

Reviewer ID: Emily Procter, Marzena Zhou, Risa Fox			
Type of Outcome Measure: The Spinal Cord Injury Pressure Ulcer Scale – acute (SCIPUS-A)			Total articles: 2
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 centers in the New York area. Levels C4-S1.
Ash 2002	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)	SCI unit	N=144 Mean age = 40 (range 10-89) All patients with a completed first admission to the SCI unit from 1998 to 2000
1. RELIABILITY – no data available			
2. VALIDITY			
Author ID	Validity		
Salzberg et al. 1999	<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>Spearman's correlation coefficient.</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*), 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</p>		

	<p>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>For the SCIPUS-A, the best balance point was found at a cut-off point of ≥ 18, which gave a sensitivity of 88.5% and a specificity of 59%.</p>
<p>Ash 2002</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><u>SCIPUS-A:</u> AUC = 78 CI (95%) = 70-85</p>
<p>3. RESPONSIVENESS – no data available</p>	
<p>4. FLOOR/CEILING EFFECT – no data available</p>	
<p>5. INTERPRETABILITY</p>	
<p>Author ID</p>	<p>Interpretability</p>
<p>Ash 2002</p>	<p>Mean (range) SCIPUS-A score (95% CI) and corresponding risk rating: 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>