Pressure ulcers (bedsores)

What is a pressure ulcer?

A pressure ulcer is a place where the skin is damaged from pressing against a bed, chair, or other surface. Pressure ulcers are sometimes called bedsores. They are caused by a lack of blood flow due to the pressure placed on that area. They can look like red spots or dark spots if your child has dark skin. They also can look like blisters, bruises or open sores. You might be able to see fat (yellow), bone (white), or a black scab.

What causes pressure ulcers?

All of the following can cause pressure ulcers:

- Lying in bed or sitting in a chair or wheelchair without changing positions often
- Medical equipment such as catheters, blood pressure cuffs, surgical wraps or IV lines, pushing against the skin.

What can make a pressure ulcer worse?

- If you or someone else moves your child so her body drags on the bed, chair, or sheet (the patient might also do this)
- Moving your child without lifting her all the way off the bed
- Scratching or rubbing skin against other body parts (like rubbing a heel against a shin), or objects (bed frame, etc.)
- Allowing skin to become dry and easily broken

Why are pressure ulcers harmful?

Skin is our first line of defense from infections. When the skin becomes open from a pressure ulcer, (bedsore) infections can start. People who have weak immune systems get infections more easily, and infections can make them much sicker. Pressure ulcers can be dangerous for your child if her immune system is weak. Children who have had a bone marrow (stem cell) transplant can have rashes and extremely dry skin. They are more likely to get pressure ulcers and infections.

What prevents pressure ulcers?

If your child can get out of bed, she should walk, sit, and stand as much as she can. Your doctor or nurse will tell you if your child should not do these things. If she needs to stay in bed while in the hospital, St. Jude staff will have your child change her position every 2 hours and use cushions to keep pressure off the bony parts of
Do you know... continued

Pressure ulcers (bedsores)

her body. You can help by keeping your child’s skin clean and dry and soft with lotion. Staff will assess your child’s skin often and show you how to examine the skin thoroughly. The nurse also can help you find a cushion to use if your child is in a wheelchair.

Preventing pressure ulcers

Check your child’s skin

- Look at your child’s skin every day. Take off her socks, pajamas, diaper, and anything else she is wearing to check the area underneath. Pressure from clothing that is tight can damage the skin.
- Check your child’s whole body, especially bony areas like the back, back of the head, elbows, heels, collarbone, tailbone, hands, feet, and hips. Look for red or dark areas or anything that looks like a blister or sore. Pay close attention to areas that your child may report as tender or even slightly tender. Pressure ulcers can be open or closed sores. The nurse or other St. Jude staff can show you how to check.

Care for your child’s skin

- Give your child a bath every day but not more than one (1) time a day. Use mild soap and water or a pre-moistened washcloth, such as Comfort Bath®. Do not use soap with perfumes or dyes. Ask a nurse if the soap you have at home is alright to use. Never scrub or rub the skin. Gently pat or dab to dry.
- If your child wets the bed, has a bowel movement in bed, or wears diapers, clean the skin right away with a mild soap and water or a pre-moistened washcloth. Gently wipe downwards from the hips to the knees. Use diapers or blue pads to keep urine, sweat, or other fluid off the skin.
- Never rub the skin on bony parts of the body if you think your child may have a pressure ulcer.
- Keep lips moisturized. Your clinician can order lip moisturizers to keep your child’s lips from becoming dry and cracked.
- Keep your child from scratching. Scratching can cause the skin to break open. If she itches, St. Jude staff can help find ways to stop her from scratching, like putting socks or mittens on her hands, tucking them under the sheets, or doing something to distract her.

Move your child the correct way

- If your child can get out of bed, help her walk and move around as much as you can. This regular movement can help prevent pressure ulcers.
- If your child is unable to change positions at will, the nurse may tell you to turn your child every 2 hours. When your child must stay in bed, you will want to move her into one (1) of 3 possible positions: right side, left side, and on backside. While your child is in the hospital, a turn clock will be...
Do you know... continued

Pressure ulcers (bedsores)

provided to help keep track of what side is due next in the turning. Never leave your immobile child in the same position for more than 2 hours. With at least one (1) helper, use a sheet to lift your child all the way off the bed, then lay her down in the new position. The St. Jude staff can show you how to turn your child.

- Never move your child so her body slides or drags across a bed or chair.
- If you need to hold onto your child, use your whole hand (palm), not just your fingers.

Use the right bed and pillows

- Do not use egg crate mattresses or donut cushions at home or in the hospital as these can cause more pressure points. The nurse can tell you what kind of cushions, pillows, and sheets to use, and how to put them under your child’s body.

Help your child stay warm

- If your child has a pressure ulcer, keep her room warm, especially when you give her a bath or change the dressing over the ulcer. (Warm means you should be comfortable wearing just a T-shirt.) Cold air can slow the healing process.

Help your child eat right

- Nutrition is important to help a pressure ulcer heal, especially proteins such as beef, chicken, fish, beans or eggs.

Is my child at risk?

Children have the most risk when they cannot change positions without help, do not have normal feeling (sensation), and have damp skin most of the time from urine, sweat, or other fluids. A child who tosses, itches, or thrashes in bed is at risk, because the sheets rub her body, and her skin may pull away from her body. Children who eat less than normal or have low blood pressure or less oxygen in their blood can also get pressure ulcers more easily.

If your child has a pressure ulcer

Tell St. Jude staff right away if you think your child has a pressure ulcer. A nurse will check the area and treat it. The staff may use medicated lotion on the area, bandage it, or give you certain cleaning products to use on your child’s skin. They will also help you keep her skin from becoming dry and will help your child stop scratching if her skin itches. Pressure ulcers can be resolved quickly in most cases if the source of the pressure is removed and proper care of any open wounds is taken.

Questions?

If you have concerns about pressure ulcers, talk to your child’s doctor or nurse.