



Knowledge about pressure ulcer prevention, classification and management: A survey of registered nurses working with trauma patients in the emergency department

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KEYWORDS

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Abstract *Aim:* One group of patients who are at risk of pressure ulcer development is trauma patients. The present study aimed to examine trauma nurses' knowledge about pressure ulcer prevention, classification and management.

Methods: In a cross sectional exploratory study all qualified registered nurses working with trauma patients in the emergency department (ED) of Kashani and Bahonar hospitals, Iran were invited to participate. To assess the nurses' knowledge about pressure ulcer prevention classification and management Pieper's Pressure Ulcer Knowledge Test (PPUKT) was used.

Results: Of 185 eligible nurses, 159 participated in the study (response rate of 86%). Of these, 80.5% ($n = 128$) were women and 19.5% ($n = 31$) were men. The mean years of nurses' experience was 10.3 ± 7.2 years. The percentage of correctly answered questions was 64.6%. Nurses had the highest level of knowledge in the section about wound characteristics (77.3%) and the lowest level in the section about pressure ulcer onset (57%).

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Conclusion: This is the first study that specifically examines trauma nurses knowledge about pressure ulcer prevention, classification and management. According to the results, nurses did not have sufficient knowledge about pressure ulcer prevention, classification and management. There is a need to improve their knowledge with educational programs.

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Editor's comments

Following musculo-skeletal trauma many patients are at high risk of pressure ulcer development. Nurses' understanding of the aetiology, causes and interventions for prevention are a significant feature of pressure ulcer incidence. Knowledge and understanding vary according to numerous factors including access to education and the culture within the clinical unit. In the continued battle to avoid preventable pressure ulcers it is important to understand the base line level of understanding of staff before embarking on educational interventions so that teaching can be tailored to meet the needs of learners. This paper demonstrates how one unit has approached this issue and provides an option for investigating prior knowledge of potential use to other settings internationally.

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Introduction

According to the European Pressure Ulcer Advisory Panel (EPUAP) and the National Pressure Ulcer Advisory Panel (NPUAP) definition, a pressure ulcer is a localized injury to the skin and/or underlying tissue, usually over a bony prominence, that occurs as a result of pressure, or pressure in combination with shear (EPUAP & NPUAP, 2007). With regard to skin integrity, pressure ulcers (in hospitalized patients) represent an important problem because of the high numbers found and the associated emotional and financial costs (Iranmanesh et al., 2011; Cooper, 2013; Moore et al., 2011). Patients with major trauma are at high risk of pressure ulcer development (Baldwin and Ziegler, 1998). Mobility and activity are two main predictors of pressure ulcer development that are highly impaired in patients with major trauma. Trauma patients usually remain immobile for long periods of time in the ED prior to their admission to a ward. Nurses in the ED may focus on the care of patients with life threatening conditions and pay less attention to skin care.

In a retrospective study, Ackland et al. (2007), examined the factors predicting cervical collar-related pressure ulceration in major trauma patients in a level 1 trauma center in Australia. The results of the study showed that risk of pressure ulcer development due to a cervical collar in

trauma patients increased by 66% for every 1 day increase in cervical collar time. In another study, Ash (2002) surveyed development of pressure ulcers in a British spinal injuries unit and reported that 56% of patients developed a pressure ulcer at some stage between injury and discharge from the unit. The study also showed that some factors, such as increased length of hospital stay, density of spinal lesion, surgical stabilization of neck injury before transfer to the spinal injuries unit, tracheostomy on admission to the spinal injuries unit and delayed transfer to the spinal injuries unit after injury are related to pressure ulcer development in this group of patients. Baumgarten et al. (2003) surveyed risk factors for pressure ulcer development among elderly patients with hip fracture at 20 hospitals in the USA. The reported incidence of pressure ulcers development was 8.8%. The study also reported that a longer wait before surgery, need for intensive care unit admission, lengthier surgical procedure and use of general anesthesia increased risk of pressure ulcer development in this group of patients. Lindholm et al. (2008) surveyed potential intrinsic and extrinsic risk factors for the development of pressure ulcers in patients admitted for hip fracture surgery in six European countries and showed that factors such as age (greater than 71 years), skin moisture, dehydration, total Braden scale score and two or more

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