

Risk assessment tool can now better predict pressure injuries in children

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Pressure-related skin injuries, a nurse-sensitive quality indicator in hospitals, are associated with increased morbidity and higher costs of care. There's been much attention focused on hospital-acquired pressure injuries (HAPI) in the adult population. However, while preventable, immobility-related and medical device-related pressure injuries (MDPI) also occur in hospitalized infants and children.

Preventing pressure injury in infants and children requires that clinicians accurately identify at-risk [patients](#) and apply reliable prevention strategies for those patients. Often, the Braden Q Scale is used to help identify pediatric patients at risk for developing these pressure-related skin injuries. Until recently, initial predictive validity testing of the Braden Q Scale only included immobility-related pressure injuries in critically ill pediatric patients aged two weeks to eight years.

In a study from the University of Pennsylvania School of Nursing (Penn Nursing), a new, simplified Braden QD Scale now describes combined immobility-related and MDPI risk in a broader, more diverse sample of [pediatric patients](#) typically cared for in acute care environments. The multicenter, prospective cohort study was published in the January issue of *The Journal of Pediatrics*.

"The Braden QD Scale provides acute care pediatric clinicians with one instrument to predict both immobility- and device-related [pressure](#) injuries across diverse age and clinical populations," says lead-author Martha A. Q. Curley, PhD, RN, FAAN, the Ruth M. Colket Endowed

Chair in Pediatric Nursing at Penn Nursing and Children's Hospital of Philadelphia. "This instrument may be helpful in preventing iatrogenic [injury](#), in facilitating quality monitoring of care, and in helping to guide resource allocation in the prevention of HAPI in hospitalized infants and children."

Provided by University of Pennsylvania School of Nursing

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