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Pressure Ulcers: Evidence-Based Prevention and Management

Citation: Current Geriatrics Reports, September 2015, vol./is. 4/3(237-241), 2196-7865 (27 Sep 2015)

Author(s): Evans R., Ott C., Reddy M.

Abstract: Abstract There is limited good-quality research focused on the prevention and management of pressure ulcers. Current available evidence reveals that the following approaches may help to prevent pressure ulcers: the use of support surfaces such as specialized foam and specialized sheepskin overlays, mattress overlays on operating tables, consultation with a dietician to ensure adequate general nutrition, but it is not known whether any specific supplementation is useful, and moisturizing dry sacral skin. For management of existing pressure ulcers, it is unknown whether any specific support surface or dressing is preferable to any others; whether routine nutritional supplementation is beneficial, or if adjunctive therapies improve healing compared with standard care. Current evidence shows that the presence of increasing pain may make infection of a chronic wound more likely. There may be individuals for whom pressure ulcers are unavoidable. Risk assessment tools may be useful for identifying individuals at high risk for developing pressure ulcers.

Publication Type: Journal: Article

Source: EMBASE

Three-dimensional ultrasound imaging of the pressure ulcer. A case report

Citation: Medical ultrasonography, Sep 2015, vol. 17, no. 3, p. 404-406 (September 2015)

Author(s): Yabunaka, Koichi, Iizaka, Shinji, Nakagami, Gojiro, Fujioka, Masayuki, Sanada, Hiromi

Abstract: We report the case of a 46-year-old female who presented with a category IV pressure ulcer (PU) in the sacral region. Undermining of the PU was assessed with the aid of two-dimensional and three-dimensional ultrasound (3D-US).3D-US clearly visualized the wound in three directions and allowed determination of its volume. Our results show that volumetric analysis carried out with 3D-US enables the evaluation of wound morphology and thus better treatment of patients with PUs. The technique is simple and can be used routinely in daily wound management to assess the volume of the undermined wound.

Source: Medline

Full Text:
Available from EBSCOhost in **Medical Ultrasonography**
Available from ProQuest in **Medical Ultrasonography**

Nurse Continuity and Hospital-Acquired Pressure Ulcers: A Comparative Analysis Using an Electronic Health Record "Big Data" Set

Citation: Nursing research, Sep 2015, vol. 64, no. 5, p. 361-371 (2015 Sep-Oct)

Author(s): Stifter, Janet, Yao, Yingwei, Lodhi, Muhammad Kamran, Lopez, Karen Dunn, Khokhar, Ashfaq, Wilkie, Diana J, Keenan, Gail M

Abstract: Little research demonstrating the association between nurse continuity and patient outcomes exists despite an intuitive belief that continuity makes a difference in care outcomes. The aim of this study was to examine the association of nurse continuity with the prevention of hospital-acquired pressure ulcers (HAPU). A secondary use of data from the Hands on Automated Nursing Data System (HANDS) was performed for this comparative study. The HANDS is a nursing plan of care data set containing 42,403 episodes documented by 787 nurses, on nine units, in four hospitals and includes nurse staffing and patient characteristics. The HANDS data set resides in a "big data" relational database consisting of 89 tables and 747 columns of data. Via data mining, we created an analytic data set of 840 care episodes, 210 with and 630 without HAPUs, matched by nursing unit, patient age, and patient characteristics. Logistic regression analysis determined the association of nurse continuity and additional nurse-staffing variables on HAPU occurrence. Poor nurse continuity (unit mean continuity index = .21-.42 [1.0 = optimal continuity]) was noted on all nine study units. Nutrition, mobility, perfusion, hydration, and skin problems on admission, as well as patient age, were associated with HAPUs ($p < .001$). Controlling for patient characteristics, nurse continuity, and the interactions between nurse continuity and other nurse-staffing variables were not significantly associated with HAPU development. Patient characteristics including nutrition, mobility, and perfusion were associated with HAPUs, but nurse continuity was not. We demonstrated a high level of variation in the degree of continuity between patient episodes in the HANDS data, showing that it offers rich potential for future study of nurse continuity and its effect on patient outcomes.

Source: Medline

How Accurate is the AHRQ Patient Safety Indicator for Hospital-Acquired Pressure Ulcer in a National Sample of Records?

Citation: Journal for Healthcare Quality: Promoting Excellence in Healthcare, 01 September 2015, vol./is. 37/5(287-297), 10622551

Author(s): Zrelak, Patricia A., Utter, Garth H., Tancredi, Daniel J., Mayer, Lindsay Grogean, Cerese, Julie, Cuny, Joanne, Romano, Patrick S.

Abstract: In 2008, we conducted a retrospective cross-sectional study to determine the test characteristics of the Agency for Healthcare Research and Quality patient safety indicator (PSI) for hospital-acquired pressure ulcer (PU).We sampled 1,995 inpatient records that met PSI 3 criteria and 4,007 records assigned to 14 DRGs with the highest empirical rates of PSI 3,which did not meet PSI 3 criteria, from 32 U.S. academic hospitals.We estimated the positive predictive value (PPV), sensitivity, and specificity of PSI 3 using both the software version contemporary to the hospitalizations (v3.1) and an approximation of the current version (v4.4). Of records thatmet PSI 3 version 3.1 criteria, 572 (PPV 28.3%; 95% CI 23.6-32.9%) were true positive. PU that was present on admission (POA) accounted for 76% of the false-positive records. Estimated sensitivity was 48.2% (95% CI 41.0-55.3%) and specificity 71.4% (95% CI 68.3-74.5%). Reclassifying records based on reported POA information and PU stage to approximate version 4.4 of PSI 3 improved sensitivity (78.6%; 95% CI 62.7-94.5%) and specificity (98.0; 95%CI 97.1-98.9%). In conclusion, accounting for POA information and PU staging to approximate newer versions of the PSI software (v4.3) moderately improves validity.

Publication Type: journal article

Source: CINAHL