The Role of Nutrition for Pressure Ulcer Management: National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance White Paper

Citation: Advances in Skin and Wound Care, Apr 2015, vol. 28, no. 4, p. 175-188, 1527-7941 (April 2015)
Abstract: Nutrition and hydration play an important role in preserving skin anti tissue viability and in supporting tissue repair for pressure ulcer (PrU) healing. The majority of research investigating the relationship between nutrition and wounds focuses on PrUs. This white paper reviews the 2014 National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance Guidelines and discusses nutrition strategies for PrU management. [PUBLICATION] 77 references

Source: BNI

A 9-year retrospective evaluation of 102 pressure ulcer reconstructions

Citation: Journal of Wound Care, 03 April 2015, vol./is. 24/0(0-), 09690700
Author(s): Kenneweg, K. A., Welch, M. C., Welch, P. J.
Abstract: Objective: Several pressure ulcer (PU) risk factors including paralysis and age greater than 70 have been identified, while others such as nutrition are debated. The object of this study is to identify perioperative risk factors that may predict improved outcomes and reduced complications in primary and recurrent PU reconstructions. I Method: A retrospective chart review of patients treated surgically for PUs from 2004 to 2013 at the University of Toledo Medical Center, Toledo, Ohio, US, was completed. Data collected included ulcer and medical history, as well as risk factors, complications and postoperative outcome. Data were statistically analysed for perioperative variances between primary and recurrent ulcers and closure status. I Results: A total of 49 patients with 102 reconstructions were reviewed. Spinal cord injured patients accounted for 90% receiving flap coverage of ulcers. Numerous differences between primary and recurrent ulcers were identified, including ulcer location, patient nutritional status, wound infection, postoperative course and recurrence. Multivariate analysis revealed a flap reconstruction prediction model using creatinine, haematocrit, haemoglobin, and prealbumin that is able to successfully predict closure outcome in 83.6% of cases. I Conclusion: Many factors play a role in the development, course and treatment of PUs. It is vital to understand the role of patient risk factors in the development of PUs, to direct subsequent management and reconstruction, and to prevent future recurrences.

Publication Type: journal article
Source: CINAHL

The prevention and management of pressure ulcers: summary of updated NICE guidance

Citation: Journal of Wound Care, 01 April 2015, vol./is. 24/4(179-184), 09690700
Author(s): Cooper, L., Vellodi, C., Stansby, G., Avital, L.
Publication Type: journal article
Source: CINAHL

Modeling hospital-acquired pressure ulcer prevalence on medical-surgical units: nurse workload, expertise, and clinical processes of care

Citation: Health Services Research, 01 April 2015, vol./is. 50/2(351-373), 00179124
Author(s): Aydin, Carolyn, Donaldson, Nancy, Stotts, Nancy A, Fridman, Moshe, Brown, Diane Storer
Publication Type: journal article
Source: CINAHL

Full Text: Available from EBSCOhost in Health Services Research

Risk factors associated with heel pressure ulcers in hospitalized patients

Author(s): Delmore, Barbara, Lebovits, Sarah, Suggs, Barbara, Rolinszky, Linda, Ayello, Elizabeth A
Abstract: To develop and validate a method of predicting whether patients will develop a heel pressure ulcer during their hospital stay. This retrospective case-control study used 2 separate data sets, one for an initial analysis followed by a second data set for validation analysis. From 2009 to 2011, medical records of discharged patients with a DRG code for heel pressure ulcers in our urban, tertiary medical center were retrospectively reviewed. Using age as the matching criterion, we then reviewed cases of patients without heel pressure ulcers. The initial analysis comprised 37 patients with hospital-acquired heel pressure ulcers and 300 without. The validation analysis included 12 patients with heel pressure ulcers and 68 without. In order to develop this method of identifying patients with heel pressure ulcers, logistic regression modeling was used to select a set of patient characteristics and hospital conditions that, independently and in combination, predicted heel pressure ulcers. Logistic modeling produced adjusted and unadjusted odds ratios for each of the significant predictor variables. The validation analysis was employed to test the predictive accuracy of the final model. Initial analysis revealed 4 significant and independent predictors for heel pressure ulcer formation during hospitalization: diabetes mellitus, vascular disease, immobility, and an admission Braden Scale score of 18 or less. These findings were also supported in the validation analysis. Beyond a risk assessment scale, staff should consider other factors that can predispose a patient to heel pressure ulcer development during their hospital stay, such as comorbid conditions (diabetes mellitus and vascular disease) and immobility.
Analysis of qualitative interviews about the impact of information technology on pressure ulcer prevention programs: implications for the wound, ostomy and continence nurse


The effectiveness of a pressure ulcer intervention program on the prevalence of hospital acquired pressure ulcers: controlled before and after study

Citation: Applied nursing research : ANR, May 2015, vol. 28, no. 2, p. 106-113 (May 2015)

A Two-Arm Cluster Randomized Control Trial to Determine the Effectiveness of a Pressure Ulcer Prevention Bundle for Critically Ill Patients

Citation: Journal of Nursing Scholarship, 01 May 2015, vol./is. 47/3(237-247), 15275546