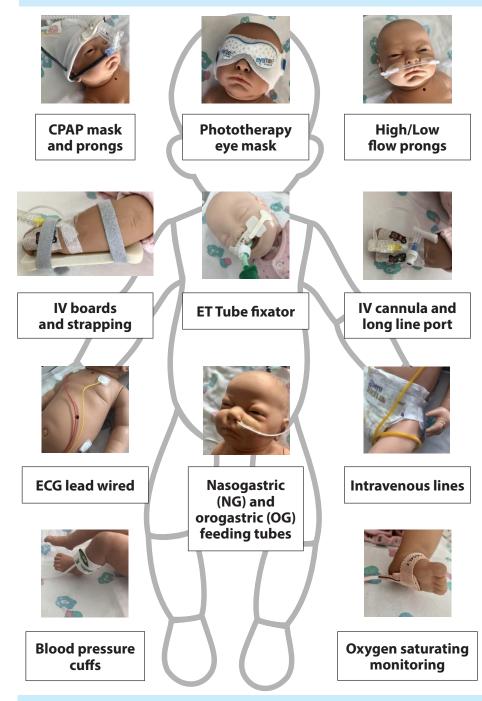






Prevention of Paedatrict/Neonatal Medical Device Related Pressure Ulcers (DRPU)

- Pressure ulcers resulting from the use of a device for therapeutic purposes, such as CPAP, are known as MDRPU.
- Preterm babies have immature skin and are more at risk of developing MDRPU as medical devices are constantly in contact with the skin.
- MDRPU is defined as a localised injury to the skin or underlying tissue as a result of continuous pressure from a device (Barahrestani and Ratliff 2007).
- Babies and children could deteriorate, develop oedema and the skin could become less tolerant. Also excessive moisture around skin areas such as respiratory support humidity could contribute to the development of a pressure ulcer (Chandler et al 2016).



Assessment:

SELECT ensuring that the device is fitted correctly.

Management:

REPOSITION and/ or offload pressure from the device every three hours as a minimum in order to provide pressure relief. Alternate mask and prongs at least 6 hourly for CPAP.

INSPECT the skin beneath and around the medical device during care times, at least 3 times a day.

CONSIDER the use of a skin protectant to minimise the risk of an MDRPU developing:

• Duoderm.

Evaluation and Referral

ESCALATE any skin changes to a senior nurse.

REPORT all pressure ulcers via:

Secondary care: Skin Integrity Datix/Dashboard

Practice Nurse care: Refer to TVALS

Community care: Complete a IR1.

DOCUMENT accordingly:

Wound assessment form/IPOC

NB: Should the patient become too unstable to have any aspects of the MDRPU prevention plan carried out, this must be documented in the nursing notes.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.