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Type of Outcome Measure: Waterlow Pressure Ulcer Scale			Total articles: 2
Author ID Year	Study Design	Setting	Population (sample size, age) and Group
Wellard, 2000	Retrospective medical history audit	Not specified	<p>N=60 (individuals who developed ulcers only), predominately unmarried males Mean age 43±18yrs (range 17-82yrs)</p> <p>Of the 60 cases examined, the pressure ulcer admission rate to the hospital was: 46.7% had 1 admission 18.3% had 2 admissions 16.7% had 3-4 admissions 18.3% had &gt;5 admissions</p> <p>Average (SD) length of stay in the hospital: 91 (98) days</p>
Ash, 2002	Retrospective medical history audit	SCI unit	<p>N=144, 115 male Mean age = 40 (range 10-89) 78 tetraplegia, 66 paraplegia 49 complete, 95 incomplete All patients with a completed first admission to the SCI unit from 1998 to 2000 Mean (95%CI) time since injury at admission: 14 (11-17) days</p>
1. RELIABILITY – no data available			
2. VALIDITY			
Author ID	Validity		
Wellard, 2000	<p><i>Descriptions in the patients' histories were used to retrospectively apply scores according to Stirling's pressure ulcer severity scale and the Norton, Braden, and Waterlow tools. Four histories had insufficient data, leaving N=56.</i></p> <p><b>Spearman correlation coefficients.</b></p> <p>When the scales were treated as continuous variables: There were significant correlations between the Stirling scores and both the Norton scores (<math>r=-0.28</math>; <math>P=.039</math>) and the Waterlow scores (<math>r=0.38</math>; <math>P=.004</math>), but not the Braden scores (<math>r=0.03</math>; <math>P=.813</math>).</p> <p>When the scales were treated as categorical variables (e.g. at risk, high risk, very high risk): Only the Waterlow scores were significantly correlated to the Stirling scores (<math>r=0.32</math>; <math>P=.017</math>). (Norton, <math>r=0.14</math>, <math>P=.311</math>; Braden, <math>r=-0.08</math>, <math>P=.569</math>.)</p> <p>Assessing the correlations between the three retrospectively applied tools: The Norton scores were significantly correlated to both the Waterlow scores (<math>r=-0.50</math> or <math>0.56^*</math>; <math>P&lt;.001</math>) and the Braden scores (<math>r=0.48</math> or <math>0.49^*</math>; <math>P&lt;.001</math>). *Indicates discrepancy in the article text.</p>		
Ash, 2002	<p>Pressure ulcers were found to be significantly associated with length of stay, completeness of lesion (ASIA score A versus BCDE), surgical stabilization of the neck, tracheostomy and delayed transfer to SCI unit. Completeness of lesion lends content support to the Braden's inclusion of sensory perception. Surgical stabilization and tracheostomy may be related to mobility and activity limitations</p> <p>Waterlow: AUC = 76</p>		

	<p>CI (95%) 68-84            Braden            AUC = 81            CI (95%) = 74-88            Norton            AUC = 72            CI (95%) 64-81            SCIPUS-A            AUC = 78            CI (95%) = 70-85</p>
<b>3. RESPONSIVENESS</b> – no data available	
<b>4. FLOOR/CEILING EFFECT</b>	
<b>Author ID</b>	<b>Floor/ceiling effect</b>
Wellard et al. 2000	<p>64% of patients – high risk            36% of patients – very high risk</p>
<b>5. INTERPRETABILITY</b>	
<b>Author ID</b>	<b>Interpretability</b>
Wellard et al. 2000	Mean (SD) Waterlow score for 60 patients: 18.9 (2.98), range 15-28
Ash, 2002	<p>Mean (range) Waterlow score (95% CI) and corresponding risk rating:            All patients (n=144): 21.5 (20.5-22.6) --- very high risk            Patients w/ ulcers at any stage (n=80): 24.1 (22.7-25.5) --- very high risk            Patients w/ no ulcers at any stage (n=64): 18.4 (17.2-19.5) --- high risk</p> <p>Risk rating (Waterlow 1985):            10+ = at risk            15+ = high risk            20+ = very high risk</p>