Assessment and Management of Pressure Injuries for the Interprofessional Team, Third Edition Systematic Review Search Strategy

Concurrent with the review of existing guidelines, a systematic review for recent literature relevant to the scope of the guideline was conducted by a health sciences librarian.

Databases Searched: Cumulative Index to Nursing and Allied Health (CINAHL), Cochrane Controlled Trials (CT), Cochrane Systematic Reviews (SR), Education Resource Information Centre (ERIC), Embase, MEDLINE, MEDLINE in Process and PsycINFO

Inclusion Criteria:

- Published March 2006 (year of last search strategy) to 2014
- Target user all front-line health care professionals (the article must at least include/apply to the RN)
- Client population birth to death (e.g. pediatric, adult, elderly)
- Client population pressure ulcers/injuries in clients with all types of co-morbidities, vulnerable populations
- All types of quantitative studies (for Q1 and Q2 only)
- All types of research designs (Q3 and Q4 only)
- Published in English
- Primary focus of the article is on topic area i.e. existing pressure ulcers/injuries
- Across health settings/sectors

Exclusion Criteria:

- Non-English studies
- Unpublished i.e. grey literature
- Outside of time frame
- Articles with minimal focus on pressure ulcers/injuries
- Qualitative studies and reviews of qualitative studies (for Q1 and Q2 only)
- Expert reports, white papers, consensus documents, discussion papers, case studies, case series, guidelines (separate guideline search conducted)
- Papers without any methodology
- Studies involving animals
- Dermatitis, moisture lesions, tears, mucous membrane pressure ulcers/injuries, medical device related pressure ulcers/injuries

Search Terms: Below are condensed search strategies used for each research question in MEDLINE. Comparable terms were used in all other databases searched.

1. What are the most effective methods for the assessment of existing pressure ulcers/injuries in clients?

Population	Pressure Ulcer/Injury	Assessment components	Outcome
Regulated health care	pressure ulcer	 assessment 	grading/classification of pressure
professionals (should at	pressure sore	screening	ulcers/injuries
minimum include the	 decubitus ulcer 	 risk assessment 	Identification of pressure ulcer/injury
nurse as part of the	• bedsore	risk factor(s)	complications (e.g. infection,
interprofessional team)	pressure injury	 risk assessment tool 	colonization etc.)
	• stage 1	• predictors	identification of clinical improvement
	• stage 2	 outcomes 	of the pressure ulcer/injury
	• stage 3	prognosis	identification of signs of clinical
	• stage 4	 assessment scale 	deterioration of the pressure
	Unstagable	 validated assessment 	ulcer/injury
	• DTI	tools	
		 needs assessment 	
		 nursing assessment 	
		 outcome assessment 	

^{*}Additional database for research question 4

symptom assessment
intrinsic risk factors
extrinsic risk factors
• etiology
monitoring
• re-assessment
measurement
evaluation
objective and subjective
assessments (e.g.
physical, psychological)
factors influencing
wound healing
classification systems
documentation

2. What are the most effective interventions to manage existing pressure ulcers/injuries in clients?

Population	Pressure Ulcer/Injury	Management components	Outcome
Regulated health care	pressure ulcer	 management 	improved skin integrity
professionals (should at	pressure sore	manage	Management and prevention of
minimum include the	decubitus ulcer	• re-ulceration	complications (e.g. infection, sepsis,
nurse as part of the	• bedsore	 nursing care 	and osteomyelitis)
interprofessional team)	pressure injury	 risk management 	optimize wound healing
	• stage 1	(managing risk factors	prevent re-ulceration
	• stage 2	that can impact	minimize shear and friction related
	• stage 3	interventions)	injury
	• stage 4	intervention	redistribute pressure
	Unstagable	 therapeutic interventions 	nutritional management
	• DTI	treatment	pain management (wound related
		 wound management 	pain)
		 secondary prevention 	patient education
		 tertiary prevention 	caregiver/family education
		debridement	prevent deterioration
		• therapy	quality of life
		 alternative therapy 	patient satisfaction
		 complementary therapy 	patient acceptability (e.g. compliance,
		 pain management 	tolerance, side effects)time to
		 repositioning 	complete healing
		 pressure redistribution 	rate of complete healing
		pressure off-loading	rate of change in size and volume of
		 nutritional interventions 	ulcer
		topical agents	proportion of patients completely
		 dressings/bandages 	healed within trial period
		systemic agents	
		anti-septic agents	
		adjunctive therapy	
		infection control	
		• devices	
		 interprofessional care 	

3. What education and training is required to ensure the provision of effective pressure ulcer/injury assessment and management among practicing health care professionals?

Population	Pressure Ulcer/Injury	Education components	Outcome
 Regulated health care 	pressure ulcer	• education	 increase/improved knowledge and
professionals (should at	pressure sore	• educate	awareness amongst health-care
minimum include the	decubitus ulcer	training	providers and students
nurse as part of the	• bedsore	• learn	 effective pressure ulcer/injury
interprofessional team)	pressure injury	teaching	assessment and management
 Undergraduate students 	• stage 1	information	
	• stage 2	• instruction	
	• stage 3	• in-service	
	• stage 4	 professional education 	
	Unstagable	 continuing education 	
	• DTI	curriculum	
		education department	
		hospital	
		• in-service	
		 preceptorship 	
		• workshop	
		 knowledge 	
		• professional	
		development	
		curriculum support	
		curriculum resources	

4. How do health-care organizations and the broader healthcare system support and promote the optimal assessment and management of existing pressure ulcers/injuries in clients?

Population	Pressure Ulcer/Injury	Health care organization and health systems supports in relation to assessment/management/ education	Outcome
Regulated health care professionals (should at minimum include the nurse as part of the interprofessional team)	 pressure ulcer pressure sore decubitus ulcer bedsore pressure injury stage 1 stage 2 stage 3 stage 4 Unstagable DTI 	Communication strategies Communication systems Policy Procedures Culture Values Beliefs Mission Vision Strategy Priority Recipient of Care Health-care provider delivery of care Model of Care delivery Supports for ongoing training and education Supports for client-family education	 Organizational support Optimal assessment and management of pressure ulcers/injuries Resources to support health-care providers in the assessment and management of existing pressure ulcers/injuries Policy development/implementation

Ouglity improvement
Quality improvement
indicators or metrics
Monitoring and
evaluation parameters:
client, team, organization
or system level
resources, organizations,
financial arrangements,
primary care models,
economic climate,
politics, societal norms,
availability of services
• Funding
Health economics
Cost-effectiveness
Government
programs/initiatives
Decision support
techniques
Decision trees
Health care costs
• Economics
Standards

Hand Search

RNAO expert panel members were asked to review personal libraries to identify key articles not found through the above search strategies. Articles identified by RNAO expert panel members were included in search results if two nursing research associates independently determined that the articles had not been identified by the systematic review search and met the inclusion criteria.

Updated Systematic Review Search

- Search time frame: October 2014 December 31, 2015
- Databases: Medline, CINAHL, Cochrane SR and Cochrane CT
- Research guestions: assessment (Q1) and intervention (Q2)
- Inclusion/exclusion criteria: Practice recommendations used to guide screening of studies
- Title and abstract review, full-text review and synthesis
- One nursing research associate (NRA)