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Abstract

Background Pressure ulcers are one of the most underrated conditions in critically ill patients. Despite the introduction of clinical practice guidelines and advances in medical technology, the prevalence of pressure ulcers in hospitalized patients continues to escalate. Currently, consensus is lacking on the most important risk factors for pressure ulcers in critically ill patients, and no risk assessment scale exclusively for pressure ulcers in these patients is available.

Objective To determine which risk factors are most predictive of pressure ulcers in adult critical care patients. Risk factors investigated included total score on the Braden Scale, mobility, activity, sensory perception, moisture, friction/shear, nutrition, age, blood pressure, length of stay in the intensive care unit, score on the Acute Physiology and Chronic Health Evaluation II, vasopressor administration, and comorbid conditions.
Methods  A retrospective, correlational design was used to examine 347 patients admitted to a medical-surgical intensive care unit from October 2008 through May 2009.

Results  According to direct logistic regression analyses, age, length of stay, mobility, friction/shear, norepinephrine infusion, and cardiovascular disease explained a major part of the variance in pressure ulcers.

Conclusion  Current risk assessment scales for development of pressure ulcers may not include risk factors common in critically ill adults. Development of a risk assessment model for pressure ulcers in these patients is warranted and could be the foundation for development of a risk assessment tool.

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We recommend

Predicting the risk of pressure ulcers in critically ill patients  
EV Carlson et al., Am J Crit Care

Evidence-Based Prevention of Pressure Ulcers in the Intensive Care Unit  
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Risk Factors for Pressure Ulcer Development in a Best Practice Surgical Intensive Care Unit  
Authors: Frankel et al., The American Surgeon

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