

**Research Summary – The Spinal Cord Injury Pressure Ulcer Scale – acute (SCIPUS-A) – Skin**

<b>Author Year Country Research Design Setting</b>	<b>Demographics and Injury Characteristics of Sample</b>	<b>Validity</b>	<b>Reliability</b>	<b>Responsiveness Interpretability</b>
<p><a href="#">Ash (2002)</a></p> <p>Retrospective medical history audit (used 3 point severity scale ulcers) may have included wounds not related to direct pressure (in gluteal fold r/t fungus for example)</p> <p>SCI unit</p>	<p>N=144 Mean age = 40 (range 10-89)</p> <p>All patients with a completed first admission to the SCI unit from 1998 to 2000</p>	<p>Pressure ulcers found to be significantly associated with length of stay, completeness of lesion (AIS score A versus B, C, D, or E), 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><u>Waterloo:</u> AUC = 76 CI (95%) 68-84</p> <p><u>Braden:</u> AUC = 81 CI (95%) = 74-88</p> <p><u>Norton:</u> AUC = 72 CI (95%) 64-81</p>		<p><b>Interpretability</b></p> <p>Mean (range) SCIPUS-A score (95% CI) and corresponding risk rating:</p> <p>All patients (n=144): 12.8 (12-13.6) --- low/moderate Patients w/ ulcers at any stage (n=80): 14.9 (14-15.9) --- moderate Patients w/ no ulcers at any stage (n=64): 10.1 (9.6-10.6) --- low</p> <p>Risk rating (Salzberg et al. 1999): 0-12 = low risk 13-18 = moderate risk 19-20 = high risk 21-25 = very high risk</p>

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		<u>SCIPUS-A:</u> AUC = 78 CI (95%) = 70-85																
<p><a href="#">Salzberg et al. (1999)</a></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)                      Westchester Medical Center (n=107)</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 centers in the New York area. Levels C4-S1.</p>	<p>It was found that several of the factors on the original SCIPUS scale were not significant predictors of pressure ulcer development. Factors that needed increased focus were extent of SCI, moisture and serum creatine and albumin levels, which were included on the SCIPUS-A scale.</p> <p><b>Spearman's correlation coefficient.</b></p> <p>There were significant (*= P≤.001) correlations between the stage of the first pressure ulcer and all of the scales: SCIPUS-A (r=0.488*), SCIPUS (r=0.343*), Braden (r=-0.353*), Gosnell (r=0.254*),</p>		<p>CAGE score – mean (SD):                      Total sample: 0.75 (1.20)                      Drinkers: 1.00 (1.29)</p> <p>Number of drinks per week:</p> <table border="1" data-bbox="1562 735 1890 1143"> <thead> <tr> <th>Number of drinks:</th> <th>Number of patients:</th> </tr> </thead> <tbody> <tr> <td>&lt;10</td> <td>61 (51.14%)</td> </tr> <tr> <td>10-29</td> <td>28 (23.93%)</td> </tr> <tr> <td>30-49</td> <td>7 (5.99%)</td> </tr> <tr> <td>50-69</td> <td>2 (1.71%)</td> </tr> <tr> <td>70-89</td> <td>0</td> </tr> <tr> <td>90-100</td> <td>19 (16.23%)</td> </tr> </tbody> </table>	Number of drinks:	Number of patients:	<10	61 (51.14%)	10-29	28 (23.93%)	30-49	7 (5.99%)	50-69	2 (1.71%)	70-89	0	90-100	19 (16.23%)
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		<p>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 (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>		

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		<p>The SCIPUS-A (71%) was the most accurate in predicting pressure ulcer development, followed by the SCIPUS (65.9%), Braden (62.3%), Gosnell (62.2%), Abruzzese (60.1%) and Norton (60.8%) scales.</p> <p>For the SCIPUS-A, the best balance point was found at a cut-off point of <math>\geq 18</math>, which gave a sensitivity of 88.5% and a specificity of 59%.</p>		