Pressure Injury Current Awareness Service

June 2019

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(2019) "National Pressure Ulcer Advisory Panel 2019 Award Recipients" Advances In Skin & Wound Care 32(6): 252-252
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Clinical standardisation is important when managing conditions such as pressure ulcers in care home groups Julia Atherton and Ross Joannides describe how they organised an evaluation to select a heel-offloading device to be used across their homes
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Background: In recent years, it has become increasingly apparent that medical device-related pressure ulcers represent a significant burden to both patients and healthcare providers Medical devices can cause damage in a variety of patients from neonates to community based adults To date, devices have typically incorporated generic designs with stiff polymer materials, which impinge on vulnerable soft tissues As a result, medical devices that interact with the skin and underlying soft tissues can cause significant deformations due to high interface pressures caused by strapping or body weight; Methods: This review provides a detailed analysis of the latest bioengineering tools to assess device related skin and soft tissue damage and future perspectives on the prevention of these chronic wounds This includes measurement at the device-skin interface, imaging deformed tissues, and the early detection of damage through biochemical and biophysical marker detection In addition, we assess the potential of computational modelling to provide a means for device design optimisation and material selection; Interpretation: Future collaboration between academics, industrialists and clinicians should provide the basis to improve medical device design and prevent the formation of these potentially life altering wounds Ensuring clinicians report devices that cause pressure ulcers to regulatory agencies will provide the opportunity to identify and improve devices, which are not fit for purpose; Copyright © 2019 Elsevier Ltd
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Objective: Pressure ulcers (PU; also known as pressure injuries) affect about three million adults in the US and cost an estimated $11 billion dollars annually to treat Prevention is most desirable, however, once a patient develops a PU, the focus shifts to effective treatment and rapid closure to improve health outcomes We sought to evaluate outcomes in 10 patients with category II and III PUs treated with dehydrated human amnion/chorion membrane (dHACM) allografts Method: All patients were treated with weekly application of dHACM plus standard wound care (SoC) and followed for eight weeks Results: Of the PUs, two were category II and eight were category III The average PU size at dHACM initiation was 342±176cm2 After the first application of dHACM 7/10 (70%) of PUs responded to treatment with a reduction in wound size Within two weeks of dHACM initiation into the plan of care, 4/10 (40%) of PUs had reduced in size by >50% By week four, 60% of PUs (6/10) had reduced in size by >50% Overall, during the eight week evaluation period, 9/10 PUs reduced in size, three of which healed completely Conclusion: dHACM allografts appear to be a viable treatment option for category II and III PUs
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Background: Pressure ulcers are a major burden to patients because they affect health, well-being, and health-related quality of life. Thus, prevention and early treatment of pressure ulcers is a major challenge for health care professionals. Objective: To compare the efficacy of hydrocellular and hydrocolloid dressings after 8 weeks of treatment of category II pressure ulcers; Design: A prospective multicenter clinical trial with blinded outcome assessors; Participants and Settings: Adult patients with category II pressure ulcers from primary and long-term care institutions on Majorca island; Methods: Category II ulcers were treated with ALLEVYN Adhesive® dressings or VARIHESIVE® GEL CONTROL dressings, with the primary outcome being healing of the ulcers in 8 weeks. Blinded confirmation of ulcer healing was performed by a treatment-group assessment committee. Estimates of cumulative survival probabilities were determined using the Kaplan-Meier method and analyses of effectiveness were performed using the chi-squared test; Results: A total of 169 patients with pressure ulcers were enrolled. 84 of whom received hydrocellular dressings and 85 of whom received hydrocolloid dressings. A total of 58% were women and 56% were from primary care institutions. The hydrocellular dressing group had a higher percentage of healed pressure ulcers at 8 weeks (90.7% vs 77.1%, p = 0.039) and a shorter average healing time (3 weeks vs 4 weeks, p = 0.015). Analysis of safety outcomes at 8 weeks indicated that the hydrocellular dressing group had a smaller proportion of ulcers that were unhealed (39% vs 71%) and a smaller proportion of ulcers that progressed to a higher category or infection (53% vs 15%), although these differences were not statistically significant; Conclusions: This study of patients with category II pressure ulcers indicated that hydrocellular dressings were superior to hydrocolloid dressings in terms of healing at 8 weeks and time required for healing, although these two dressings had similar safety profiles; Copyright © 2019 Elsevier Ltd. All rights reserved.

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Background: Angiogenesis, as an endogenous repair mechanism, plays crucial roles in wound healing and tissue regeneration. However, this process is impaired in the elderly due to aging-related vascular endothelial dysfunction. This study was aimed to explore the pro-angiogenic effects of exosomes from human embryonic stem cells (ESC-Exos) in aged mice of pressure-induced ulcer model and the underlying mechanism; Methods: Pressure ulcer wounds were created on the back of D-galactose-induced aging mice. ESC-Exos were locally applied onto the wound beds, with PBS as control. The effects of ESC-Exos on wound healing were analyzed by measuring wound closure rates, histological and immunofluorescence analyses. Then, the anti-aging effect of ESC-Exos on vascular endothelial cells was tested in an in vitro D-galactose-induced HUVEC senescence model; Results: ESC-Exos could accelerate wound closure and enhance angiogenesis, and the senescence of vascular endothelial cells was significantly ameliorated after ESC-Exos treatment. In vitro, ESC-Exos could rejuvenate the senescence of endothelial cells and recover compromised proliferation, migratory capacity, and tube formation. This recovery was Nrf2-activation-dependent, since cotreatment with Nrf2 inhibitor Brusatol could abolish the rejuvenative effects of ESC-Exos. Further study revealed that miR-200a was highly enriched in ESC-Exos and played a crucial role in ESC-Exos-mediated rejuvenation through downregulating Keap1, which negatively regulates Nrf2 expression; Conclusions: ESC-Exos ameliorate endothelial senescence by activating Nrf2 and recover aging-related angiogenic dysfunction, thereby accelerating wound healing in aged mice. ESC-Exos might be a natural nano-biomaterial for aging-related diseases therapy.

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Background: The 2005 South Asian earthquake led to large-scale injuries and disabilities in northern Pakistan, which were dealt with using various approaches. In this regard, a community-based rehabilitation approach was initiated in the Muzaffarabad district of Pakistan in early 2006, focused on preventing complications among persons with Spinal Cord Injury. This case study briefly describes its development, aims and service provision components, in addition to the distribution of injuries from the disaster. Pressure ulcer prevention education, its recall and decrease in prevalence over a year are presented as key outcomes and illuminate
the process of implementing rehabilitation in this context. Methods: This case study presents findings from a larger internal program evaluation in 2010–11. The study design was cross-sectional, to elicit recall of education components and the resulting prevalence of pressure ulcers over the year, in 33 randomly selected persons with Spinal Cord Injury Outcomes included retention of knowledge about pressure ulcer prevention, practices and reduction in the prevalence of pressure ulcers over the last year. We also conducted a narrative literature review on the types of injuries and complications in the Spinal Cord population from Northern Pakistan. Results: Hospital cohort studies reported "spine" injuries at 5%, while persons with spinal cord injury were identified as the most underserved needing rehabilitation services after the quake. Results from the evaluation of prevention education revealed that all 33 respondents were trained in detection of pressure ulcers, while 32 recalled "danger signs" for which they would seek immediate help. All correctly recalled postural change timings, however, their actual practices differed. Twenty-seven respondents (82%) reported no pressure ulcers over the last year. Conclusion: The decrease in pressure ulcer prevalence over the last year in persons with spinal cord injury highlights the strengths of the community-based rehabilitation approach, particularly preventive education in geographically challenging and highly resource-constrained settings. The research also begins to fill a critical gap in the present literature as most research is limited to hospital-based interventions from the first year of the 2005 earthquake. Prevention education for targeting pressure ulcers can be effective in reducing incidence of this important complication in persons with spinal cord injury. Community-based rehabilitation approaches can prove beneficial in post-disaster settings, especially in resource-constrained settings and difficult terrain. Rehabilitation programs should consider nutrition interventions to reduce multiple pressure ulcers, especially in lower middle income countries.

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A neonate in her second week of life had a thick serosanguineous crust adhering to the scalp; extending laterally in both directions was a deep, trenchlike ulcer with no drainage. What is your diagnosis?

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Dean, E (2019) "Pressure ulcer definition and measurement" Primary Health Care 29(4): 10-10
Almost 1,300 new pressure ulcers are reported each month in the NHS in England, according to NHS Digital.

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Objective: The study's purpose has been to assess nurses' knowledge about pressure injury. Methods: It is a descriptive-exploratory study with a quantitative approach, which was carried out with 26 participating nurses who comprise the staff of all sectors from a private hospital in Teresina city, Piauí State. The questionnaire used has two parts, as follows: the first includes the participants' characterization data, and the second is composed of 41 items to be answered as True (T), False (F) and I do not know. Data were analyzed using the SPSS software. Results: Considering the correct answers, 74% of the nurses scored between 80 and 90% of the test, 9% of the professionals scored between 60 and 69%, and 9% of the professionals scored between 70 and 79% of the test, then demonstrating the lack of knowledge about the addressed subject. Also, 9% scored above 90%, where they demonstrated desired knowledge in relation to the subjects of the test. Conclusion: Through this research, it was possible to verify that the majority of the Nursing professionals showed unsatisfactory knowledge with regards to pressure injury.

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Hospital-acquired pressure injuries (HAPI) are a societal burden and considered potentially preventable. Data on risk factors and HAPI burden are important for effective prevention initiatives. This study of the 2009-2014 US Premier Healthcare Database identified HAPI risk factors and compared outcomes after matching HAPI to non-HAPI patients. The cumulative incidence of HAPI was 0.28% (47,365 HAPI among 16,967,687 total adult inpatients). Among the matched sample of 110,808 patients (27,702 HAPI), the strongest risk factors were...
for HAPI were prior PI (odds ratio [OR] 1252, 95% confidence interval [CI] 1193-1315), prior diabetic foot ulcer (OR 343, 95% CI 320-368), and malnutrition (OR 311, 95% CI 302-320) HAPI patients had longer adjusted length of stay (37 days, P < 0001), higher total hospitalization cost ($8014, P < 0001), and greater odds of readmissions through 180 days (OR 160, 95% CI 155-165) This study demonstrates how big data may help quantify HAPI burden and improve internal hospital processes by identifying high-risk patients and informing best practices for prevention

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Background: Pressure ulcer is a preventable medical complication of immobility It has psychological, economic and social impact on individual and family Its cost of treatment is more than twice of cost of prevention It is primarily the nurses' responsibility to prevent pressure ulcer The aim of this study was to assess the nurses' knowledge to pressure ulcer prevention in public hospitals in Wollega Methods: A descriptive multicenter cross-sectional study design using quantitative method was employed to collect data from 212 randomly selected nurses Data was collected using structured two validated self-administered instruments of pressure ulcer knowledge test evaluate nurses' knowledge Mean scores were compared using the Mann-Whitney U and Kruskal-Wallis tests Means, standard deviation, and frequencies were used to describe nurses' knowledge levels and barriers to pressure ulcer prevention Results: Analysis of the study displayed 915% had inadequate knowledge to pressure ulcer prevention The mean of nurses' knowledge in all theme and per item were 1131 (SD 597) and 043 (SD 022) respectively The study participants had the highest mean item score (265 ± 087) in nutrition theme, whereas, scored lowest on etiology and development (027 ± 018) and preventive measures to reduce duration of pressure (029 ± 018). The study also identified significant nurses read articles (0000) and received training (p 0003) Shortage of pressure relieving devices, lack of staff and lack of training were the most commonly cited perceived barriers to practice pressure ulcer prevention Conclusions: This study highlights areas where measures can be made to facilitate pressure ulcer prevention in public hospitals in Wollega zones, such as increase regular adequate further training of nurses regarding pressure ulcer/its prevention points

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Fletcher, J and J Hall (2018) "New guidance on how to define and measure pressure ulcers" Nursing Times 114(10): 5-1
The occurrence of pressure ulcers is an indicator of care quality In recent years, there has been considerable effort to reduce the number of pressure ulcers and related harm, but this effort has been offset by disparities between trusts in the way they define, measure and report pressure ulcers As part of the Stop the Pressure programme, new guidance on pressure ulcer definition and measurement in England has been issued by NHS Improvement after a consensus-seeking exercise involving a large range of stakeholders The guidance will be rolled out nationally from April 2019 This article discusses the guidance, why it was needed and how it was developed

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Flett, H M, J J Delparte, et al (2019) "Determining Pressure Injury Risk on Admission to Inpatient Spinal Cord Injury Rehabilitation: a Comparison of the FIM, Spinal Cord Injury Pressure Ulcer Scale, and Braden Scale" Archives Of Physical Medicine And Rehabilitation Objective: Assess the utility of the admission Spinal Cord Injury Pressure Ulcer Scale (SCIPUS), Braden Scale, and the FIM for identifying individuals at risk for developing pressure injury during inpatient spinal cord injury (SCI) rehabilitation; Design: Retrospective cohort; Setting: Two tertiary rehabilitation centers; Participants: Individuals (N754) participating in inpatient SCI rehabilitation; Interventions: Not applicable; Main Outcome Measures: Logistic regression analysis was performed to determine the utility of the SCIPUS, Braden Scale, and FIM for identifying individuals at risk for developing pressure injury (PI) during inpatient SCI rehabilitation Sensitivity, specificity, positive predictive value, negative predictive value, false negative rate, odds ratio, likelihood ratio, and area under the curve (AUC) are reported; Results: The SCIPUS total score and its individual items did not demonstrate acceptable accuracy (AUC≥07) whereas the Braden Scale (073) and the FIM score (074) did Once items were dichotomized into high and low risk categories, 1 Braden item (friction and shear), 5 FIM items (bathing, toileting, bed/chair transfer, tub/shower transfer, toilet transfer), the FIM transfers subscale, FIM Motor subscale, and the FIM instrument as a whole, maintained AUCs ≥07 and negative predictive values ≥095 The FIM bed/chair transfer score demonstrated the highest likelihood ratio (262) and overall
was the most promising measure for determining PI risk; Conclusion: Study findings suggest that a simple measure of mobility, admission FIM bed/chair transfer score of 1 (total assist), can identify at-risk individuals with greater accuracy than both an SCI specific instrument (SCIPUS) and a PI specific instrument (Braden). The FIM bed/chair transfer score can be readily determined at rehabilitation admission with minimal administrative and clinical burden;

Gould, L J, G Bohn, et al (2019) "Pressure ulcer summit 2018: An interdisciplinary approach to improve our understanding of the risk of pressure-induced tissue damage" Wound Repair And Regeneration: Official Publication Of The Wound Healing Society [And] The European Tissue Repair Society. Pressure ulcers (PrUs) affect approximately 25 million patients and account for 60,000 deaths annually. They are associated with an additional annual cost of $43,000 per related hospital stay and a total cost to the US health care system as high as $25 billion. Despite the implementation of national and international PrU prevention guidelines and toolkits, rates of facility-acquired PrUs and PrUs in people with spinal cord injury are still high. A new paradigm is needed that distinguishes between prevention and treatment research methods and includes not only the causative factors of pressure and tissue deformation but also patient-specific anatomical differences and the concomitant biological cellular processes, including reperfusion injury, toxic metabolites, ischemia, cell distortion, impaired lymphatic drainage, and impaired interstitial fluid flow that compound existing tissue damage. The purpose of this article is to summarize the highlights from the first annual Pressure Ulcer Summit held February 9-10, 2018 in Atlanta, Georgia (sponsored by the Association for the Advancement of Wound Care in partnership with multiple professional organizations). This international, interdisciplinary summit brought together key stakeholders in wound care and PrU prevention and management to highlight advances in pathophysiology of pressure-induced tissue damage; explore challenges in current terminologies, documentation, and data collection; describe innovations in clinical care; and identify research opportunities to advance the science of PrU prevention and management; © 2019 by the Wound Healing Society.


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Pressure injuries resulting from long surgeries may be caused by prolonged ischemia Operating table surfaces with alternating pressure (AP) features may reduce the risk of ischemia-induced pressure injuries by providing periodic relief of blood flow occlusions Prior research investigated alternating loading applied with a single isolated rigid indenter and demonstrated increased perfusion This study quantified effects of an overlay with AP on sacral skin perfusion for individuals lying supine for 60-min while blood flow was monitored The mean normalized sacral skin blood flow was found to be greater with the AP overlay over an operating table pad compared to the operating pad alone (pad with AP mean SBF 145 ± 116, pad without AP mean SBF 103 ± 046, p 010) Peak and average interface pressure at the sacrum was significantly lower during the deflation cycle of the AP surface compared to the operating pad alone (P < 0001), suggesting this periodic reduction resulted in higher mean blood flow Post-hoc regression analysis showed participant body mass index was a significant predictor of the effectiveness of the AP overlay (p 0012) The results suggest risk for pressure injuries due to prolonged ischemia might be mitigated by the addition of an alternating pressure feature on operating table pads for lower BMI patients Effects on perfusion of an operating table overlay with an alternating pressure have been evaluated Perfusion was monitored for 60 min on 20 participants with and without the alternating pressure Sacral skin blood flow was found to be greater with the alternating pressure Lower body mass index was a predictor of the effectiveness of the alternating pressure feature

Kottner, J and M Clark (2019) "Historical Perspective on Pressure Injury Classification" Advances In Skin & Wound Care 32(6): 249-249

Krsak, M and L Damioli (2019) "A response to "Osteomyelitis Complicating Sacral Pressure Ulcers: Whether or Not to Treat With Antibiotic Therapy": Is two weeks of treatment enough for cortical bone osteomyelitis?" Clinical Infectious Diseases: An Official Publication Of The Infectious Diseases Society Of America

To investigate intersections between pressure injury (PrI) history, muscle composition, and tissue health responses under physiologically relevant loading conditions for individuals with spinal cord injury (SCI) Repeated measures study design with annual follow-up for up to 3 years Tertiary care center Persons with SCI (N38) Exclusion criteria included having an open pelvic region PrI at the time of recruitment, presence of systemic disease, and/or known sensitivity to contrast Not applicable Gluteal muscle composition, ischial interface pressures, tissue oxygenation Ischial region mean interface pressures are the same for individuals with or without a PrI history Tissue oxygenation is lower during sitting for persons with a PrI history Individuals with >15% gluteal intramuscular fat were statistically highly significantly (P <001) more likely to have a history of severe or recurrent PrI Intramuscular adipose tissue (IMAT) levels within the gluteal muscle may remain low over time or muscle tissue in the gluteal muscle region may be almost entirely replaced by IMAT In the current study cohort, it was found that muscle composition also continues to change over time even for individuals with long-standing SCI Soft-tissue compositional changes, specifically IMAT, provides a reliable indicator of PrI history and may provide a key to personalized PrI risk status for persons with SCI The current findings confirm that interface pressure mapping alone is a limited indicator for PrI development

Pressure ulcers are a common occurrence of damage to skin Severity ranges from slightly discoloured skin to full thickness tissue damage which can be fatal in some cases Engineering effort, typically developing
computational models had made significant progress in the understanding and demonstration of the formation mechanism of pressure ulcers with the aetiology of excessive stress; however, relatively limited attempts had been made to develop relevant models for pressure ulcers caused by ischemia. The aim of this article is to present evidence of a computational model developed to simulate ischemic pressure ulcer formation and demonstrate the established relationship between the computational data and the acquired clinically relevant experimental data by utilising Laser Doppler Velocimetry. The application of the presented computational model and the established relationship allows the evaluation of the effect of a mechanical loading to the cutaneous blood flow velocity which is a step closer to understand and evaluate a mechanical load to the formation of pressure ulcers caused by ischemia.

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Mendoza, R A, G A Lorusso, et al (2019) "A prospective, randomised controlled trial evaluating the effectiveness of the fluid immersion simulation system vs an air-fluidised bed system in the acute postoperative management of pressure ulcers: A midpoint study analysis" International Wound Journal. The use of pressure-offloading support surfaces is considered the standard of care for pressure ulcers (PUs) by most surgeons. The fluid immersion simulation system (FIS) has shown significant results in previous studies. We compared it, for the first time, with a representative air-fluidised bed (AFB) for outcomes related to post-surgical flap closures. This trial was performed over 25 months, in which 40 subjects between 18 and 85 years of age with ≤2 PUs and history of <3 surgical closures underwent reconstruction by one surgeon. Subjects were randomly assigned to either treatment group for 2 weeks after closure. The primary endpoint was success of closure after the study period. Secondary endpoints included incidence of complications and nursing and patient acceptability of the device. The FIS group included 19 subjects, and the AFB group included 21. Flap failure rate was similar between groups (15% vs 17%; P = 0.99). The minor complications rate, particularly dehiscence, was higher in the FIS group (66.7% vs 15%; P = 0.02). Nurse and patient self-reported acceptability had better mean numeric scores in the FIS compared with AFB (nurse: 15 vs 19; P = 0.12; patient: 19 vs 22; P = 0.14). Further analysis will be conducted to gain better insight on the FIS as an alternative treatment for PUs. © 2019 Medicalhelplinescom Inc and John Wiley & Sons Ltd
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Objective: to analyze the incidence of pressure ulcers in a Special Care Unit Method: this is a quantitative, descriptive and exploratory study, with educational intervention, in a medium-sized public hospital. The sample was composed by 10 participants. The technique of data collection was established through direct non-participant observation, and the results were presented in the form of tables. Results: 50 samples (n 50) were observed, with an incidence of 48% (n = 24), with emphasis on ulcers related to medical devices (15%) and sacral (10%). The theoretical qualification of ten employees (n = 10) was established, and 90% of the employees missed questions related to the current classification of pressure ulcers, however, 90% were able to identify possible preventive forms. Conclusion: it is demonstrated by the results obtained that, despite being an avoidable phenomenon, it continues to be present in daily practice, necessitating the implementation of professional qualification measures as a strategy to reduce this aggravation.
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Shi, C, L J Bonnett, et al (2019) "Non-blanchable erythema for predicting pressure ulcer development: a systematic review with an individual participant data meta-analysis" The British Journal Of Dermatology Background: Empirical evidence is uncertain regarding the value of non-blanchable erythema in predicting Stage 2 (or more severe) pressure ulcer incidence. We aimed to investigate whether non-blanchable
erythema is an independent prognostic factor for pressure ulcer incidence using individual patient data; Methods: We performed an electronic database search in February 2017 to identify longitudinal studies that considered non-blanchable erythema for predicting pressure ulcer risk in any population We collected individual participant data for the included studies, and assessed risk of bias of these studies using the Quality In Prognosis Studies tool We analysed individual participant data in STATA using mixed-effects logistic regression for investigating the association of our interest The certainty of evidence from individual participant data analysis was assessed using the Grades of Recommendation Assessment, Development and Evaluation; Results: Of the thirteen included studies (68,077 participants), we had access to individual participant data from four (n = 3,223) and 1188% of participants (383/3,223) developed new pressure ulcers of Stage 2 or above within 28 days Mixed-effects logistic regression showed that participants with non-blanchable erythema had higher odds of developing new pressure ulcers of Stage 2 or above within 28 days of follow-up than those without non-blanchable erythema (multivariable association: n = 2,684; OR 2.72, 95% CI 2.02 to 3.69; tau-squared 0; moderate-certainty evidence); Conclusions: The first prognostic factor review with individual-level data analysis in pressure ulcers suggests people with non-blanchable erythema are more likely to develop new pressure ulcers of Stage 2 or above within 28 days than people without non-blanchable erythema It is important to identify non-blanchable erythema in practice and intervene appropriately to prevent pressure ulceration This article is protected by copyright All rights reserved; This article is protected by copyright All rights reserved

Smith, G (2019) "Improved clinical outcomes in pressure ulcer prevention using the SEM scanner" Journal Of Wound Care 28(5): 278-282
Objective: An in-practice evaluation of an sub-epidermal moisture (SEM) scanner, to detect non-visible pressure damage, allowing appropriate, targeted pressure ulcer (PU) prevention interventions; Method: The evaluation included patients on a single medical-surgical ward over a period of two months; Results: The evaluation included 35 patients The outcomes of the evaluation suggest that the SEM scanner provided objective evidence that both the interventions being employed and the increase in repositioning and assessment prevented further incipient skin damage; Conclusion: We conclude that the early detection of non-visible tissue injury using the SEM scanner as an adjunct to the usual PU risk assessment strategies can reduce PU incidence, leading to improved patient outcomes and released productivity;

Smith, H A, Z Moore, et al (2019) "Cohort study to determine the risk of pressure ulcers and developing a care bundle within a paediatric intensive care unit setting" Intensive & Critical Care Nursing
Objective: Determine the incidence and risk factors for pressure ulcers in a paediatric intensive care unit Use the information gathered to develop preventive pressure ulcer care bundles; Research Methodology: Prospective cohort study using Braden Q Scale for Predicting Pressure Sore Risk and European Pressure Ulcer Advisory Panel Pressure Ulcer Staging tool; Setting: General paediatric intensive care unit in a tertiary level hospital between May and October 2017; Results: Seventy-seven children were recruited Most children were male (n = 42, 545%) and all nine children (117%) that developed a pressure ulcer were male The main risk factor for developing a pressure ulcer was lack of physical activity None of the children assessed as high or severe risk developed a pressure ulcer Eight (89%) pressure ulcers were assessed as grade one Seven pressure ulcers (778%) were on the facial and scalp area and all seven children were receiving airway support at the time the pressure ulcers developed; Conclusion: Incidence of pressure ulcers was 117%, with the facial and scalp area the most common anatomical areas affected Medical devices appeared to be the prime causative factor Based on our data we have modified and launched the SSKIN care bundle for the paediatric intensive care unit setting; Copyright © 2019 Elsevier Ltd All rights reserved
Websites


“Risk Assessment and Prevention of Pressure Ulcers: a clinical practice guideline from the American College of Physicians” (2015)
http://annals.org/article.aspx?articleid=2173505


NICE Guideline: “Pressure ulcers: prevention and management of pressure ulcers” (April 2014)
http://www.nice.org.uk/guidance/CG179


The Trans Tasman Dietetic Wound Care Group, Evidence based practice guidelines for the nutritional management of adults with pressure injuries (2011)

Registered Nurses’ Association of Ontario - Risk assessment and prevention of pressure ulcers (2011 revised)

National Guideline Clearinghouse – predefined search
https://search.ahrq.gov/search?q=%22pressure+ulcer*%22+or+%22pressure+injur*%22


Cochrane Wounds Group
https://wounds.cochrane.org/news/reviews
The Cochrane Wounds Group was established in 1995 with the aim of using evidence from trials to conduct systematic reviews to establish the effectiveness of interventions for the prevention and treatment of wounds, and interventions for the prevention and treatment of wound complications.

National Pressure Ulcer Advisory Panel
http://www.npuap.org/
e-Journals

**Advances in Skin & Wound Care** (Tables of Contents only)

**Eplasty (formerly Journal of Burns & Wounds)** (full text)

**EWMA Journal** (full text)

**International Wound Journal** (Tables of Contents only)

**Journal of the American College of Clinical Wound Specialists** (full text)

**Journal of Tissue Viability** (full text)

**Journal of Wound Care** (full text)

**World Council of Enterostomal Therapists Journal** (full text 2010 onwards)

**World Wide Wounds: the premier online resource for dressing materials and practical wound management information** (full text)

The mission of *World Wide Wounds* is to be the premier online resource for peer-reviewed information on dressing materials providing practical guidance on all aspects of wound management to health professionals worldwide.

**Wound Care Advisor** (full text 2014 onwards)

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**Wound Repair & Regeneration** (full text with 12-month delay)

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**Wounds UK Journal** (full text 2011 onwards)

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e-Books

**Acute and chronic wounds** 5th ed, 2016

**Fast facts for wound care nursing : practical wound management in a nutshell** 2011

**Nutrition and wound healing** 2007

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