

Author Year Country Research Design Score Sample Size	Methods	Outcome
<b>Systematic Reviews</b>		
<p>Baron et al., 2018 Canada Not specified AMSTAR=9 N=15</p>	<p><b>Method:</b> A systematic search was conducted using several databases to identify articles that reported on skin care self-management. A MEDLINE search strategy was designed to include search terms on SCI, self-management, and skin care. Studies were included if they were RCTs or non-randomized trials with a control group receiving the standard of care, population ≥ 50% with SCI, published in English and addressed at least one of the following outcomes: mediators of skin care behaviour, skin care behaviours, or pressure ulcer related clinical outcomes. Type of intervention utilized, and effectiveness was extracted from each study.</p> <p><b>Databases:</b> Embase, PsycINFO, CENTRAL, CINAHL, REHABDATA, CIRRIE, PeDro, and ERIC</p> <p><b>Level of evidence:</b> I, II</p> <p><b>Questions:</b></p> <ol style="list-style-type: none"> <li>1. What skin care self-management interventions are utilized in people with SCI?</li> <li>2. How effective are the interventions?</li> </ol>	<ol style="list-style-type: none"> <li>1. The most common interventions used were “instructions on how to perform behaviour” (16 interventions), “information from a credible source” (12 interventions), and “social support (unspecified)” (9 interventions).</li> <li>2. Evidence to support the effectiveness of interventions improving knowledge, self-efficacy, skills relating to skin care/pressure ulcer prevention, skin care behaviours, skin status and health-care utilization for skin problems was limited, particularly for clinical outcomes.</li> </ol>
<b>Individual Studies</b>		
<p>Lane et al. 2016 United States Cohort N<sub>Initial</sub>=158, N<sub>Final</sub>=133</p>	<p><b>Population:</b> <i>Intervention group:</i> Mean age=44 yr; Gender: males=60, females=15; Level of injury: paraplegia=55, tetraplegia=20. <i>Control group:</i> Mean age=44 yr; Gender: males=69, females=14; Level of injury: paraplegia=53, tetraplegia=30.</p> <p><b>Intervention:</b> <i>Intervention group</i> (n=75): 6 wk period after implementation of smoking cessation guidelines (Ask, Advise, Assess, Assist, Arrange). <i>Control group</i> (n=83): Historical control consisting of 6 wk period prior to intervention initiation.</p> <p><b>Outcomes:</b> Smoking cessation at 6 mo; Change in wound size; Change in number of wounds.</p>	<ol style="list-style-type: none"> <li>1. Intervention group had a significantly higher percentage of participants who stopped smoking (p=0.03).</li> <li>2. No significant differences between groups in terms of percentage of participants who desired and underwent surgery.</li> <li>3. In terms of percentage of participants with a decreased number of wounds, the smoker groups was 33.3%, the non-smoker group was 51.6%, and the smokers who stopped group was 65.2% (p=0.03).</li> <li>4. Smokers had an increase in total wound size while non-smokers and smokers who stopped had a decrease in total wound size (p=0.004).</li> </ol>
<p>Jugun et al. 2016 Switzerland Case Series N=31</p>	<p><b>Population:</b> Median age=60 yr; Number of pressure injuries=70.</p> <p><b>Intervention:</b> Patient records were reviewed for those that underwent a complete surgical debridement or excision for an infected pressure injury.</p> <p><b>Outcomes:</b> Clinical recurrence.</p>	<ol style="list-style-type: none"> <li>1. There were 44 pressure injury recurrences and 26 remissions after a median of 1 yr post-treatment. In 86% of these recurrences, cultures yielded a different organism than the preceding episode.</li> <li>2. Clinical recurrence was not significantly associated with sex, age, number of prior pressure infection episodes, immune suppression,</li> </ol>

		osteomyelitis, bacteremia, serum C-reactive protein level, involvement of <i>Staphylococcus aureus</i> , number of surgical debridements, use of vacuum-assisted closure devices, flap use, duration of antibiotic use, or duration of parenteral antibiotics.
Kenneweg et al. 2015 United States Case Series N=49	<p><b>Population:</b> Mean age=45.4 yr; Gender: males=90.20%, females=9.80%; Level of injury: paraplegia=71.57%, tetraplegia=19.61%, no SCI=7.8%; Mean time since injury=214.49 mo; Number of pressure injuries=102; Pressure injury stage: II=2, III=8, IV=92.</p> <p><b>Intervention:</b> Patient records were reviewed for those with pressure injury reconstructions.</p> <p><b>Outcomes:</b> Differences between primary and recurrent ulcers; Pressure injury closure.</p>	<ol style="list-style-type: none"> <li>1. Primary ulcers had significantly longer ulcer duration (<math>p=0.02</math>), larger surface area (<math>p=0.009</math>), and higher number of debridements (<math>p=0.006</math>) compared to recurrent ulcers.</li> <li>2. Primary ulcers had significantly lower albumin levels (<math>p=0.002</math>), higher erythrocyte sedimentation rate (<math>p=0.02</math>), lower glucose (<math>p=0.03</math>), and higher platelet count (<math>p=0.002</math>) compared to recurrent ulcers.</li> <li>3. Pressure injury closure was significantly correlated with lower BMI (<math>p=0.033</math>), smaller surface area (<math>p=0.049</math>), and fewer debridements (<math>p=0.049</math>).</li> <li>1. In 83.6% of cases, closure outcome could be successfully predicted using a multivariable model consisting of prealbumin (<math>\beta=0.151</math>), haematocrit (<math>\beta=0.705</math>), haemoglobin (<math>\beta=-1.419</math>), and creatinine (<math>\beta=-4.622</math>).</li> </ol>