

Research Summary – Gosnell Scale – Skin Health

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
<p>Salzberg et al. 1999</p> <p>Retrospective medical record review</p> <p>5 trauma centers in the New York City area: Bronx Municipal Hospital Center (n=62) Lincoln Medical and Mental Health Centre (n=23) St. Vincent’s Hospital and Medical Center (n=31) Our Lady of Mercy Medical Center (n=3)</p>	<p>N=226 (188M, 38F) Mean age 33.2±15.2yrs (range 1-83yrs)</p> <p>Acute, traumatic SCI patients admitted between June 1986 and October 1994 to one of five trauma centres in the New York area. Levels C4- S1.</p>	<p>Spearman’s correlation coefficient.</p> <p>There were significant ($P \leq .001$) correlations between the stage of the first pressure ulcer and all of the scales: Spinal Cord Injury Pressure Ulcer Scale – Acute (SCIPUS-A) ($r=0.488$), SCIPUS ($r=0.343$), Braden ($r=-$ 0.353), Gosnell ($r=0.254$), Abruzzese ($r=0.241$) and Norton ($r=-0.192$; $P=.004$).</p> <p>There were significant correlations between the number of ulcers developed and all of the scales: SCIPUS-A ($r=0.519$), SCIPUS</p>		

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<p>Westchester Medical Center (n=107)</p>		<p>(r=0.339), Braden (r=-0.431), Gosnell (r=0.297), Abruzzese (r=0.212) and Norton (r=-0.197; P=.003). Authors did not mention if the negative correlations were expected for Norton scale against stage of first pressure ulcer and number of ulcers developed.</p> <p>**This study focused on pressure ulcers that developed within the first 30 days post-admission. Pressure ulcers developing after this timeframe were not included.</p> <p>The SCIPUS-A (71%) was the most accurate in predicting pressure ulcer development,</p>		

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		<p>followed by the SCIPUS (65.9%), Braden (62.3%), Gosnell (62.2%), Abruzzese (60.1%) and Norton (60.8%) scales.</p> <p>The Gosnell scale had a sensitivity of 18.4% and a specificity of 90.4%.</p>		