

| Reviewer ID: Emily Procter, Matthew Querée, Bryce Jay | | | |
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| Type of Outcome Measure: Gosnell scale | | | Total articles: 1 |
| Author ID Year | Study Design | Setting | Population (sample size, age) and Group |
| Salzberg et al. 1999 | Retrospective medical record review | 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) | N=226 (188M, 38F) Mean age 33.2±15.2yrs (range 1-83yrs) 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. |
| 1. RELIABILITY – no data available | | | |
| 2. VALIDITY | | | |
| Author ID | Validity | | |
| Salzberg et al. 1999 | <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 ($r=0.339$), Braden ($r=-0.431$), Gosnell ($r=0.297$), Abruzzese ($r=0.212$) and Norton ($r=-0.197$; $P=.003$).</p> <p>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, 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> | | |
| 3. RESPONSIVENESS – no data available | | | |
| 4. FLOOR/CEILING EFFECT – no data available | | | |
| 5. INTERPRETABILITY – no data available | | | |