PEDIATRIC COMPLEX CARE PLATFORM | منصة رعاية الأطفال ذوي الحالات الطبية المعقدة

CARE PLAN · PEDIATRIC COMPLEX CARE PLATFORM

Pediatric Pressure Injury Prevention Care Plan

Inpatient checklist for skin assessment, device care, repositioning, support surfaces, moisture and nutrition

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Care Plan / Checklist	October 2026	October 2028
OWNER	**VERSION**	**APPLIES TO**
Pediatric Complex Care Platform	1	Pediatric inpatients

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Intended for healthcare professionals as a clinical reference. Apply with clinical judgment and in line with local protocols.

Patient: _____ **Date:** _____ **Completed by:** _____

ⓘ Use for children at risk of pressure injury (e.g., **Braden QD score ≥13**).

1 ☐ **Full skin assessment, including under devices (e.g., splints, IVs, NGs, GTs)**

- ☐ Q12hr
- ☐ Q4hr in perfusion-compromised patients
- ☐ In the operating room at the end of cases lasting ≥4 hours and/or on arrival to PACU/PICU

2 ☐ **Reassess pressure injury risk (Braden QD) regularly and whenever the clinical condition or medical devices change**

3 ☐ **Rotate devices on a regular basis, when possible**

- ☐ Each shift
- ☐ Timed with care
- ☐ Protect skin under devices that cannot be rotated (can utilize foam dressings)
- ☐ Rotate pulse oximetry q2–4h

4 ☐ Turn / reposition the patient on a regular basis, when possible

☐ Q2hr ☐ Q2–3hr if on a pressure-redistributing mattress (individualize) ☐ Timed with care

- Infants and toddlers: reposition the **head** frequently where safe (proportionally heavier head; occipital risk).
- Pre-adolescent children: a **30-degree tilt** is equivalent to a full body turn.
- Critically ill infants: start with a **15-degree** rotation and increase to 30 degrees if tolerated.

5 ☐ Positioning: elevate head of bed to ≤30 degrees unless medically contraindicated

- If head of bed needs to be elevated for feeding or care, ensure the patient is not left in that position for an extended period of time.
- Higher elevation may be needed for aspiration risk, tube feeding or mechanical ventilation; minimize time at higher angles.

6 ☐ Pressure-reducing mattress: initiate specialty mattress

☐ Alternating pressure mattress ☐ Foam mattress ☐ Low-air-loss mattress ☐ Gel mattress

7 ☐ Protect heels, sacrum and other bony areas

☐ Offload on pillows ☐ Gel pads

☐ Prophylactic silicone foam dressings over sacrum/heels in high-risk patients

☐ Others: _____

Avoid massaging reddened bony areas and avoid ring/donut-shaped devices.

8 ☐ Minimize layers of material between patient and surface

- Use disposable breathable under pad instead of blue cloth lifter/soaker pad.
- Use loose-fitting sheet over specialty mattress.
- Use 1 underwear/brief/diaper.

9 ☐ Moisture management

☐ Keep skin clean and dry ☐ Use moisture-wicking fabric

☐ Apply barrier creams to all diapered patients and regular moisturizer to dry skin

10 ☐ Nutrition

☐ Maximize nutrition ☐ Monitor intake ☐ Consult Registered Dietitian

11 ☐ Educate family / caregivers on repositioning, skin checks and device care

12 ☐ Complete an incident / safety occurrence report (per local policy) if a new pressure injury is identified, or an existing pressure injury worsens

13 ☐ Consult team members

☐ OT ☐ PT ☐ Wound Nurse ☐ Surgery

☐ Others: _____

Consult Wound Nurse or Surgery if a pressure injury is identified.