Pressure Injury Current Awareness Service

January 2020

Queensland Health Libraries Search

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TPCH Library = Informed Decisions

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Objective: To evaluate the use of an infrared thermography device in assessing skin temperature among category I pressure ulcer (PU) or suspected deep tissue injury (skin intact) on the sacral or heel during the study period (March to April 2018) were recruited Patients without a PU were also recruited to act as control Thermal images were taken using a portable CAT S60 Thermal Imaging Rugged Smartphone (Caterpillar Inc, US) that provided readings of the skin temperature in degrees Celsius Results: A total of 17 cases and 51 controls were recruited Among the cases, the mean difference in skin temperature between the PU site (mean: 3114°C; standard deviation [SD]: 154) and control site within the cases (mean: 2893°C; SD: 347) was significant (difference: 221±366°C; p=0.024) When comparing between all cases and controls, the mean temperature difference was non-significant When comparing between the category I PU and suspected deep pressure injury cases, the mean difference was also non-significant Conclusion: Using infrared thermography technology at the bedside to measure skin temperature will support the clinical diagnosis of patients with skin types I to III However, there is a need for a more accurate and objective measurement to identify and diagnose early category I PU or suspected deep tissue injury in adult patients with darker skin types 4 and above, enabling early initiation of preventive measures in the hospital acute care setting

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Objective: To critically appraise and synthesise existing research literature pertaining to nurses' attitudes towards pressure ulcer (PU) prevention Method: Using systematic review methodology, published quantitative studies focusing on nurses' attitudes towards PU prevention measured by psychometric tests were included The search was conducted in May 2019 using PubMed, CINAHL, Scopus, Cochrane and EMBASE databases, and returned 442 records, of which 21 met the inclusion criteria Data were extracted using a pre-designed extraction tool and all included studies were quality appraised using the checklist Results: Of the included studies, 20 employed a cross-sectional design and one author employed a validation study In measuring nurses' attitudes toward PU prevention two distinct instruments were used: the 'Moore and Price Attitude Scale' and the 'Attitude towards Pressure Ulcer Prevention Instrument' The mean attitude score within the studies was 79 (standard deviation:92) The lowest attitude score was 51%, while the highest score was 89% The results obtained from the studies indicated that 0% (n=18) yielded positive attitude results Conclusion: The findings suggest that, overall, nurses are positively disposed towards PU prevention However, it is important to highlight that the nurses have difficulties translating this positive attitude into actual PU prevention strategies

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Background: Considerable evidence exists on how to prevent hospital-acquired pressure injuries (HAPIs) However, processes employed to implement evidence play a significant role in influencing outcomes Problem: One Australian health district experienced a substantial increase in HAPIs over a 5-year period (by almost 60%) that required a systemwide practice change Approach: This article reports on the people, processes, and learnings from using the Promoting Action on Research Implementation in Health Services (PARIHS) framework taking into account the evidence, context, and facilitation to address HAPIs Outcomes: Applying
this approach resulted in a significant decrease in pressure injuries and positive practice change, leading to improved patient outcomes in a shorter time frame than previous strategies Conclusion: Processes guided by the PARiHS enhanced the effectiveness of translating evidence into practice and positively assisted clinicians to promote optimal patient care This approach is transferrable to other health care settings

The article offers information on the Kennedy Terminal Ulcer (KTU), describe a skin wound that occurs despite best preventative measures and results from the moribund functional status and underlying skin failure associated with the dying process It mentions that emotional support and KTU counseling for caregivers are vital; and it can often be signs of impending death

This non-inferiority, multicentre, randomised, controlled, and double-blinded clinical trial compared the therapeutic effectiveness of the topical application of an olive oil solution with that of a hyperoxygenated fatty acid compound for the prevention of pressure ulcers in at-risk nursing home residents The study population comprised 571 residents of 23 nursing homes with pressure ulcer risk, randomly assigned to a hyperoxygenated fatty acid group (n = 288) or olive oil solution group (n = 283) Both solutions were applied on at-risk skin areas every 12 hours for 30 days or until pressure ulcer onset The main outcome variable was the pressure ulcer incidence The absolute risk difference was estimated (with 95% CI) using Kaplan-Meier survival and Cox regression curves The groups did not significantly differ in any study variable at baseline The pressure ulcer incidence was 418% in the olive oil group vs 657% in the control group, with an incidence difference of −239% (95% CI −640 to 156%), which is within the pre-established non-inferiority margin of ±7%, thus supporting the study hypothesis We present the first evidence of the effectiveness and safety of the topical application of olive oil to prevent pressure ulcers in the institutionalised elderly

Regularly inspecting patients' skin for abnormalities is a key step in pressure ulcer prevention A skin module forms part of a new core curriculum for pressure ulcer education to enable nurses and other practitioners to understand the key concepts of effective skin assessment and care This article, the third in an eight-part series on the new education framework, highlights what practitioners need to know about risk factors associated with impaired skin integrity, how to check for nonblanchable erythema, and evidence-based interventions to promote skin integrity and prevent pressure ulcers

Patients who are stationary endure prolonged pressures and shear loads at contact areas between their body and the support surface, which over time may cause pressure ulcers (PUs) Donut-shaped gel head supports are commonly used to protect the occiput, which is among the most common anatomical sites for PUs; however, the biomechanical efficacy of these devices is unclear To investigate their effects on scalp tissues, we have used our three-dimensional anatomically realistic finite element model of an adult head, to which we have added a donut-shaped gel head support We then compared the occipital scalp tissue loads' occurrence while the donut-shaped gel head support is in use with those associated with a fluidised head positioner and a standard medical foam The donut-shaped gel head support inflicted the greatest exposure to tissue mechanical stresses, particularly to the high (and therefore dangerous) stress domain, when compared to the other positioners We concluded that while the donut-shaped gel head support is designed to avert tissue loads away from the occiput and disperse them to the surroundings, in practice, it fails to do so In fact, the donut-shaped gel head support imposes the head-weight forces to transfer through a relatively narrow ring of scalp tissues, hence increasing the risk of developing occipital PUs Key Messages: a donut-shaped gel head support is meant to reduce the occurrence of pressure ulcers in scalp tissuesto
investigate the effects of donut-shaped gel head support on scalp tissues, we have used our anatomically realistic computational model of an adult head the donut-shaped gel head support imposes the head-weight forces to transfer through a relatively narrow ring of scalp tissue the highly distorted and deformed tissues at that ring are at a high risk for injury

Aim: To analyze patient factors and nurse staffing-related issues involving hospital-acquired pressure ulcers (HAPUs) in patients at two types of hospital; Background: HAPUs are important for the safety of hospitalized patients HAPUs not only cause health problems, but also pose an economic burden to patients In addition to patient factors such as mobility and skin integrity, hospital factors such as nurse staffing can also affect the management of such patients; Design: This study is a retrospective review of patient data and analysis of factors related to HAPUs using stratified Cox proportional hazards regression; Results: A total of 53,923 patients were included; The incidence of HAPUs was 0.98 per 1,000 days; HAPUs were affected by gender, age, previous falls, low oxygen levels, positioning, and toilet use; When the levels of nurse staffing was determined as one of the hospital factors, the daily hours of patient care was increased thereby contributing to the reduced incidents of HAPUs; Conclusion: Strategies for preventing HAPUs should be based on the analysis of risk factors; Implications For Nursing Management: Most individual risk factors for HAPUs identified cannot be modified easily in a short time; Nurse staffing should be set at adequate levels to prevent HAPUs; © 2019 John Wiley & Sons Ltd


BACKGROUND: Noninvasive ventilation (NIV) contributes to the development of pressure injury in a significant number of hospitalized patients; Pressure injuries contribute to increased length of hospital stay, pain, infection, and disfigurement; This study examined the relationship between NIV use and pressure injuries in hospitalized subjects; METHODS: We retrospectively reviewed all patients on NIV at a tertiary-care children's hospital over a 2-y period; We studied the relationship between the characteristics of NIV use and measures of pressure injury severity; RESULTS: A total of 255 subjects, mean ± SD age 113 ± 58 y with 343 episodes of NIV use were evaluated, 72% (25/343) of which were associated with pressure injury; In univariate analysis, the presence of pressure injury was associated with older age (P < 01), maximum leak (P < 01), 95th percentile leak (P < 01), the log duration of time on NIV until pressure injury formation (P < 01), and maximum inspiratory positive airway pressure level (P < 01); Maximum leak remained statistically significant after multivariable analysis; CONCLUSIONS: After multivariate analysis, only high mask leak was significantly associated with developing a pressure injury; Identifying risk factors that correlate with NIV device-related hospital acquired pressure injuries in children can direct procedures to prevent pressure injury in hospitalized children at high risk

Background: Immobility complications, including pressure injuries (PIs), deep vein thrombosis (DVT), pneumonia, and urinary tract infections (UTIs), affect the clinical outcomes of stroke patients; A standardized nursing intervention model (SNIM) was constructed and implemented to improve the quality of care and clinical
outcomes among immobile patients with stroke Aims: To assess the benefit of SNIM for immobility complication rates, including PIs, DVT, pneumonia, and UTIs, and mortalities in immobile patients with stroke Methods: A before and after study design was used Patients were divided into a pre- and post-SNIM training original cohort and matched for socioeconomic, demographic, and disease characteristics using propensity score We fitted logistic regression models to examine the effect of SNIM, and whether the benefit differed between tertiary and non-tertiary hospitals Results: In the original cohort, the rate of pneumonia, UTIs, and mortality was lower after SNIM training Furthermore, in the matched cohort, the difference in PI rates was significant Logistic regression analysis revealed that the probability of PIs, pneumonia, UTIs, and mortality were significantly reduced after SNIM training in the original cohort and this estimated value changed little in the matched cohort Our results show that the decreased rates of pneumonia, UTIs, and mortality were mainly among non-tertiary hospitals Conclusions: A structured and systematic SNIM benefited immobile stroke patients' clinical outcomes, but mainly in non-tertiary hospitals in China Standardized nursing training is needed in non-tertiary hospitals

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Aim: To conduct an exploratory investigation concerning the prevalence of Pressure Ulcers in different care settings in the Portuguese region of Cova da Beira; Material and Methods: Descriptive cross-sectional multicenter analysis through direct skin assessment of 473 persons with at least one wound that gave informed consent and were in the care settings of this investigation Research was conducted during the second weeks of February and June 2018, involving 295 hospital inpatients, 993 residents from nursing homes and 85655 persons from primary health care centers; Results: A total of 115 pressure ulcers were documented, representing 183% of all identified wounds, most of them grade 3 Most of pressure ulcers were acquired in nursing homes, during hospital admission or at home Pressure ulcer point prevalence rates identified corresponded to 576% amongst hospitalized persons, 403% in nursing home residents and 002% in community population Within population with wounds, older age, having more wounds, more PU, being immobile and congestive heart failure were associated and had a statistically significant difference in participants with at least one pressure ulcer; Conclusions: The prevalence rates of participants with pressure ulcers of our study were similar to published international literature We identified a higher frequency and prevalence of severe ulcers (grade 3 and 4) in hospital and nursing home populations, highlighting the need for implementing global prevention programs Although we acknowledged many study limitations, this investigation was the first known attempt to conduct a multicenter analysis of wound epidemiology in Portugal, which included all care settings; Copyright © 2019 Tissue Viability Society Published by Elsevier Ltd All rights reserved

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Background: Early application of prolonged prone positioning has been shown to improve patient survival in moderate to severe adult respiratory distress syndrome (ARDS) patients Prone position is a key component of lung protective mechanical ventilation in association with low tidal volume and neuromuscular blocking agents in patients with severe ARDS Pressure sores are the major prone position complication The rate of complication is lowering with the increase in center expertise Aims: The aim of this study was to examine the onset of pressure sores and other complications caused by the use of prone position in patients having ARDS Design: This is a single-center, retrospective, observational study Results: One hundred seventy patients were enrolled, with a median age of 49 years (interquartile range [IQR], 38-63) Of all participants, 58%(n 98) survived the intensive care unit recovery The total prone position maneuvers were 526, with a median of 2 prone position sessions for each patient (IQR, 1-3) The median length of the prone position session was 9 hours (IQR, 7-12) Twenty-three patients developed pressure sores after prone position (14%) The anatomical positions of pressure sores were as follows: face/chin, 5% (n 8); face/cheekbones, 6% (n 11); thorax, 2% (n 3); trochanter, 1% (n 1); and other sites, 5% (n 8) Complications were observed in 1% (n 6) of all pronation maneuvers (vomit, 2%; respiratory device removal, 04%) No removal of intravascular catheter was observed Conclusions: The onset rate of complications given by the use of prone position in ARDS patients is similar to data reported by previous literature The implementation of a dedicated protocol in specialized centers and the involvement of 5
trained and skilled professionals while moving the patient in the prone position are recommended to prevent the occurrence of similar adverse events

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Objective: The objective of this prospective clinical study was to validate two prototype pressure ulcer monitoring platform (PUMP) devices, (PUMP1 and PUMP2), to promote optimal bed repositioning of hospitalized patients to prevent pressure ulcers (PUs) Approach: PUMP1 was a wearable electronic device attached to the patient gown with no skin contact PUMP2 was a set of four identical electronic devices placed under the patient's bed wheels A video camera recorded events in the patient room while measurements from the PUMP devices were correlated with true patient repositioning activity The performance of these PUMP devices developed by our research team were evaluated and compared by both clinicians and engineers
Results: Ten mobility-restricted patients were enrolled into the study Repositioning movement was recorded by both PUMP devices for 10 ± 2 h and corroborated with video capture One hundred thirty-seven movements in total were detected by both PUMP1 and PUMP2 over 105 h of capture Two false positives were detected by the sensors and 11 movements were missed by the sensors PUMP1 and PUMP2 never conflicted in data collection Innovation: The presented study evaluated two different sensors' abilities to capture accurate patient repositioning to eventually prevent PU formation Importantly, detection of patient motion was completed without contact to patient skin
Conclusion: The clinical study demonstrated successful capture of patient repositioning movement by both PUMP1 and PUMP2 devices with 85% reliability, 2 false positives, and 11 missed movements
In future studies, the PUMP devices will be combined with a SMS-based mobile phone alert system to improve caregiver repositioning behavior

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The BORDER III trial found that five-layer silicone border dressings effectively prevented pressure injuries in long-term care, but the value of this approach is unknown Our objective was to analyse the cost-effectiveness of preventing facility-acquired pressure injuries with a quality improvement bundle, including prophylactic five-layer dressings in US and Australian long-term care Markov models analysed the cost utility for pressure injuries acquired during long-term care from US and Australian perspectives Models calibrated outcomes for standard care compared with a dressing-inclusive bundle over 18 monthly cycles or until death based on BORDER III outcomes Patients who developed a pressure injury simulated advancement through stages 1 to 4 Univariate and multivariate probabilistic sensitivity analyses tested modelling uncertainty Costs in 2017 USD and quality-adjusted life years (QALYs) were used to calculate an incremental cost-effectiveness ratio (ICER) Dressing use yielded greater QALYs at slightly higher costs from perspectives The US ICER was $36 652/QALY, while the Australian ICER was $15 898/QALY, both of which fell below a willingness-to-pay threshold of $100 000/QALY Probabilistic sensitivity analysis favoured dressings as cost-effective for most simulations A quality improvement bundle, including prophylactic five-layer dressings, is a cost-effective approach for pressure injury prevention in all US and Australia long-term care residents

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The article reports on the challenges faced by clinicians in detecting and preventing pressure injuries (PIs), also known as pressure ulcers or pressure wounds Topics mentioned include the definition of pressure injury according to the National Pressure Injury Advisory Panel, human and financial impact of PIs on people and healthcare providers, and insensitivity of home caregivers and small companies to the challenges of positioning patients for success

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Objective: To identify the skin temperature in different body areas of hospitalised individuals in the surgical unit, without risk of developing a pressure ulcer (PU) Methods: A descriptive, correlational and cross-sectional study, carried out May–October 2017, in a surgical unit of a university hospital in southern Brazil

Temperature was measured at the bony prominences including scapula, elbow, trochanters and heels, on both sides of the body, as well as occipital and sacral regions

Results: A total of 230 patients took part in the study All regions of the body measured presented differences in temperatures

The sacral region presented the highest mean temperature (34±0.1°C) Patients (aged 18–59 years) had higher skin temperatures in the sacral region than older patients (aged 60–88 years) There was a symmetry in temperatures on both sides of the body

There was a low degree of correlation between age, room temperature, room humidity and skin temperature in some body regions

Conclusion: The study established mean values for skin temperature in specific body regions in patients without risk of developing a PU, hospitalised in a surgical unit

It also demonstrates how skin temperature can be used as a clinical parameter in practice to support the prevention of PUs

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Pressure injuries (PIs) have now become a common complication of the elderly patients Some studies have observed that pressure injuries may increase mortality, but this area of evidence has not been evaluated and summarised The aim of this study was to compare the mortality of patients with pressure injuries and those without pressure injuries

A meta-analysis of observational studies was performed PubMed, Cochrane Library, Embase, and Web of Science were searched up to April 2019

Studies about mortality among the elderly patients with and without pressure injuries were included Methodological quality was assessed by the Newcastle-Ottawa Scale (NOS) The fixed effect or random effect model was determined by the test of heterogeneity

The subgroup analysis was performed based on the pressure injuries stages, the region, and the type of study design

The meta-regression analysis was performed to investigate the relationship between the mortality and patients' enrolled year, average age, the incidence of pressure injuries, and gender ratio

The sensitivity analysis was used to explore the impact of an individual study by excluding one at a time

The hazard ratio (HR) and 95% confidence intervals (CIs) in terms of the comparison of two groups were extracted for meta-analysis

A survival curve between two groups by individual patient-level was drew Eight studies with 5523 elderly patients were included in the analysis

Follow-up periods for the included studies ranged from about 0.5 to 3 years

The elderly patients who complicated with pressure injuries had a higher risk of death The pooled HR was 178 (95% CI 146-216) A funnel plot showed no publication bias

Further subgroup analysis showed that HR values for the patient stage 3 to 4 pressure injuries (HR: 241; 95% CI:108-537) were higher than stage 1-4 and 2-4 pressure injuries (HR: 166; 95% CI: 135-205; HR: 174; 95% CI: 116-260) The meta-regression analysis found that patients' enrolled year, average age, the incidence of pressure injuries, and gender ratio were not the sources of heterogeneity

Sensitivity analyses showed that the outcomes of the study did not change after removing the Onder's article

The survival curve at the individual patient-level also indicated that patients complicated with pressure injuries significantly increased the risk of death (HR: 1958; 95% CI: 179-214) in elderly patients

Our meta-analysis indicated that patients complicated with pressure injuries are estimated to have a two times higher risk on mortality compared with patients without pressure injuries during the 3 years follow-up period

Particular attention should be given to the elderly patients who are at higher risk for mortality

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Sumarno, A S (2019) "Pressure ulcers: the core, care and cure approach" British Journal of Community Nursing 24(Sup12): S38-S42
Pressure ulcer/injury remains a significant health problem in the community, requiring comprehensive care. Nurses are involved in the management and prevention of pressure injury. However, to date, studies focusing on applying nursing theory to pressure ulcer care have been limited. In the present study, the three dimensions of Lydia Hall's 1964 theory—core, care and cure—are extensively discussed and linked with the practice of pressure injury management. It is hoped that this review will help community nurses understand the application of this nursing theory to the prevention and management of pressure injury.

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Objective: Improving the treatment of deep tissue injuries, such as burns, by the use of computational modeling, instead of by animal experiments. Approach: Development of mathematical relations between various parameters and processes. Furthermore, solving the resulting problems through the use of numerical methods, such as finite-element methods. Results: Using our framework, we are able to simulate wound contraction in two dimensions, in which the wound area is followed over time. Our studies indicate that the degree of contraction can be reduced if the appearance of myofibroblasts is inhibited and if their apoptosis is enhanced. Furthermore, after skin grafting, splinting procedures are to be continued as long as TGF-beta like growth factor levels are significant. Innovation: A morphoelasticity-based and computational–probabilistic framework for studying the evolution of burn injuries. Conclusion: The current framework is able to reproduce the time evolution of the wound area as observed in clinical results for skin grafts.

Check for full text

Visscher, M O (2019) "Pediatric NIV Pressure Injury: Honing the Cause and Progress to Solutions" Respiratory Care 64(12): 1596-1597
The article discusses a report on the factors associated with pressure injury in pediatric subjects using non-invasive ventilation devices. Topics mentioned include an investigative strategy and statistical approach that can serve as a benchmark for future investigations, gaps in the available literature regarding pediatric pressure injuries, and the link between high mask leak and pressure injury.

Check for full text

Pressure injury is a healthcare problem frequently encountered in nursing homes. This study evaluated the effects of the care delivered under the guidance of a protocol for pressure injury prevention at a nursing home. It was implemented in four phases. In the pre-protocol period, the pressure injury incidence and nurses' care practices were evaluated. In the second phase, nurses were trained to use the protocol. In the third phase, the nurses provided care under the guidance of the protocol (post-protocol period). In the fourth phase, the incidence of pressure injury and nurses' care practices were compared between the pre- and post-protocol periods. The average age of the older residents was 78.40±7.12 years, and all were at high or very high risk of pressure injury according to the Braden scale scores. Some 30% were bed bound; 90% had faecal and urinary incontinence; and 70% had malnutrition. The results showed that the pressure injury incidence reduced from 17.39% in the pre-protocol period to 10.87% in the post-protocol period, while the nurses' care practices improved in the post-protocol period. Thus, use of pressure injury-prevention protocols can reduce the incidence of these injuries in vulnerable care home residents.

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“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 asessment 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 Injury Advisory Panel
http://www.npiap.com/
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)

Wound Management and Prevention (Table of Contents only)

Wound Practice & Research (full text)

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

Wounds International (full text 2012 onwards)

Wounds UK Journal (full text 2011 onwards)

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


# Queensland Health Libraries and Contact Numbers

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