

Research Summary – Stirling’s Pressure Ulcer Severity Scale – Skin

<p>Author Year Country Research Design Setting</p>	<p>Demographics and Injury Characteristics of Sample</p>	<p>Validity</p>	<p>Reliability</p>	<p>Responsiveness Interpretability</p>
<p>Wellard & Lo 2000</p> <p>Retrospective medical history audit</p> <p>Spinal Unit in Australia</p>	<p>N=60 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 >5 admissions</p> <p>Average (SD) length of stay in the hospital: 91 (98) days</p>	<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>Spearman correlation coefficients.</p> <p>When the scales were treated as continuous variables: There were significant correlations between the Spirling scores and both the Norton scores ($\rho=-0.28$; $P=.039$) and the Waterlow scores ($\rho=0.38$; $P=.004$), but</p>		<p>Distribution of pressure ulcers using the Stirling wound classification</p> <p>See table 1 below</p>

Author Year Country Research Design Setting	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
		<p>not the Braden scores ($\rho=0.03$; $P=.813$).</p> <p>When the scales were treated as categorical variables (e.g. at risk, high risk, very high risk):</p> <p>Only the Waterlow scores were significantly correlated to the Stirling scores ($\rho=0.32$; $P=.017$). (Norton, $\rho=0.14$, $P=.311$; Braden, $\rho=-0.08$, $P=.569$.)</p> <p>Assessing the correlations between the three retrospectively applied tools:</p> <p>The Norton scores were significantly correlated to both the Waterlow scores ($\rho=-0.50$ or 0.56^*; $P<.001$)</p>		

Author Year Country Research Design Setting	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability										
		and the Braden scores ($\rho=0.48$ or 0.49^* ; $P<.001$). *Indicates discrepancy in the article text.												
Table 1 <table border="1" data-bbox="474 651 1297 1086"> <thead> <tr> <th data-bbox="474 651 1071 727"></th> <th data-bbox="1071 651 1297 727">Frequency (%)</th> </tr> </thead> <tbody> <tr> <td data-bbox="474 727 1071 764">Stage 1 – intact skin</td> <td data-bbox="1071 727 1297 764">3 (5.4)</td> </tr> <tr> <td data-bbox="474 764 1071 834">Stage 2 – partial-thickness skin loss or epidermal and/or dermal damage</td> <td data-bbox="1071 764 1297 834">12 (21.4)</td> </tr> <tr> <td data-bbox="474 834 1071 979">Stage 3 – Full-thickness skin loss with damage or necrosis of subcutaneous tissue, not bone, tendon or joint capsule</td> <td data-bbox="1071 834 1297 979">37 (66.1)</td> </tr> <tr> <td data-bbox="474 979 1071 1086">Stage 4 – Extensive tissue destruction extending to bone, tendon or joint capsule</td> <td data-bbox="1071 979 1297 1086">4 (7.1)</td> </tr> </tbody> </table>						Frequency (%)	Stage 1 – intact skin	3 (5.4)	Stage 2 – partial-thickness skin loss or epidermal and/or dermal damage	12 (21.4)	Stage 3 – Full-thickness skin loss with damage or necrosis of subcutaneous tissue, not bone, tendon or joint capsule	37 (66.1)	Stage 4 – Extensive tissue destruction extending to bone, tendon or joint capsule	4 (7.1)
	Frequency (%)													
Stage 1 – intact skin	3 (5.4)													
Stage 2 – partial-thickness skin loss or epidermal and/or dermal damage	12 (21.4)													
Stage 3 – Full-thickness skin loss with damage or necrosis of subcutaneous tissue, not bone, tendon or joint capsule	37 (66.1)													
Stage 4 – Extensive tissue destruction extending to bone, tendon or joint capsule	4 (7.1)													