

Reviewer ID: Emily Procter, Marzena Zhou, Risa Fox			
Type of Outcome Measure: Stirling's Pressure Ulcer Severity Scale			Total articles: 1
Author ID Year	Study Design	Setting	Population (sample size, age) and Group
Wellard 2000	Retrospective medical history audit	Spinal Unit in Australia	<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>
1. RELIABILITY – no data available			
2. VALIDITY			
Author ID	Validity		
Wellard et al. 2000	<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. 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 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): 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: The Norton scores were significantly correlated to both the Waterlow scores ($\rho=-0.50$ or 0.56^*; $P<.001$) and the Braden scores ($\rho=0.48$ or 0.49^*; $P<.001$). *Indicates discrepancy in the article text.</p>		
3. RESPONSIVENESS – no data available			
4. FLOOR/CEILING EFFECT – no data available			
5. INTERPRETABILITY			
Author ID	Interpretability		
Wellard et al. 2000	Distribution of pressure ulcers using the Stirling wound classification		
		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)	
	Total	56 (100)	