(diameter and depth), location, presence of sinus tracts, odor, exudate, and response to treatment are observed and recorded at least daily.

Pressure ulcers in children typically occur on the occiput, ears, sacrum, and scapula (Amlung, Miller, and Bosley, 2001); the heels and sacrum are common sites in adults. Critically ill children are at a higher risk of pressure ulcers and skin breakdown, because they often have several risk factors combined. Although pressure ulcers in hospitalized children are generally uncommon with reported rates of 1% to 13% (Noonan, Quigley, and Curley, 2006), the incidence in critically ill children has been reported as high as 27% (Curley, Quigley, and Lin, 2003). In a multi-site study, risk factors associated with pressure ulcers in pediatric intensive care unit patients included 2 years old and younger, length of stay 4 or more days, and ventilatory support (Schindler, Mikhailov, Kuhn, et al, 2011). Interventions found to prevent pressure ulcers in critically ill children include:

- Turning children every 2 hours
- Using pillows, blanket rolls, and positioning devices
- Draw sheets to minimize shear
- Utilization of pressure reduction surfaces (foam overlays, gel pads, specialty beds)
- Moisture reduction through the use of dry-weave diapers and disposable underpads
- Skin moisturizer
- Nutrition consults

Medical devices such as pulse oximeter probes, bilevel and continuous positive airway pressure masks, oxygen cannulas, orthotics, and casts can also cause pressure ulcers.

Friction and shear contribute to pressure ulcers. **Friction** occurs when the surface of the skin rubs against another surface, such as bed sheets. The skin may have the appearance of an abrasion. The skin damage is usually limited to the epidermal and upper layers. It most often occurs over the elbows, heels, or occiput. Prevention of friction injury includes the use of customized splinting over infants' heels; gel pillows under the heads of infants and toddlers; moisturizing agents; transparent dressings over susceptible areas;