and holding by parent
- Follow NICU incubator humidity guidelines
- Consider changing to an open crib when clinically appropriate

Nutrition

- Promote adequate nutrition as per NICU Initiation of Feeding Protocol
- Encourage breast feeding

Moisture

- Keep skin clean and hydrated
- Follow NICU bath protocol
- Minimize skin irritation by removing urine and stool every 2 to 4 hours and PRN as tolerated
- Use barrier cream as needed to protect skin

Appendix 3: Prevention of Pressure Ulcers in Pediatric and Neonatal Patients

Sensory perception

- Assess for neuropathy
- Turn and position every 2 hours

Moisture

- Keep skin clean and hydrated. Minimize skin irritation by removing urine and stool every 2 to 4 hours and PRN
- Prevent/manage excess moisture
- Use barrier cream to protect skin

Activity and Mobility

- Promote mobilization
- Consider Occupational Therapy and Physical Therapy consult for assessment
- Use caution with transfers
- Cushion bony prominences and occiput using positioning devices
- Change position of devices and medical leads daily if feasible and monitor skin integrity.

Nutrition

- Promote adequate nutrition
- Consult nutritionist for assessment

Friction and Shear

- Alleviate pressure from pressure points: offload heels, protect occiput, ears, shoulder blades, coccyx, sacrum and skin under medical devices
- Decrease head of bed to less than 30 degrees if clinically appropriate
- Promote pressure redistribution through frequent repositioning and small shifts in position
- Consider wound care consult for a therapeutic surface

Tissue Oxygenation

- Assess perfusion status
- Monitor blood pressure, hemoglobin, blood gases and oxygen saturation as applicable

Appendix 4: Prevention of Pressure Ulcers in the Pediatric OR

Pre-operative

- Head to toe and anterior to posterior skin assessment
- Direct visualization of bony prominences

Intraoperative

- Use gel pads and positioning devices
- Protect areas of skin to skin contact
- Protect skin from pressure related to medical devices
- Position heels off bed
- Consider heel and occipital pressure relief every 2 hours during procedure
- Place transparent film dressing over reddened bony prominences
- Place side towels for prep
- Use clear, plastic adhesive incision drapes to isolate surgical area
- Place indwelling catheter before surgery
- Use draw sheet or roller to lift/re-position/transfer patient
- Place side extensions for patients who are obese
- Use forced air warming mattress
- Maintain adequate saturation, blood pressure, cap refill, perfusion

Post-operative

- Head to toe and anterior to posterior skin assessment
- Direct visualization of bony prominences
- Use alternating pressure redistribution air mattress on bed for patients weighing more than 15 kg or use a gel mattress
- Avoid restrictive devices