

SAFETY WATCH

Stay aware of these known risks to avoid preventable harm.

Pressure injuries

Pressure injuries occur in **10% to 27% of pediatric cases** and frequently progress to a more serious stage of injury after initial detection. Once an injury reaches stage 3, it may become a sentinel event. Risk and location of pressure injuries in children differ from adults due to varying **skin maturity and body proportions**. By ages 6 to 10, injury locations **resemble those of adults**, and by age 8 skin formation is comparable to adults. Pressure injuries commonly occur on the head and are often caused by pressure from braids and extensions or devices such as cervical collars, respiratory equipment (e.g., CPAP/BiPAP masks), EEG leads, restraints, and immobilization gear.

Causes

Contributing factors may include:

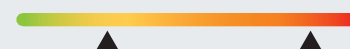
- Lack of clarity around pressure injury guidelines, orders, and care expectations — particularly in medically complex patients.
- Unclear processes for wound team consultation, documentation, and ordering.
- Inadequate and varied cadence of full skin assessments.
- Failing to include the family in the patient's care, specifically during transitions of care.
- Deficient documentation of skin assessments.
- Using equipment and devices without adequate rotation, training, or assessment of the underlying skin.

Harm

Development and progression of pressure injuries has resulted in adverse outcomes, including the need for surgical intervention, temporary loss of function or injury, and increased length of recovery.



Harm Range



Minimal temporary harm to moderate permanent harm.

Pressure injuries occur in **up to 27%** of pediatric cases.



Immediate Recommendations

- Include order sets, consultations, and the Braden QD scale to identify high-risk patients in the EHR to ensure best practices and decrease human factors.
- Standardize communication between disciplines by using note templates and nurse rounding tools during handoff and multidisciplinary huddles.
- Consider taking a daily photo of the skin concern that includes the location, laterality, measurements, and patient identification as a point of reference.
- Develop clear guidelines, roles, and expectations within teams, particularly related to high-risk patients, wound care consultations, standard skin protection and padding, and authorization of patient mobility and device removal.
- Complete an assessment of equipment, resources, and tools, as well as viable alternatives.
- Integrate patients and families into the care plan and in the identification of high-risk patients.
- Consider developing a care team in collaboration with leadership to review high-risk patients at a designated interval.

Resources

- [Solutions for Patient Safety, Pressure Injuries \(PI\) Operational Definition and Bundle](#)
- [Pediatric Learning Solutions Pressure Injury Web-Based Training Course Details](#)
- [National Pressure Injury Advisory Panel, Resources](#)

References

- [Journal of Tissue Viability, Prevention of pressure injuries in critically ill children: A preliminary evaluation](#) Bargos-Munárriz, 2020
- [Journal of Tissue Viability, Analysis of the prevalence and risk factors of pressure injuries in the hospitalized pediatric population: A retrospective study](#), 2023
- [The Joint Commission, Quick safety 25: Preventing pressure injuries](#), Updated March 2022

Data for the Safety Watch is compiled from Child Health PSO safety analysis.

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Find solutions

Members can find detailed prevention plans in Child Health PSO's Riskconnect Action Plan repository where children's hospitals share deidentified mitigation processes for various issues.



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