James Paget University Hospitals NHS Foundation Trust

Children's and Young Persons' Unit

Hello – and welcome to the Children's and Young Person's Unit

We hope that your stay with us will be as comfortable as possible. This booklet is filled with information which we hope will enable you to cope with the time that you spend here, by introducing you to the ward staff, the routine and the ward philosophy.

Please read this information carefully at your leisure, and talk to the staff about anything you may be unsure of.

HDU 1

James Paget University Hospitals NHS Foundation Trust

Children's and Young Persons' Unit

Hello – and welcome to the Children's and Young Person's Unit

The Unit

The Children's and Young Person's unit is divided into two main sections; Ward 10A, which is the Medical and assessment Unit and Ward 10B, which is the Surgical and Adolescent Unit.

Who's who

You will notice that most staff wear the same or similar uniform; navy blue trousers or with a coloured scrub top.

Mint green patterned	Head of Neonatal, Children and Young People's Services
Jade green patterned	Sisters, Staff Nurses and Nursery Nurses
Navy blue	Pre-assessment and Clinic Nurse
Blue	Ward Clerks
Green	Housekeeper
Blue patterned	Play Specialists
Purple/red	Domestic staff

Nurse Practitioners wear plain Navy blue tops. Domestic Staff wear plain lilac uniforms. Everyone will be wearing a badge showing their name and role.

The wearing of a non-traditional uniform has been adopted here because of the known benefits of improved interactions between patients, parents and staff. It is a friendlier and less threatening appearance to the child.

Who's looking after you

The Consultant – the senior Doctor in charge of medical treatment and decision making.

The team of Doctors this includes: Nurse Practitioners, Registrars, Senior House Officers and Student Doctors. You may meet many different Doctors during your stay, but the treatment they give will be directed by the Consultant.

The ward co-ordinator – is a trained member of staff who is responsible for the whole ward for that day

The meal co-ordinator – is the team member who ensures that all children receive a meal of their choice from the dinner trolley and has adequate help to assist them with eating, this is usually the house keeper.

Nurse for the Shift – the nurse responsible for care during each shift. This will be the person you should go to during the shift if you have any questions or concerns regarding your child.

The names of all staff caring for you will be written on the care plan, on the individual bed board and on the main patient board behind the nurse's station.

Children's and Young Persons' Unit

There are a team of nurse's shifts each day, changing at approximately 7.30am and 7.30pm. At the beginning of each shift, your nurse will come and introduce themselves to you.

When you arrive

WARD 10A (MEDICAL)

You will be shown to an allocated bed in the Paediatric Assessment Unit and a nurse will begin the admission procedure as soon as possible. This may not be immediate, but we will try not to keep you waiting. A wrist band will be put on your child, in order to correctly identify them for safety reasons. After this, a doctor/ Nurse practitioners will carry out a basic assessment/examination. Treatment will be started as necessary. A senior doctor will then reassess your child and a decision will be made to send them home if they are better, to continue treatment, or to admit them to the main ward for further observation. You should be kept fully informed during the assessment process. Please do ask questions and make staff aware if you have any concerns.

WARD 10B (SURGICAL)

You will be shown to an allocated bed in the main Surgical Bay and a nurse will begin the admission procedure as soon as possible. A wrist band will be put on your child, in order to correctly identify them for safety reasons. Your nurse will contact the appropriate surgical team of doctors, who will come and examine your child. The surgical doctors work in all departments of the hospital (not just with children) and sometimes they may be busy on another ward or in the operating theatre when you arrive. They always aim to come and see your child as soon as possible. Your nurse will keep you updated if there is a delay. Once your child has been assessed by a doctor, treatment will be started as necessary. Your child will have to be reviewed by a senior doctor before any final decisions are made regarding care. You should be kept fully informed. Please do ask questions and make staff aware if you have any concerns.

If your child has been admitted for theatre and you are not on the ward, a text will be sent to inform you to go to recovery.

ADOLESCENT UNIT

Whether you have a medical or surgical health issue, if you are 13 years old and above, you will be shown to an allocated bed in the Adolescent Unit. Occasionally, the unit is full and in this situation, you will be given a bed in the main area of the ward and moved into the Adolescent Unit as soon as a space becomes available. Your assessment procedure will vary, depending on which team of doctors your care has been allocated to. Your nurse will be able to advise you - then you can read the relevant Surgical/Medical section above.

Admission process

It may be necessary to observe your child for a while, before any actual treatment is started. This delay may well be distressing for you, especially if your child has already been unwell at home for several days. However, it is sometimes necessary, in order to give a more accurate picture of your child's illness.

During the admission procedure, we may ask some quite personal questions. Please appreciate that it may help us, to help you.

It is important at this stage that you tell the nurse or doctor if your child has any allergies to drugs, food, dressings, latex etc.

If you or your child has any additional needs, please let a member of staff know. For example, the Unit has a shower room and toilet for use by individuals using wheelchairs. There are also baby-changing facilities

available. If you or your family have difficulty speaking or understanding English, please make the staff aware of this and an interpreter can be arranged.

Plan of care

After discussion with the team, a plan of care will be devised, you will then be invited to discuss this with your nurse. On a daily basis, the doctors and nurses will write progress notes and plan of care within the multi-disciplinary paperwork, which will be kept at the end of your child's bed. You are welcome to read this at any time. You will also be asked to sign to say you feel informed and updated with your child's progress throughout the day.

Settling in

Hospital admission can be very distressing for the whole family. This can be associated with feeling unwell and being away from a familiar home environment.
Toddlers and young children often display 'younger' behaviour in the search for extra security and you will need to try and be especially supportive. This can be helped by surrounding your child with familiar things; perhaps bring in a special cuddly toy or cloth, a favourite book, slippers, favourite clothes and pyjamas, or dummy. Older children and teenagers might like to bring photos or posters.

What you will need

For your child – please supply:

Day and Night Clothes
Toiletries
Toothbrush
Nappies
Bath lotion and baby-wipes
Medication from home
Baby formula milk

For yourself – please bring:

Clothes
Toiletries
Money for meals and drinks
Something to help pass the time
Medication from home

Confidentiality

Any information concerning your child's health is strictly confidential. All staff that has access to your child's medical records is obliged to maintain confidentiality at all times. All patients have the right to access their medical records. Permission should first be sought from the Medical Records Manager.

Consent

If any procedures, investigations or treatment are needed in the care of your child, you will be asked to give verbal or written consent. In normal circumstances, consent must be given by the person with legal "parental responsibility" for the child. You should ensure that you fully understand what the treatment involves, what

could happen without treatment, the benefits of treatment and any possible complications. A nurse or doctor will explain everything to you beforehand, but please do not be afraid to ask questions.

Facilities

We encourage you to stay with your child during the night – space is limited and regrettably normally only one parent may stay overnight with a bed beside your child. However, if your child is very ill and is in High Dependency Care, we will make every effort to accommodate both parents although if they are nursed in the high dependency cubicle a bed is offered in another part of the ward, due to lack of space within the cubicle . If your child is in an adolescent cubicle then you will be accommodated in the adolescent sitting room due to privacy and dignity and safeguarding issues.

Resident parents will be given a meal slip from the nurse or housekeeper, to access meals from the Aubergine restaurant located on the top floor. **Please note that patients are not allowed in the staff canteen.**

Opening times are:-

Monday – Friday

Breakfast 09:00 – 11:00
Lunch 12:00 – 14:00
Dinner 14:30 – 20:00 (Paget's Pantry)
Night-time (Vending Machine)

During the weekend and between 8am until 8pm the Paget Pantry can be used serving hot food throughout; this is located in the main entrance of the hospital. Opening times, Monday to Friday 7.30 am- 8.00pm and Saturday and Sunday 8.30am- 8.00pm. The parents meal slips can be used here, as well as in the staff canteen.

You should be offered a drink on admission to the ward; any other drinks during your stay are available for parents to make in the parents kitchen. We do ask for a small donation for these facilities to keep tea/coffee stocked. You will be showed the parents kitchen by either the nurse or the housekeeper. In order to be an effective carer, it is essential that you take regular breaks for rest and refreshment.

If you are a resident parent, please feel free to help your child with washing, dressing, going to the toilet and getting ready for bed. Your participation in basic care will help to make your child feel more secure. We aim to disrupt your child's routine as little as possible. However, do not be afraid to ask a nurse to take over the care if you need a break.

Children are settled down to sleep as near to their normal bedtime as possible. If you are present, please get your child ready for bed. Children who are unwell usually need more sleep than usual – the extra rest will help them get better more quickly.

Meal times

We aim to maintain a normal routine as much as possible. Meal times are –

Breakfast	from 07:00 onwards
Lunch	12.00 noon
Tea	5.00pm

If you require food at times other than these, please discuss it with your nurse.

We offer a nutritious, child-friendly menu and there is always a vegetarian option available on request. Children will be able to choose from the selection on the trolley. Details of the daily menu should be available in the kitchen. If at meal times, your child does not fancy anything on the menu, please tell your nurse, as an alternative choice may be available. Please encourage your child to wash their hands before eating or use a hand wipe if restricted to bed.

Teenagers or those on special diets will be asked to complete their own menu each morning.

All milk feeds need to be made up in the parents kitchen, only make one feed up at a time and use. Breast milk can be stored in the staff kitchen once labelled. Please ask for advice and assistance in the making of baby's feeds. Always wash your hands on entering the kitchen. Any food items you put in the parents kitchen fridge must be labelled and dated.

Please note that children are not permitted in the ward kitchen.

Play facilities

The playroom is supervised by a Play team member from various times to cover the ward. The play specialists organise activities for the children. If you wish to use the playroom at other times, supervision must be available. The teenage sitting room is for the use of patients aged 13 years and upwards only.

The playroom is full of lots of fun activities and games for all ages. Do not worry if your child has to stay in bed – the play team will arrange a suitable activity for them.

Play time is a very important part of a child's recovery. Allowing children to play can reduce their stress levels, speed up recovery, aid medical assessment and enhance the experience of hospital.

Part of the role of the Play team is to provide, wherever possible, play therapy for children who may have to undergo distressing procedures and treatments. They work in partnership with the nursing team to offer distraction and explanation, to help children express their feelings and cope with the trauma. This is a vital part of children's' hospital experience, and your co-operation and assistance will be most valuable.

Visiting

Parents and carers are welcome at all times. Other visitors may visit up until 7pm. However we do ask that the number of visitors is limited to a sensible number at any one time. This is especially important if your child is ill and irritable – a constant stream of visitors can be extremely tiring and upsetting for your child. Your nurse will advise you accordingly.
Teenagers who visit the ward unaccompanied must have permission from the nurse in charge. Young brothers and sisters must be supervised at all times. If you are leaving the ward, visiting children must go with you. Please discuss with your nurse if you have any visiting difficulties that you need advice with.

Telephone

If you need to speak to a nurse, enquires can be made directly to the ward by ringing –

01493 452010 or 01493 452303 01493 452638

For your use on the ward, there is a payphone to make outgoing calls and also a cordless parent-line to receive incoming calls. Your nurse or the housekeeper will show you where they are. If family and friends wish to speak to you personally, please ask them to call you on the parent-line, as it can be taken to the bedside. Parents may answer the payphone or parent-line themselves.

In accordance with recent guidelines, mobile phones are now permitted in certain designated areas of the hospital where there is little or no risk of interference with critical medical equipment or patients, including;

Main entrance / Corridors / "Paget's Pantry"
Outside Courtyards / Staff Dining Room

All mobile phones must be turned off in any other area of the hospital. Mobile phones can interfere with medical equipment and their use potentially compromises the care of patients.

Mobile phones are allowed on the ward, however, for all calls please answer these outside of the ward

Parking

Your car park token can be validated on the ward, but please note we are only able to validate for parents/main carer only. The token can be validated at the main desk on the ward.

Public transport details and leaflets are available in the main hospital foyer.

If you are receiving supplementary benefits which include Income Support, Disability Allowance etc, you may be entitled to claim for your travelling expenses when attending the hospital for treatment. The Department of Health leaflet HC11, "Are you entitled to help with health costs?" explains this in detail. The Ward has no responsibility in this area.

Safety and Security

To ensure you feel safe, the doors to the Unit are locked at all times. To gain access to the Unit, please use the doorbell and a member of staff will let you in. In order to leave the Unit, you will need to ask a member of staff to open the security doors for you. Please do not be offended if someone asks you to identify yourself, it is purely a security precaution. If an unfamiliar person approaches you, please seek proof of identification.

Children and young people under the age of 16 are not allowed to leave the ward unaccompanied. If a parent or carer is not available, children can ask their nurse, who may be able to arrange for a member of staff to accompany them within the hospital. This will not always be possible at busy times.
Do not leave valuables unattended and please mark all personal possessions. Wherever possible, leave valuables at home. Hospital staffs are not responsible for any valuables or other property whilst you are in the Unit.

Children's and Young Persons' Unit

If you are leaving your child, you must ensure that the cot sides are put up securely. A nurse will show you how to do this.

Please be careful when carrying hot drinks, as there is a risk of accidents. You must use a polystyrene cup with a lid on, and carry the cup in the cardboard trays provided.

We often need to keep a record of what your child eats and drinks, so initially, please check with your nurse before feeding your child. Do not feed any child other than your own. Some children are on special diets, so do not let your child share their sweets or snacks, unless you have checked with your nurse.

Infection control

Wherever possible, babies under 3 months old and children who are infectious or particularly unwell are nursed in cubicles. This is to prevent them from catching infections present on the ward, or to avoid them spreading their infection to others. It is therefore important that your child stays in the cubicle until your nurse tells you it is all right to come out. If your child is being nursed in the main area, you must not let them wander into the cubicles.

For the purposes of infection control, special hand gel is available throughout the Unit. It should be used by all patients, relatives, visitors and members of staff. When rubbed into hands, the gel helps to prevent the spread of infection. It is not a substitute for hand-washing if your hands are visibly dirty.

The hand gel should be used when entering and leaving the Unit or cubicles, before entering the ward kitchen and after changing dirty nappies. Staff will also use the gel between caring for different patients. Infection control is a very important issue, so we do ask you to be vigilant and careful. Please feel free to challenge staff if you do not witness them using the gel.

Fire policy

The fire alarms are tested every Wednesday morning.

Fire fighting equipment is available in and just outside the parent's kitchen and by the fire exit in the Young Person's Unit. Please familiarise yourself with the fire drill and location of fire exits. In the event of an emergency, please try to stay calm and patient and a member of staff will direct you and your child.

Smoking

The hospital building and grounds are a designated "NO SMOKING" area. Smoking represents a severe fire hazard and risk to health. There are two designated smoking areas at the front of the hospital; being two blue shelters.

Zero tolerance

The Hospital Trust will do all it can to prevent abuse, assault and discrimination towards its staff. Aggression, threatening and racist behaviour is unacceptable and will not be tolerated.

Spiritual support

If you need any spiritual support, there are representatives from most denominations and religions available. Please ask your nurse for details. There is a chapel on the ground floor of the hospital which is open at all times for patients and families. A Chaplin is available for your well being support.

Going home

When your child is well enough to go home, the nurse or doctor will explain to you any treatment that you need to continue with at home. You and Your GP will receive a letter, giving details of the hospital admission and may later receive a full report. If you have a personal child health record (Red Book) with you, please ensure your nurse writes in it. A nursing discharge letter will also be sent to your Health Visitor or School Health Team. Sometimes there may be out-patients appointments and medicines and discharge documentation to be organised, your nurse will endeavour to get you on your way home as soon as possible but please anticipate at least 2 hours.

Complaints and suggestions

If you have any complaints, please discuss these at the time with the nurse in charge. The nurse in charge will then speak to the Senior Sister who will discuss any issues with you so that steps can be taken to resolve the problem. A leaflet is available explaining the Patient Advice and Liaison Service (PALS)/complaints procedure.

We value your comments, both positive and negative, as this helps us to improve the service we offer. Please complete the Friends and Family Feedback card to let us know what we are doing right, and what we could do better. These questionnaires are available from a member of the ward team.

Personal property

The Trust cannot accept responsibility for loss or damage to property that is brought into hospital by the patient, unless it has been handed to the general office for safe keeping.

Ward philosophy

The Child/Young Person first and foremost

- The Child/Young Person is a unique individual who has rights and whose needs must always come first. Any potentially traumatic situations will be minimised by careful explanations and sensitive handling.
- The Child/Young Person is a member of a family unit; links with the family will be encouraged and maintained whilst in hospital.
- The Child/Young Person will be involved in decisions about their care, through informed consent.
- Parents will be encouraged to work in partnership with the unit staff in planning and carrying out care needs.

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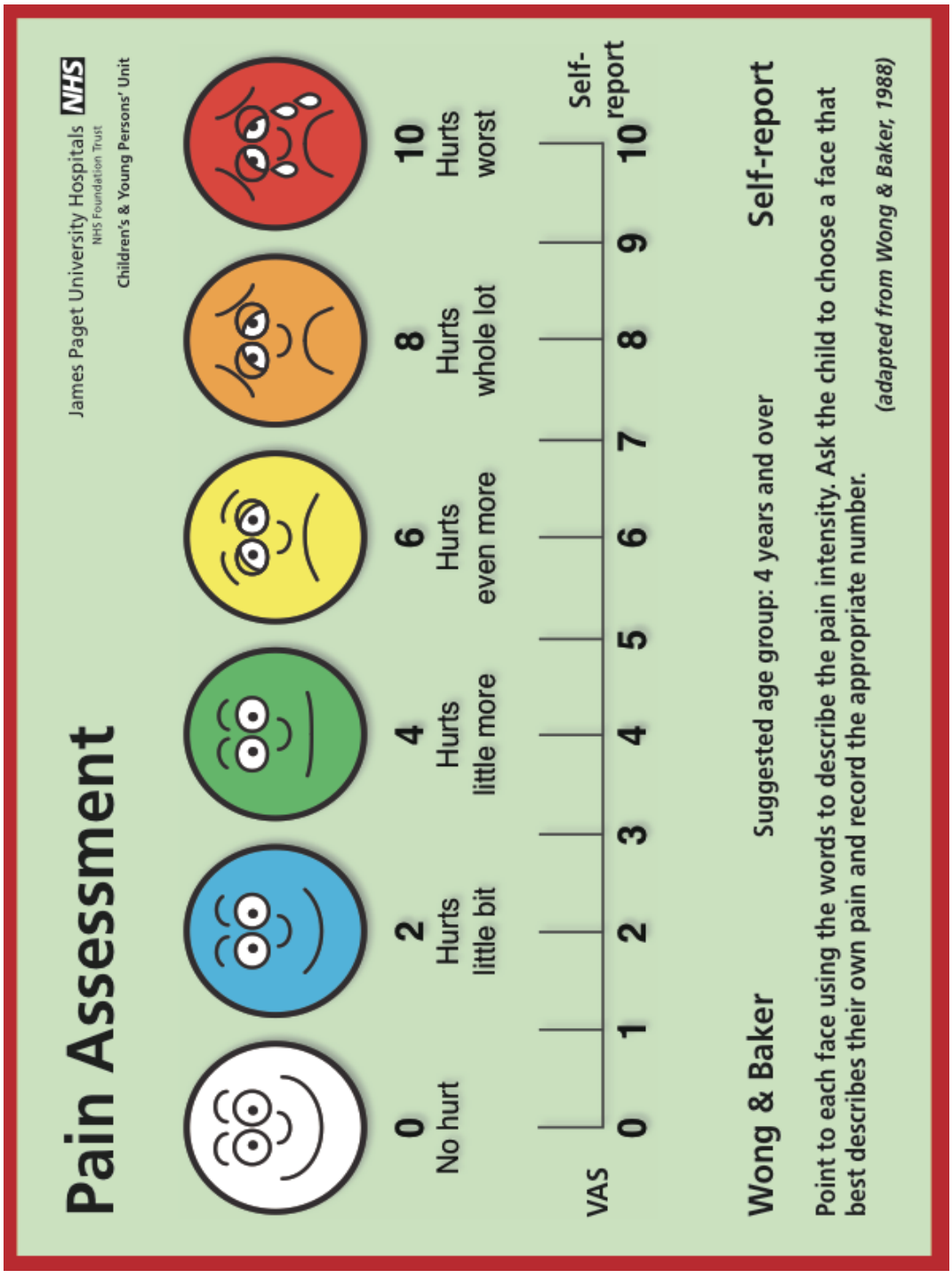
- The nurses will be encouraged to be perceptive to the needs of the family and give support and assistance to them at all times.
- Provision for play is provided for the Children/Young People by the play therapists to enable them to play out their experiences and promote a relaxed happy atmosphere.
- The privacy and dignity of Children/Young People will be maintained at all times. Information will be kept confidential and only shared with other professionals if it is in the patient's best interests.
- Teenagers will be cared for in a dedicated unit, as far as possible.
- Children/Young People can expect to receive adequate pain relief and management, appropriate to their age and situation. The unit staff will be familiar with the use of pain tools and assessment systems.
- The atmosphere of the unit should be relaxed and friendly, encouraging the Child/Young Person and the parents to relate to the staff easily and to be confident in the care that their child will receive.
- All members of staff must be encouraged to work together as a team. Developing good communications with medical staff and all departments within the hospital and community.
- Staff development is a priority to enable knowledge to be updated by research based information
- All staff caring for Children/Young People are encouraged to be creative and reflective in the care that they give and a high performance level is expected of them. They should be knowledgeable, adaptable and reflective in the care that they give.
- The Hospital Trust Policy, as a whole, is guided by the National Service Framework (NSF). Staff within the Paediatric Directorate all adheres to the recommendations of the Children's NSF, Healthcare Commission and Every Child Matters.
- The aim is to ensure that all Children/Young People and parents are satisfied with the care they receive.

Contact numbers

Ward 10A (Medical Unit)	01493 452010 & 01493 452303
Ward 10B (Surgical/Young Person's Unit)	01493 452638
Main Switchboard	01493 452452
Patient Advise and Liaison Service	01493 453240

Children's and Young Persons' Unit



Children's and Young Persons' Unit

Pain Assessment

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0	=	NO PAIN
1 - 3	=	MILD pain
4 - 7	=	MODERATE pain
8 - 10	=	SEVERE pain

FLACC

SUGGESTED AGE GROUP: 2 months to 5 years **Behavioural**

CATEGORIES	SCORING 0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort

Each of the five categories: **(F)** Face; **(L)** Legs; **(A)** Activity; **(C)** Cry; **(C)** Consolability; is scored from 0 - 2 which results in a total score between 0 and 10 *(Merkel et al, 1997)*

PAEDIATRIC MANUAL HANDLING ASSESSMENT TOOL

Daily assessment to be completed

RISK LEVEL	CONDITION	ACTION
Low Risk	Co-operative and understands (age appropriate). Needs no or minimal assistance or supervision. Able to fully weight bear. Has full sitting balance. Babies without constraints such as plaster casts, equipment.	No further action at present
Medium Risk	Limited understanding, able to co-operate and can move with assistance by staff/small moving aids. Has muscle weakness/loss of tone. Includes post operative surgery, pain, equipment.	Commence assessment Sheet
High Risk	Unable to/does not understand/co-operate. Unable to assist in any way, may be unconscious/or is likely to be unpredictable. No sitting balance – supported by equipment (excluding babies unless in plaster casts or other underlying conditions)	Commence assessment sheet

Children's and Young Persons' Unit

Glamorgan Pressure Ulcer Risk Assessment Scale

Suitable for use from Birth-18yrs

N.B. This tool should be used to support **not replace** your clinical judgement as to whether the child is at risk of pressure ulcer development.

Risk Factor *(If data such as serum albumin or haemoglobin is not available, write NK – not known and score 0)*	**Score**	**Date and time of assessments (reassess at least daily and every time condition changes)**						
Child cannot be moved without great difficulty or deterioration in condition / under general anaesthetic >2 hours	20							
Unable to change his/her position without assistance /cannot control body movement	15							
Some mobility, but reduced for age	10							
Normal mobility for age	0							
Equipment / objects / hard surface pressing or rubbing on skin	15							
Significant anaemia (Hb <9g/dl)	1							
Persistent pyrexia (temperature > 38.0ºC for more than 4 hours)	1							
Poor peripheral perfusion (cold extremities/ capillary refill > 2 seconds / cool mottled skin)	1							
Inadequate nutrition/PYMS score >2 (discuss with dietician if in doubt)	2							
Low serum albumin (< 35g/l)	1							
Incontinence (inappropriate for age)	1							
Total score								
Action Taken (Yes or no – Ensure plan of care is implemented / reviewed for all identified areas of concern								
Signature								

Risk score	Category	Suggested action
0	Not at risk	Continue to reassess 12 hourly.
10+	At risk	Commence the SKINN bundle chart - complete the skin assessment part of the form / Or the single risk factor skin inspections chart. Supply patient information leaflet & Inspect skin at least twice a day. Relieve pressure by helping/ encouraging the child to move at least every 2 hours. If there is a blanching mark then relieve the area by using a pillow, repositioning etc.
15+	High risk	Commence the SKINN bundle chart/ Inspect skin twice each day/ OR the single risk factor skin inspection chart. Reposition child / equipment/ devices at least every 2 hours. Relieve pressure before any skin discolouration develops. Use a size and weight appropriate pressure redistribution surface for sitting on &/or sleeping on. If there is a non -blanching mark then use a dermal heel or pad to relieve the pressure- call CTS for further advice. Supply patient information leaflet.
20+	Very high risk	Commence the SKINN bundle chart. Inspect skin twice daily. Move or turn every hour if possible. Ensure equipment / objects are not pressing on the skin. Consider using specialised pressure relieving equipment. Refer to Central Treatment Suite. If a pressure ulcer develops and is oozing then cover with a dressing. Relieve the pressure by putting a dermal heel or pad over the area. Inform CTS and complete risk form. Supply patient information leaflet.

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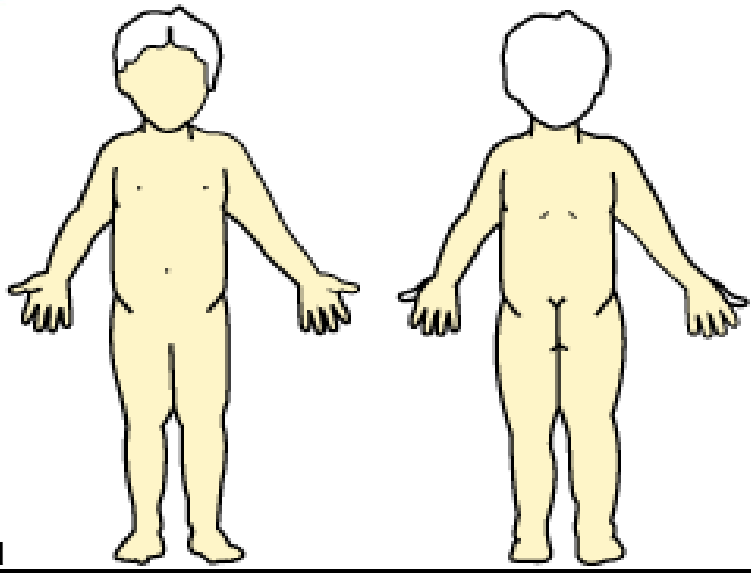

Paediatric Pressure Ulcer Record

Using numbers, indicate on the diagram above any discoloured areas or pressure ulcers, then using the box below describe the lesion, the date it was first observed and the outcome (resolved or not resolved) on resolution, completion of this form, transfer or discharge (whichever comes first).

Guidance Notes on Using the Glamorgan Scale Risk Assessment Tool.

A child's risk of developing a pressure ulcer should be assessed within 6 hours of admission and re-assessed daily and every time there are significant changes in his/her condition.

Dates & Times of assessments must be inserted in the appropriate box.

Mobility- Select the most relevant score in this section

Child cannot be moved without great difficulty or deterioration in condition.

- A ventilated child who de-saturates with position changes or a child who becomes hypotensive in a certain position – score 20
- Children with cervical spine injuries are limited in the positions they can lie in – score 20.
- Some children with contracture deformities are only comfortable in limited positions – score 20.
- General anaesthetic >2hours – score 20. This element is **only on day of surgery,** For example a child who is on the theatre table may not have their position changed during an operation for a prolonged period and is placed on a firm surface for stability during the operation.

Unable to change his/her position without assistance.

- A child may be unable to move themselves, but carers can move the child and change his/her position – score 15.

- A child who cannot control body movement, for example, the child can make movements but these may not be purposeful or if the child is unable to consciously change his/her own position – score 15.

Some mobility but reduced for age.

- The child may have the ability to change their own position but this is limited or restricted. For example, a child with developmental delay, a child in traction who is able to make limited movements, or a child on bed rest – score 10.

Normal mobility for age.

- Mobility is appropriate for developmental stage, for example a newborn baby is able to move his/her limbs but is not able to roll over; a 1 year old is able to roll over, bottom shuffle or crawl, sit up and pull up to standing – score 0.

Equipment / objects / hard surface pressing or rubbing on the skin.

- Any object pressing or rubbing on the skin for long enough or with enough force can cause pressure damage. (These areas must be observed closely), for example pulse oximeter probes, ET tubes, masks, tubing/wires, tight clothing (anti-embolic stockings) or plaster casts/splints – score 15.

Significant anaemia (Hb <9g/dl)

- If the haemoglobin has been measured during this admission and is below 9g/dl – score 1.
- If the haemoglobin is 9g/dl or above – score 0.
- If the haemoglobin is unknown, write NK and score 0.

Persistent pyrexia (temperature >38.0ºC for more than 4 hours)

- If temperature is 38.0ºC and above for more than 4 hours – score 1.
- If temperature is less than 38ºC and/or pyrexia lasts less than 4 hours – score 0.

Poor peripheral perfusion (cold extremities / capillary refill > 2 seconds / cool mottled skin)

- If the child has any of the above symptoms whilst in a warm environment (i.e. not due to low environmental temperature) – score 1.

Inadequate nutrition / PYMS score >2 (discuss with a dietician if in doubt)

- If a child is identified as being malnourished (exclude pre-op fasting) – score 1.
- A child who has a normal nutritional intake – score 0.

Low serum albumin (<35g/l)

- If serum albumin is less than 35g/l – score 1.
- If serum albumin is 35g/l or above – score 0.
- If serum albumin has not been measured write NK and score 0.

Incontinence (inappropriate for age)

- Inappropriate incontinence, for example, a 4 year old child who needs to wear nappies during the day and night. Children with special needs should be included in this category – score 1
- Normal continence, If a 5 year old who is dry during the day but may be occasionally incontinent during the night or a 12 month old who needs to wear nappies during the day and night. – score 0

Moisture lesions should not be confused with pressure ulcers.

Risk Score

Document total score, **however scores for individual risk factors should be acted on** i.e. optimise nutrition and mobility.

- If the child scores 10 or higher, he/she is at risk of developing a pressure ulcer unless action is taken to prevent it. This action may include normal nursing care, such as frequent changes of position (document how often position is changed), encouraging mobilisation, lying the child on an appropriate mattress or sitting on an appropriate cushion. Changing the position of equipment regularly & ensuring the child is not lying on objects in the bed such as tubing or hard toys.

- Actions to be taken/implemented are indicated in the table; however nurses should also use their own discretion and expertise, and if possible seek advice from the tissue viability specialist or manual handling advisor if a specialist pressure redistributing surface is considered necessary.

- Ensure that any actions taken are recorded/documented in the child's nursing/medical records.

Pressure Ulcer Record

- The diagram of the child can be used to indicate the position of any skin lesions, or any areas of concern.

- The skin lesions indicated in the diagram should also be numbered so that they can be referred to in the table below the diagram. In the table the lesions can be described more fully, with the date they were first observed and the outcome.

Please use the East of England & Midlands Grading Tool to grade ulcers.
No other grading tool should be used.

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