What Little We Know

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Five years ago, Ostomy Wound Management dedicated its June publication to the youngest of patients. This issue comprised an overview of pediatric skin and wound care knowledge and included several promising approaches to care that utilized regenerative healing, dressings, positioning, nutrition, and negative pressure.

One cannot help asking how much more we have learned over the past 5 years. Of course, all information must be taken in the context that many premature and otherwise sick infants who, not long ago, probably would not have survived, triumph (albeit with much care) over their early births and troubling medical conditions. But their care regimens and prolonged hospital stays raise concerns similar to all hospital patients — eg, increased risk for pressure ulcers and intravenous infiltration injury.

This issue of OWM revisits the challenges — some unique and some not — of caring for infants and children. The articles were based on selected presentations from the 2011 International Symposium on Pediatric Wound Care in Rome, Italy, which led to the formation of the International Society of Pediatric Wound Care (ISPeW). The ISPeW goals are to: 1) set global standards for the assessment and treatment of pediatric wounds of varying etiologies; 2) provide a forum for international, interprofessional collaboration among health care professionals, researchers, educators, and industry leaders dedicated to the care of pediatric wounds; 3) promote and support clinical research focused on the prevention, assessment, and treatment of pediatric wounds; 4) collaborate with wound care organizations worldwide on pediatric wound care issues; and 5) provide evidence-based pediatric wound care education to health care professionals, parents, and day caregivers.

The article by Schüler et al in this issue presents the results of a pressure ulcer prevalence and risk factor study conducted in 14 Swiss pediatric hospitals, where a 35% prevalence rate of pressure ulcers, mostly Stage I (per the European Pressure Ulcer Advisory Panel scale) — the greatest number in pediatric intensive care — and most attributed the use of a medical device — was noted. The authors hope to reverse this trend by implementing more preventive measures, especially in high-risk patients.

In consideration of the care goals related to pressure ulcers in hospitalized children, García-Molina et al assessed use of specialized pediatric support surfaces to help prevent and/or alleviate pressure ulcers in young patients immobilized either by their conditions or as a result of management protocols. The most confounding problem seemed to be lack of availability of these products for the many children who might have benefited from their use.

Also in this issue, Treadwell notes that intravenous infiltration injuries occurred in 10% to 30% of pediatric patients receiving intravenous infusions in his facility; more than half among newborns. The author presents management solutions that stress early recognition and use of appropriate medications and dressings.

Every case is an opportunity for learning. Thankfully, research is creating and improving products and their use and discovering ways to raise awareness and improve provision of quality care. Two posters presented at the Wound Ostomy Continence Nurses Society conference this past June are examples of quality improvement endeavors with regard to pressure ulcer treatment and prevention. “Quality Improvement Team Approach to Detect Pressure Ulcers in a Pediatric Hospital” (Brenda Ruth, RN, BSN, CWON; and Leah Keller, RN, Nationwide Children’s Hospital, Columbus, OH) notes that as a result of quality improvement efforts, practice changes were implemented that included a bed selection algorithm, standard use of pressure-reduction mattresses and positioning devices, increased availability of specialty beds, use of CPAP masks to distribute pressure over wider areas, and use of a standardized turn schedule. The poster “Strategies for Design and Implementation of a Skin Health Program in an Acute Care Pediatric Facility” (Patricia L. Giampa, MRM, BSN, CPHQ; and Julia A. Warner, BSN, RN, CWOCN, CFCCN, Children’s Hospital of Pittsburgh, PA) champions use of a pressure ulcer prevention program that features excellence in bedside nursing, knowledge of facility data and best practices and awareness of any related gaps, individualized care, accountability, CWOCN leadership, willingness to explore new products, input from administration, and networking with outside experts. Both posters infer it is not enough to have the information; that information must be used and shared.

This issue of OWM also features our annual Industry Innovation section, where manufacturers are invited to describe their most innovative product. Among them is a description of an extensive line of pediatric mattresses that is free from concerning harmful chemicals.

What little do we know? We know that children are not just small versions of adults. Children have their own capacity for complication, as well as an amazing capacity to heal. Not unlike the elder and palliative care populations explored in the May issue of OWM, children — their skin in particular — require special considerations. And again like the ortho and extremities, when caring for children, clinicians must weigh care measures against quality of life, especially when the patient lacks a voice. Care is always a balance between aggressive and compassionate, nonmasterytheage. Perhaps if compassion becomes a key factor — not just because the data say placing a baby on a more appropriate support surface or a providing protective dressing between a tiny nose and a cannula may prevent pressure ulcers, but because comfort is so important — there would be fewer pressure ulcers to heal. – n

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