- Provide daily cleansing of eyes, oral and diaper or perineal areas, and any areas of skin breakdown.
- Apply non–alcohol-based moisturizing agents after cleansing to retain moisture and rehydrate skin.
- Use minimum amount of tape and adhesives. On very sensitive skin, use a protective, pectin-based or hydrocolloid skin barrier between skin and tape or adhesives.
- Place pectin-based or hydrocolloid skin barriers directly over excoriated skin. Leave barrier undisturbed until it begins to peel off or for 5 to 7 days. With wet, oozing excoriations, place a small amount of stoma powder on site, remove excess powder, and apply skin barrier. Hold barrier in place for several minutes to allow barrier to soften and mold to skin surface.
- Alternate electrode and probe placement sites and thoroughly assess underlying skin typically every 8 to 24 hours.
- Eliminate pressure secondary to medical devices such as tracheostomy tubes, wheelchairs, braces, and gastrostomy tubes.
- Be certain fingers or toes are visible whenever extremity is used for intravenous (IV) or arterial line.
- Use a draw sheet to move child in bed or onto a stretcher; do not drag child from under the arms.
- Position in neutral alignment; pillows, cushions, or wedges may be needed to prevent hip abduction and pressure to bony prominences, such as heels, elbows, and sacral and occipital areas. When child is positioned laterally, pillows or cushions between the knees, under the head, and under the upper arm will help promote neutral body alignment. Avoid donut cushions because they can cause tissue ischemia. Elevate the head of bed 30 degrees or less to reduce pressure unless contraindicated.
- Do not massage reddened bony prominences because this can cause deep tissue damage; provide pressure relief to those areas instead.