

Pressure Ulcer Update



November 2025

Welcome to the latest Pressure Ulcer Update. The aim of this publication is to bring together a range of recently published research and guidance that will help you make evidence-based decisions.

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Please contact Holly if you would like more information, or further evidence searches: holly.cook3@nhs.net.

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Clinical Decision Support Tools

BMJ Best Practice

Pressure Ulcer

BMJ Best Practice

Last reviewed: 26 Oct 2025

<https://bestpractice.bmj.com/topics/en-gb/378?q=Pressure%20ulcer&c=suggested>

UpToDate

Clinical staging and general management of pressure-induced skin and soft tissue injury

Author: Dan Berlowitz, MD, MPH

Literature review current through: Oct 2025.

This topic last updated: Aug 22, 2025.

<https://www.uptodate.com/contents/clinical-staging-and-general-management-of-pressure-induced-skin-and-soft-tissue-injury>

Local care of pressure-induced skin and soft tissue injury

Author: Alisha Oropallo, MD, FSVS, FACS

Literature review current through: Oct 2025.

This topic last updated: Mar 05, 2024.

<https://www.uptodate.com/contents/local-care-of-pressure-induced-skin-and-soft-tissue-injury>

Prevention of pressure-induced skin and soft tissue injury

Author: Dan Berlowitz, MD, MPH

Literature review current through: Oct 2025.

This topic last updated: Oct 23, 2025.

<https://www.uptodate.com/contents/prevention-of-pressure-induced-skin-and-soft-tissue-injury>

Changes to NICE Guidance

Topical antimicrobial dressings for locally infected leg ulcers: late-stage assessment

Health technology evaluation: Reference number: HTE27

Published: 19 June 2025

<https://www.nice.org.uk/guidance/hte27>

A selection of papers from Medline and CINHAL <6 months (most recent first)

1. Nurses' knowledge of pressure ulcer management related to monitoring the financial costs of pressure ulcer treatment: a prospective intervention study

Item Type: Journal Article

Authors: , Author(s);Saibertová, Simona;Bůřilová, Petra;Krupová, Lenka;Dolanová, Dana;Riad, Abanoub and Pokorná, Andrea

Publication Date: 2025

Journal: Journal of Wound Management 26(2), pp. 68–83

Abstract: Background A good level of knowledge among healthcare professionals in pressure ulcer (PU) management is integral to monitoring the cost-effectiveness of PU responses. **Aim** The study aimed to assess the level of nurses' knowledge about the management of PUs through a standardised Pressure Ulcer Knowledge Test (PUKT) questionnaire at different stages: before and after targeted education. **Design** This was a prospective intervention study using the PUKT with pre-test, online education, post-test I, face-to-face education, and post-test II phases. **Settings** 117 nurses (pre-test), 106 nurses (post-test I after online education), and 145 nurses (post-test II after face-to-face education) from a Czech university hospital's Surgical, Internal, and Anaesthesiology Departments. Full stratified sampling was used. **Method** Statistical analysis of the data was performed using the Chi-squared test and Fisher's exact test, a nonparametric Kruskal-Wallis test, and Mann-Whitney rank test at the statistical level <0.05 and multiple linear regression. Statistical Package for Social Sciences (SPSS) version 28.0 software was used for calculations. **Results** The pre-test and post-test I score were consistent (74.2% and 74.1%, respectively). Post-test II, after face-to-face education, improved to 93.3%. **Conclusion** A sufficient level of knowledge is necessary for the subsequent construction of economic models to generate valid data and implement measures at the national level. Repeated education ensures knowledge retention and quality patient care. Implications for practice Healthcare facilities can enhance care for PU patients by fostering motivation and effective education strategies.

Access or request full text: <https://libkey.io/10.35279/jowm2025.26.02.03>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=186420165&profiid=ehost>

2. Does Nurses' Fatigue Level Affect Their Self-Efficacy in Pressure Injury Management? A Multi-Center Cross-Sectional Study

Item Type: Journal Article

Authors: Acar, Elif and Sengul, Tuba

Publication Date: 2025

Journal: International Wound Journal 22(8), pp. e70708

Abstract: To investigate the impact of nurses' occupational fatigue and exhaustion levels on their self-efficacy in managing pressure injuries. A descriptive cross-sectional study. The data were collected from 682 nurses employed at three institutions from May 15 to July 31, 2023. Occupational fatigue and exhaustion were assessed using the OFER scale, while self-efficacy in pressure injury (PI) management was evaluated using the PUM-SES. Correlation and multiple linear regression methods were used for data analysis. The STROBE checklist was used in the study. The study included 682 nurses, 85.3% female. The average age was 29.99 years, with a mean work experience of 7.52 years. Most participants (70.7%) worked in public training and research hospitals, with 327 nurses working mixed day-night shifts and 358 nurses managing 1-5 patients per shift. Fatigue levels, measured using the OFER, showed a mean score of 67.54 (22.89) for chronic fatigue. Self-efficacy in pressure ulcer management, assessed using the PUMSES, had a mean score of 48.39 (24.87). Higher PUMSES scores were found among nurses with certification in stoma and wound care ($p < 0.001$) and those who had attended relevant training ($p < 0.001$). Significant correlations were identified between OFER recovery scores, professional characteristics and PUMSES scores. This study revealed that nurses experience moderate-to-high levels of occupational fatigue and low levels of self-efficacy in PI management. Although no significant relationship was found between fatigue and self-efficacy, occupational factors such as poor sleep quality, long working hours and irregular shift patterns were associated with increased fatigue. In contrast, higher educational attainment, greater knowledge about PI and participation in professional training significantly enhanced nurses' self-efficacy in PI management. This study offers some early data on the possible role of occupational fatigue and PI preventive practices. (© 2025 The Author(s). International Wound Journal published by Medicalhelplines.com Inc and John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/iwj.70708>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40804016&provid=e_host

3. Nurses' performance regarding use of Braden scale for predicting pressure ulcers among critically ill patients: self learning package

Item Type: Journal Article

Authors: Ahmed, Shimaa R.;Kotp, Mohamed H.;Hafez, Ahmed A.;Aly, Mohamed A.;Ismail, Hossam A.;Bassiony, Hasan A.;Attia, Ahmed S.;Mekdad, Ahmed K. and Ahmed, Reda K.

Publication Date: 2025

Journal: BMC Nursing 24(1), pp. 1–11

Abstract: Background: Braden scale is one of the most effective tools used to perform an accurate skin assessment among critically ill patients. **Aim of the study:** This study aimed to evaluate the effect of self learning package on nurses' performance regarding use of Braden scale for predicting pressure ulcers among critically ill patients. **Design:** A Quasi-experimental (Pretest-Posttest) design was utilized. **Setting:** The study was conducted at the Intensive Care Unit (ICU) at El Fayoum University Hospital. **Subjects:** A convenient sample of all available nurses (60) working in previously mentioned setting. **Data collection tools:** Data were obtained through three main tools; Tool (I): Structured nurses' assessment tool, Tool (II): Observational questionnaire for nurses' practice and Tool (III): Nurses' attitude questionnaire. Reliability was confirmed with a Cronbach's alpha of (0.87), ensuring robust internal consistency, validity was assessed using Kaiser-Meyer-Olkin (KMO = 0.85) and Bartlett's test ($p < 0.001$). **Results:** There was a statistically significant difference of overall nurses' knowledge, practice and attitude between pre and post self learning package implementation

($P = 0.000$). There was significant statistical correlation between studied nurses' knowledge and their practice ($r = 0.497$, $P = 0.000$), between knowledge and attitude ($r = 0.379$, $P = 0.001$), also between nurses' attitude and their practice ($r = 0.438$, $P = 0.000$) after self-learning package implementation. **Conclusion:** This study concluded that the self-learning package regarding the use of Braden scale for predicting pressure ulcers among critically ill patients had a positive significant effect on nurses' knowledge, practice and attitude. **Recommendations:** Self-learning package regarding the use of Braden scale for predicting pressure ulcers among critically ill patients should be available and applied in all intensive care units to be followed by all nurses and should be updated periodically.

Access or request full text: <https://libkey.io/10.1186/s12912-025-03511-0>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=186779676&profid=ehost>

4. Intervention in Healthcare Teams to Promote Adherence to the Integration of Care for People at Risk of Pressure Injuries Between Hospitals and Communities: A Scoping Review

Item Type: Journal Article

Authors: Amêndoa, Daniela;Gugg, Lara;Gomes, Carolina;Diniz, Catarina;Ferreira, Óscar and Baixinho, Cristina Lavareda

Publication Date: 2025

Journal: International Wound Journal 22(9), pp. 1–12

Abstract: Pressure injuries (PIs) remain a problem for patient safety and the sustainability of healthcare systems. Difficulties persist in their assessment, prevention and monitoring by multidisciplinary teams. International recommendations point to this problem as a priority area for resolution in terms of patient safety. Research on the subject has been positive, resulting in several guidelines for clinical practice, but professionals' adherence remains below what is expected for their implementation. This scoping review aimed to identify interventions that increase multidisciplinary teams' adherence to the prevention and management of PIs between hospitals and the communities. The search was carried out in the MEDLINE (via PubMed), CINAHL, Scopus, Web of Science, JBI, Cochrane and grey literature databases by two independent reviewers, and led to the identification of 16 articles that met the eligibility criteria and made it possible to answer the research question. Strategies to improve adherence by health professionals include the creation and training of multidisciplinary teams, the implementation of new risk assessment models, Wound Boards, injury prevention reminders, video consultation apps, multidisciplinary rounds, documentation and recording. No studies were identified that assessed staff adherence to interventions aimed at preventing and managing PIs in the continuum between hospitals and communities, which is suggestive of the need for further research in this area.

Access or request full text: <https://libkey.io/10.1111/iwj.70212>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=188120902&profid=ehost>

5. Evaluating pressure injury and time of risk assessment for adults with hip fractures: A retrospective analysis

Item Type: Journal Article

Authors: Anderson, Penelope;Zhou, Huaqiong;Patton, Vicki and Taplin, John

Publication Date: 2025

Journal: International Journal of Orthopaedic and Trauma Nursing 58, pp. 101195

Abstract: Background: Pressure injuries are a worldwide concern for patients in the acute hospital setting. They are a common hospital-acquired complication and Australian national standards, state policies, and local procedures have been developed to reduce incidence. Risk assessment is purported to be the gold standard in prevention. This study examined the association between the time of pressure injury risk assessment, the presence of a pressure injury prevention management plan, and the development of hospital-acquired pressure injury(s) in the high-risk cohort of hip fracture patients at a regional base hospital in New South Wales.; **Method:** A retrospective descriptive study was conducted from routinely collected data, extracted from the electronic medical record and the incident management system. Patients with hospital-acquired pressure injuries were matched to those without and comparisons were made.; **Results:** Four hundred and eighty patients presented with a primary diagnosis of hip fracture. Twenty-four (5 %) developed at least one pressure injury during admission. Eight (33 %) of the study group and four (16.5 %) of the comparison group had a risk assessment completed within 8 h per hospital procedure. There was no correlation between risk assessment within 8 h and development of a pressure injury. Patients who developed pressure injuries were older than those who did not (mean 86 vs 80 years, $p = 0.021$).; **Conclusion:** There was no correlation between early pressure injury risk assessment and pressure injury development for hip fracture patients. Formal risk assessment by nurses did not prevent pressure injuries in patients with high-risk presentation of hip fracture. Maximum prevention strategies should be routinely implemented by nurses. (Crown Copyright © 2025. Published by Elsevier Ltd. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.ijotn.2025.101195>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40446705&provid=ehost>

6. Practice development. Innovating for improvement -- improving pressure damage prevention and treatment in the community using continuous pressure monitoring

Item Type: Journal Article

Authors: Aylward-Wotton, Nicci;Worsley, P. R. and Kent, Bridie

Publication Date: 2025

Journal: Wounds UK 21(2), pp. 10–15

Abstract: Each year, approximately half a million people in the UK develop pressure ulcers (PUs), with most occurring in the community among individuals with underlying comorbidities, frailty, mobility issues and a dependence on carers. Pressure relief is essential for healing, however, some patients find pressure-relieving equipment uncomfortable, hot and noisy, thus refusing to use it and are, therefore, often labelled as non-concordant. This service improvement project evaluated the ForeSite PT® pressure monitor to identify PU risk, support healing and influence patient and carer decision making, assessing its useability, alongside patient and carer education. The technology consisted of a mattress- and chair-sized pressure map, connected to a monitor showing a visual image of the pressure points and recording over a prolonged period (>24 hours). Results were shared with 44 participants (patient and carers), leading to adjustments in care. Continuous pressure monitoring (CPM), combined with postural advice resulted in improved outcomes. While the

technology enhanced healing and prevention, its use in home settings presented challenges. Overall, the pre-post approach in a real-world setting demonstrated that technology-driven education and tailored interventions improve PU management and patient empowerment.

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=186751937&profiid=ehost>

7. Fine-Grained Classification of Pressure Ulcers and Incontinence-Associated Dermatitis Using Multimodal Deep Learning: Algorithm Development and Validation Study

Item Type: Journal Article

Authors: Brehmer, Alexander;Seibold, Constantin;Egger, Jan;Majjouti, Khalid;Tapp-Herrenbrück, Michaela;Pinnekamp, Hannah;Priester, Vanessa;Aleithe, Michael;Fischer, Uli;Hosters, Bernadette and Kleesiek, Jens

Publication Date: 2025

Journal: Jmir Ai 4, pp. e67356

Abstract: Background: Pressure ulcers (PUs) and incontinence-associated dermatitis (IAD) are prevalent conditions in clinical settings, posing significant challenges due to their similar presentations but differing treatment needs. Accurate differentiation between PUs and IAD is essential for appropriate patient care, yet it remains a burden for nursing staff and wound care experts.; **Objective:** This study aims to develop and introduce a robust multimodal deep learning framework for the classification of PUs and IAD, along with the fine-grained categorization of their respective wound severities, to enhance diagnostic accuracy and support clinical decision-making.; **Methods:** We collected and annotated a dataset of 1555 wound images, achieving consensus among 4 wound experts. Our framework integrates wound images with categorical patient data to improve classification performance. We evaluated 4 models-2 convolutional neural networks and 2 transformer-based architectures-each with approximately 25 million parameters. Various data preprocessing strategies, augmentation techniques, training methods (including multimodal data integration, synthetic data generation, and sampling), and postprocessing approaches (including ensembling and test-time augmentation) were systematically tested to optimize model performance.; **Results:** The transformer-based TinyViT model achieved the highest performance in binary classification of PU and IAD, with an F1-score (harmonic mean of precision and recall) of 93.23%, outperforming wound care experts and nursing staff on the test dataset. In fine-grained classification of wound categories, the TinyViT model also performed best for PU categories with an F1-score of 75.43%, while ConvNeXtV2 showed superior performance in IAD category classification with an F1-score of 53.20%. Incorporating multimodal data improved performance in binary classification but had less impact on fine-grained categorization. Augmentation strategies and training techniques significantly influenced model performance, with ensembling enhancing accuracy across all tasks.; **Conclusions:** Our multimodal deep learning framework effectively differentiates between PUs and IAD, achieving high accuracy and outperforming human wound care experts. By integrating wound images with categorical patient data, the model enhances diagnostic precision, offering a valuable decision-support tool for health care professionals. This advancement has the potential to reduce diagnostic uncertainty, optimize treatment pathways, and alleviate the burden on medical staff, leading to faster interventions and improved patient outcomes. The framework's strong performance suggests practical applications in clinical settings, such as integration into hospital electronic health record systems or mobile applications for bedside diagnostics. Future work should focus on validating real-world implementation, expanding dataset diversity, and refining fine-grained classification capabilities to further enhance clinical utility. (© Alexander Brehmer, Constantin Seibold, Jan Egger, Khalid Majjouti, Michaela Tapp-Herrenbrück, Hannah Pinnekamp, Vanessa Priester, Michael Aleithe, Uli Fischer, Bernadette Hosters, Jens Kleesiek. Originally published in JMIR AI (<https://ai.jmir.org/>).

Access or request full text: <https://libkey.io/10.2196/67356>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40605794&provid=e_host

8. The Psychometric Properties of the Braden Scale to Assess Pressure Injury Risk in Acute Care: A Systematic Review

Item Type: Journal Article

Authors: Burston, Adam; Butterworth, Jacob; Mehicic, Aldiana and Fulbrook, Paul

Publication Date: 2025

Journal: Journal of Clinical Nursing 34(10), pp. 4055–4073

Abstract: Aim: To analyse existing knowledge on the psychometric properties of the Braden Scale when used within the acute care setting.; Design: Systematic review and narrative synthesis.; Methods: A database search was conducted in June 2023 and updated in February 2024, seeking studies testing the psychometric properties of the Braden scale in the acute care setting. Data were sourced from five electronic databases (CINAHL, EMBASE, MEDLINE, Scopus and Web of Science). Study selection, data extraction and assessment of risk of bias were completed, with two reviewers independently conducting each stage and an independent reviewer arbitrating discrepancies. Data were extracted using a customised template and synthesised narratively. Risk of bias was assessed using the COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) checklist.; Results: Thirty-seven studies met the inclusion criteria. Internal consistency was reported between 0.64 and 0.78 (Cronbach's alpha). Inter-rater reliability was high, reported as ranging from 0.946 to 0.964 (intra-class correlations) or 0.86 to 0.949 (Pearson's correlation). Most validity studies tested predictive validity with wide variances reported.; Conclusion: The Braden Scale is reliable for assessing the risk of PI in acute care, but the validity of the scale is variable. Further research investigating validity beyond predictive validity is required.; Relevance to Clinical Practice: Nurses working in acute care can use the Braden Scale with confidence of scale reliability. However, validity is variable and warrants a cautious approach. The true value resides in the capacity to trigger recognition of pressure injury risk.; Trial Registration: The protocol was registered a priori with the International Prospective Register of Systematic Reviews PROSPERO ref: CRD42023407545. (© 2025 The Author(s). Journal of Clinical Nursing published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jocn.17862>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40524088&provid=e_host

9. Petroleum jelly vs. Saline in tracheostomy wound care and pressure injury prevention: a randomized controlled trial

Item Type: Journal Article

Authors: Chutimasaengtrakul, C.; Urathamakul, S. and Bunnag, K.

Publication Date: 2025

Journal: BMC Surgery 25(1), pp. 452

Abstract: Background: Tracheostomy-related pressure injuries (TRPIs) compromise recovery and prolong hospital stay.; **Methods:** We conducted a prospective randomized controlled trial at a tertiary hospital to compare the efficacy of petroleum jelly application versus normal saline irrigation in preventing peristomal pressure injuries and promoting tracheostomy wound healing. This study enrolled 28 participants, aged 18-80 years, who underwent tracheostomy procedures at Vajira Hospital, Navamindradhiraj University. They were randomly assigned using a permuted-block randomization methods (block size = 4) to either the petroleum jelly application group or the sodium chloride irrigation (0.9% NaCl solution) group. The outcomes were evaluated by one physician and one nurse at first, second, and fourth weeks postoperatively using the Pressure Ulcer Scale for Healing (PUSH) Tool and Skin Integrity Score.; **Results:** The petroleum jelly application group demonstrated significantly lower mean scores on the PUSH Tool at first, second, and fourth weeks than the sodium chloride irrigation group. Moreover, the petroleum jelly application group exhibited significantly higher median scores for skin integrity at first, second, and fourth weeks than the sodium chloride irrigation group. The interrater reliability between the two observers was good to excellent. The petroleum-jelly arm showed faster improvement on both scoring tools across all follow-up points.; **Conclusions:** The participants who received petroleum jelly application following tracheostomy demonstrated better results in preventing pressure injuries and maintaining skin integrity compared with those who received sodium chloride irrigation.; **Trial Registration:** TCTR20240806002 (Thai Clinical Trials Registry), registered on August 6, 2024. Retrospectively registered. (<https://www.thaiclinicaltrials.org/show/TCTR20240806002>). (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12893-025-03224-w>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41044553&profd=e_host

10. Nurses' Clinical Decision-Making About Pressure Injury Prevention in Hospital Settings: A Scoping Review

Item Type: Journal Article

Authors: Cordina, Joanne;Rolls, Kaye and Sim, Jenny

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(9), pp. 5763–5792

Abstract: Aim: To systematically explore research on nurses' clinical decision-making and factors influencing pressure injury prevention in hospitalised patients.; **Design:** Scoping review.; **Data Sources:** Medline full text, Cumulative Index to Nursing and Allied Health Literature Plus with full text, and Scopus.; **Methods:** Arksey and O'Malley's five-step framework guided this scoping review. Studies published prior to 11 July 2024 were included.; **Results:** Thirty-eight studies were included. The factors influencing nurses' decision-making in pressure injury prevention included: 'support systems', 'knowledge and attitudes', 'barriers to implementing prevention practices' and 'risk assessment tools and clinical judgement'. Limited research was conducted on nurses' clinical decision-making about implementation of pressure injury prevention interventions.; **Conclusion:** More research on nurses' clinical decision-making related to pressure injury prevention is needed to enhance education, support effective care and reduce the incidence of pressure injuries.; **Impact:** Nurses recognise the importance of preventing pressure injuries, however implementation of pressure injury prevention interventions are inconsistent, and pressure injuries remain common in hospitals. Limited research exists on the processes nurses use to make clinical decisions about pressure injury prevention for hospitalised adults at risk of pressure injury.; **Reporting Method:** This scoping review adhered to the PRISMA Extension for

Scoping Reviews (PRISMA-ScR) checklist.; Patient or Public Contribution: No patient or public contribution. (© 2025 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.16776>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39844523&profid=ehost>

11. What Is the Impact of Care Bundles on the Prevalence or Incidence of Pressure Ulcers Among At-Risk Adults in the Acute Care Setting? A Systematic Review

Item Type: Journal Article

Authors: Curtis, Áine;Derwin, Rosemarie;Milne, Gráinne;Connor, Ann Marie;Nugent, Linda and Moore, Zena

Publication Date: 2025

Journal: International Wound Journal 22(6), pp. 1–16

Abstract: A pressure ulcer is an injury to the skin and underlying tissues caused by pressure, shear or a combination of the two. In Europe, the mean prevalence rate of pressure ulcers is 10.8%, in Ireland, it is less than 12%. Using systematic review methodology, original research studies written in English were included, employing pre- and post-studies, quality improvement initiatives or projects, randomised controlled trials and experimental studies. Data was extracted using a pre-designed data extraction tool and quality appraisal was undertaken using the Evidence-Based Librarianship (EBL) tool. Where appropriate, a meta-analysis was undertaken using RevMan. The study protocol was pre-registered with the International Prospective Register of Systematic Reviews (PROSPERO CRD42023442711). Following the search, 628 records were returned, of which 25 met the inclusion criteria. The studies were conducted in a variety of acute healthcare settings. Of the included studies, 16 presented data on incidence and 12 presented data on prevalence of pressure ulcers post-implementation of a care bundle. A meta-analysis of 10 studies discussing incidence indicates the RR of PU is 0.40 (95% CI: 0.21–0.78; $p = 0.007$), supporting the use of a care bundle. A meta-analysis of seven studies discussing prevalence indicates the RR of PU is 0.34 (95% CI: 0.21–0.56; $p = 0.0001$), demonstrating the reduction in the RR of PU development in favour of the care bundle group. A variety of care bundle elements were found in the studies. Although results indicated the use of a care bundle was advantageous in preventing a pressure ulcer in the acute care setting, it was unclear which of these elements were most effective.

Access or request full text: <https://libkey.io/10.1111/iwj.70693>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=186049651&profid=ehost>

12. Beliefs and practices of the nursing team related to pressure injury preventive measures: A analysis of social representations

Item Type: Journal Article

Authors: de Almeida, Rosa, Maria Ferreira;Tura, Luiz Fernando Rangel;Queiroz, Ana Beatriz Azevedo;Ferreira, Márcia de Assunção and da Silva, Rafael Celestino

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(9), pp. 5512–5527

Abstract: Aims and Objectives: To analyse the process of elaborating social representations about pressure injury preventive measures by the nursing team (nurses and nurse technicians) and how this process relates to preventive practices for hospitalized patients.; **Design:** Qualitative study, with the application of the theory of social representations in its procedural methodological approach.; **Methods:** The study was carried out in an inpatient clinic of a public hospital in the state of Rondônia, Brazil. Totally, 28 nursing professionals in the medical clinic sectors who had worked directly with patient care for more than 6 months participated. The data were collected between July and September 2021 via in-depth interviews with the application of a semi-structured instrument. Analysis was carried out with the help of ALCESTE software, which performed a lexicographic analysis, and also via thematic analysis. The COREQ guided the presentation of the research report.; **Results:** The social representations were developed based on the professionals' symbolic beliefs about the visibility/invisibility of the results of applying preventive care. These symbolic constructions mobilized positive and negative feelings among the nursing team, which guided the classification of prevention practices as being of greater or lesser priority among other care activities. There were favourable attitudes among professionals, which included applying prevention measures in their daily routines, and unfavourable attitudes of non-adherence to the institution's protocol for preventing pressure injuries.; **Conclusions:** The nursing team's perception of pressure injury prevention is influenced by symbolic, affective, values, and social dimensions. Non-adherence behaviours are attributed to the belief in the invisibility of prevention outcomes, resulting in a reluctance to implement preventive measures.; **Relevance to Clinical Practice:** Understanding the subjective logic that explains the thinking and actions of the nursing team suggests the need to incorporate discussions on beliefs, values, sentiments, and attitudes of nursing professionals into educational programs on pressure injury prevention.; **Patient or Public Contribution:** No public contribution. (© 2024 John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.16170>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38523566&provid=e_host

13. Predicting Pressure Injury Prevention Education by Acute Care Nurses Within 24 h of Hospital Admission: A Cross-Sectional Study

Item Type: Journal Article

Authors: Deakin, Jodie Lee;Latimer, Sharon Leanne;Walker, Rachel M.;Dyer, Brett and Gillespie, Brigid Mary

Publication Date: 2025

Journal: Journal of Advanced Nursing

Abstract: Aim: Predicting medical/surgical nurses' delivery of patient pressure injury prevention education within 24 h of hospitalisation.; **Design:** A cross-sectional sub-study drawn from a larger multisite randomised controlled trial.; **Methods:** A consecutive sub-sample of 300 randomly assigned control group participants was recruited from 20 medical and surgical wards at two major hospitals (July 2020 to August 2023) in Queensland, Australia. Semi-structured observations and chart audit data were collected, including patient education, demographic and clinical data. Binary logistic regression identified hospital site, clinical and patient predictors contributing to pressure injury prevention education delivery by nurses.; **Results:** Seventeen (5.7%) participants received pressure injury prevention education within the first 24 h of admission. Body mass index was an independent predictor, increasing the odds of nurses delivering patient education.; **Conclusion:** Few episodes of pressure injury prevention education were observed in this study. As a patient's body mass index rises, they are more likely to receive preventative education from nurses soon after admission.; **Implications for Practice and Policy:** Our findings underscore the need for standardised inclusive protocols

and ongoing nurse training to assess and address education needs beyond single risk factors like body mass index. Further research should explore other factors influencing patient education delivery in hospitals.; Reporting Method: This study adhered to STROBE guidelines. Dr. Brett Dyer, statistician, is part of the author team.; **Patient or Public Contribution:** No patient or public contribution. (© 2025 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.70181>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40999677&prolid=ehost>

14. Impact of Care Bundles Prevention of Hospital-Acquired Pressure Injuries: A Systematic Review and Meta-Analysis

Item Type: Journal Article

Authors: Demir, Ayse Silanur and Karadag, Ayise

Publication Date: 2025

Journal: Nursing Open 12(3), pp. e70173

Abstract: Aim: To describe and synthesise current literature on care bundles in preventing hospital-acquired pressure injuries and to present a meta-analysis of experimental studies evaluating the effects of care bundles.; **Design:** A systematic review and meta-analysis.; **Methods:** Pubmed, Cochrane Library, Scopus, Web of Science, CINAHL, Google Scholar and Medline (OVID), and relevant articles were identified from the inception of each database until June 5, 2024. This systematic review has been registered in PROSPERO (CRD42024554497). This study examined a multicomponent intervention care bundles consisting of three or more components that was implemented and compared with standard care. Outcomes were assessed using rates of hospital-acquired pressure injuries, length of hospital stay (days) and the number of pressure injuries. Study types included randomised controlled trials, nonrandomised studies, quasi-experimental studies, and cohort studies. After completion of the search, titles, abstracts and full texts were independently assessed by two researchers in consecutive rounds according to PICOS criteria; data were extracted and study quality was independently assessed by at least two researchers. A meta-analysis using random effects was conducted, where estimates were combined as odds ratios or risk differences, along with proportions and 95% confidence intervals were calculated.; **Results:** A total of nine published studies, including 29,572 patients (Control group: 56.8%; Intervention group: 43.2%) were included in this review. The meta-analysis results showed a significant effect of care bundle intervention on hospital-acquired pressure injuries rates, length of hospital stay and number of pressure injuries. According to the results of the study, care bundle application reduces the rate of hospital-acquired pressure injuries, shortens the duration of hospitalisation, and reduces the number and severity of pressure injuries.; **No Patient or Public Contribution:** Although patients and the public were not directly involved in the study, the research addresses key concerns about preventing hospital-acquired pressure injuries. By focusing on care bundles to improve patient safety and reduce pressure injury rates, this study aims to enhance the quality of care, shorten hospital stays and improve patient outcomes, ultimately benefiting both patients and the healthcare system.; Trial Registration: CRD42024554497. (© 2025 The Author(s). Nursing Open published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1002/nop2.70173>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40083077&prolid=ehost>

15. Perceived barriers and facilitators to preventing hospital-acquired pressure injury in paediatrics: A qualitative analysis

Item Type: Journal Article

Authors: Dimanopoulos, Tanesha A.;Chaboyer, Wendy;Plummer, Karin;Mickan, Sharon;Ullman, Amanda J.;Campbell, Jill and Griffin, Bronwyn R.

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(11), pp. 7103–7115

Abstract: Aim: This qualitative study aimed to identify nurses' and allied health professionals' perceptions and experiences of providing hospital-acquired pressure injury (HAPI) prevention in a paediatric tertiary hospital in Australia, as well as understand the perceived barriers and facilitators to preventing HAPI.; **Design:** A qualitative, exploratory study of hospital professionals was undertaken using semi-structured interviews between February 2022 and January 2023.; **Methods:** Two frameworks, the Capability, Opportunity and Motivation Model of Behaviour (COM-B) and the Theoretical Domains Framework (TDF), were used to give both theoretical and pragmatic guidance. Participants included 19 nursing and allied health professionals and data analysis was informed by the framework approach.; **Results:** Analysis revealed nine core themes regarding professionals' beliefs about the barriers and facilitators to HAPI prevention practices across seven TDF domains. Themes included HAPI prevention skills and education, family-centred care, automated feedback and prompts, allocation and access to equipment, everybody's responsibility, prioritizing patients and clinical demands, organizational expectations and support, integrating theory and reality in practice and emotional influence.; **Conclusion:** These findings provide valuable insights into the barriers and facilitators that impact paediatric HAPI prevention and can help identify and implement strategies to enhance evidence-based prevention care and prevent HAPI in paediatric settings.; **Impact:** Overcoming barriers through evidence-based interventions is essential to reduce HAPI cases, improve patient outcomes, and cut healthcare costs. The findings have practical implications, informing policy and practice for improved preventive measures, education, and staffing in paediatric care, ultimately benefiting patient well-being and reducing HAPIs.; **Patient or Public Contribution:** No patient or public contribution. The focus of the study is on healthcare professionals and their perspectives and experiences in preventing HAPIs in paediatric patients. Therefore, the involvement of patients or the public was not deemed necessary for achieving the specific research objectives. (© 2023 The Authors. Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.16002>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=38037540&profd=e_host

16. Effectiveness of a Single-Use Polyurethane Foam Positioning Pad Compared With Five-Layer Foam Sacral Dressing for Pressure Ulcer Prevention in the Operating Room: A Randomized Controlled Clinical Trial

Item Type: Journal Article

Authors: Elhihi, Ebtisam Abdellatif;Almuwallad, Samah Ali;Alqrashi, Bayan Mansour;Nada, Esmail Mohamed;Alduaiji, Naif Ahmed and Alfakeeh, Abdullah Abdulrahman

Publication Date: 2025

Journal: Health Science Reports 8(8), pp. e70963

Abstract: Background and Aims: Among cardiac surgery patients, risk factors for pressure ulcers include prolonged pressure exposure during lengthy surgeries, vascular disease, and postoperative vasopressor use. Conventional pressure ulcer prevention methods may be inadequate for these high-risk patients. This study evaluated the effectiveness of polyurethane foam (pink pad) versus a five-layer sacral foam dressing in preventing pressure ulcers in the operating room.; **Methods:** A randomized controlled trial was conducted at a tertiary care hospital in Western Saudi Arabia, including 100 cardiac surgery patients undergoing procedures lasting over 4 h. Patients were randomly allocated (1:1) to receive either a polyurethane foam pink pad (n = 50) or a five-layer foam sacral dressing (n = 50), with all receiving standard pressure ulcer prevention per hospital policy. The head of the wound management team conducted wound assessments using the Bates-Jensen wound assessment tool immediately postoperatively and on days 3 and 7. This study was conducted in accordance with the CONSORT guidelines. The data were analyzed using SPSS version 26 employing a Chi-square test and Fisher's exact test (significance level: p = 0.24). No statistically significant relationship was found between pressure ulcer development and demographic or health data (all p > 0.05). Regarding the surgery length, no statistically significant difference was found between both groups (t -test 0.69, p = 0.48).; **Conclusion:** Both dressings were effective in minimizing pressure ulcer incidence, although the five-layer foam sacral dressing showed slightly better performance, achieving complete pressure ulcer prevention.; Trial Registration: ClinicalTrials.gov (NCT06790277). (© 2025 The Author(s). Health Science Reports published by Wiley Periodicals LLC.)

Access or request full text: <https://libkey.io/10.1002/hsr2.70963>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40791282&provid=e_host

17. Implementing a Hospital-Wide Programme Using iPARiHS to Prevent and Manage Incontinence-Associated Dermatitis and Improve Hospital-Acquired Pressure Injuries

Item Type: Journal Article

Authors: Geering, Samara;Wilson, Valerie;Jacob, Leena;Macpherson, Amanda;Melbourne, Gregory;Kohler, Friedbert and Chow, Josephine S. F.

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(11), pp. 7968–7977

Abstract: Incontinence-associated dermatitis poses a significant risk for sacral pressure injuries, infection and morbidity in healthcare settings. Despite the availability of best practice guidelines, implementation remains a challenge.; **Aim:** To outline the implementation of a hospital-wide programme using the Integrated Promoting Action on Research Implementation in Health Services framework to prevent and manage incontinence-associated dermatitis and improve hospital-acquired pressure injuries.; **Design:** This is an empirical research study using mixed methods.; **Method:** The study, conducted across surgical, medical and critical care wards between June and October 2023, aimed to address knowledge gaps, enhance clinical practice and evaluate the effectiveness of interventions. The implementation strategy included education modules, engagement of staff through focus groups and targeted interventions such as individualised toileting plans and structured skin care regimens. Data collection involved audits, incident reporting and clinician knowledge surveys.; **Results:** Findings indicate a reduction in hospital-acquired incontinence-associated dermatitis and pressure injuries postimplementation, with observed improvements in clinician knowledge. However, challenges including workload, skill mix and resource limitations were identified as barriers to implementation. The sustainability and scalability of the programme were emphasised, with ongoing

monitoring and evaluation essential for long-term success.; Conclusion: This study underscores the importance of evidence-based interventions, interdisciplinary collaboration and leadership support in improving patient outcomes and reducing healthcare costs associated with preventable skin injuries. Further research is needed to assess implementation in community settings and scale up interventions across healthcare networks.; Implications for the Profession And/or Patient Care: Analysing a hospital-wide programme using the Integrated Promoting Action on Research Implementation in Health Service framework to prevent and manage incontinence-associated dermatitis and improve hospital-acquired pressure injuries, could help identify the challenges for delivering patient-centred care.; Patient or Public Contribution: No patient or public involvement.; Reporting Method: To describe the implementation study, we referred to the StaRI Guideline.; Trial Registration: This intervention study was applied to the whole population and was therefore not a trial and did not require trial registration. The study was considered low risk and the Human Research Ethics Application (HREA) was approved. (© 2024 John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.16465>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39445539&prolid=e>

18. Community Nurses' Experiences Assessing Early-Stage Pressure Injuries in People With Dark Skin Tones: A Qualitative Descriptive Analysis

Item Type: Journal Article

Authors: Gunowa, Neesha Oozageer; Oti Adomako, Kwame and Jackson, Debra

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(9), pp. 5497–5511

Abstract: **Aim:** To examine community nurses' experiences of caring for people with dark skin tones at high risk of developing a pressure injury.; **Design:** Qualitative descriptive design.; **Methods:** Focus groups and individual semi-structured interviews were conducted among registered nurses working in the community between November 2023 and March 2024. Thematic analysis was used.; **Results:** The findings reveal the lack of nurse education on diverse skin tones, how community nurses gain knowledge on skin tone diversity in the context of pressure injuries and the topics community nurses believe are crucial to improve the management of pressure injuries in patients with dark skin tones.; **Conclusion:** The study highlights the gap in nurse education regarding diverse skin tones, revealing how community nurses acquire knowledge related to pressure injuries in patients with dark skin tones.; **Implications for the Profession And/or Patient Care:** This research could inform the development of targeted educational programmes and training initiatives, ultimately preventing patient harm and enhancing the quality of care and health outcomes for patients with dark skin tones.; **Impact:** It provides valuable insights into key topics that community nurses consider essential for improving the early recognition and management of pressure injuries in people with darker skin tones.; **Reporting Method:** The research adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.; **Public Contribution:** A project steering group contributed to the concept of the study and checked the interview questions were relevant and suitable. (© 2024 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.16533>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39402732&prolid=e>

19. Barriers to healing pressure ulcers within the community setting: a service evaluation

Item Type: Journal Article

Authors: Haines, Tanya

Publication Date: 2025

Journal: British Journal of Community Nursing 30, pp. S6–S12

Abstract: To effectively support patients with wounds in the community, healthcare teams must adopt diverse and tailored approaches to care. Patients with pressure ulcers require a detailed assessment of all the factors which may cause pressure ulcers or delay healing. This assessment should be performed by specialists as evidence-based guidelines recommend this approach to achieve the best outcomes. This service evaluation explores some of the complexities of achieving this for a rural community nursing trust. A case study has been used for a patient with multi-morbidities and spina bifida within a rural community nursing Trust. Challenges in delivering effective communication are common across teams, and there are often insufficient pathways for collaborative work. Achieving this would require a significant cultural shift towards interdisciplinary team working. Successful implementation would enhance collaborative practice, improving both patient outcomes and staff satisfaction. However, workforce challenges, particularly staff retention issues, currently hinder teams' ability to transform their working practices.

Access or request full text: <https://libkey.io/10.12968/bjcn.2024.0106>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40622692&prolid=ehost>

20. A Systematic Review of Length of Stay Linked to Hospital-Acquired Falls, Pressure Ulcers, Central Line-Associated Bloodstream Infections, and Surgical Site Infections

Item Type: Journal Article

Authors: Hasan, Bashar;Bechenati, Dima;Bethel, Hannah M.;Cho, Sydney;Rajjoub, Noora S.;Murad, Sammy T.;Kabbara Allababidi, Adel;Rajjo, Tamim I. and Yousufuddin, Mohammed

Publication Date: 2025

Journal: Mayo Clinic Proceedings.Innovations, Quality & Outcomes 9(3), pp. 100607

Abstract: Objective: To systematically review hospital length of stay (LOS) associated with falls, pressure ulcers, central line-associated bloodstream infections, and surgical site infections and their potential differences before and after the implementation of the hospital-acquired condition (HAC) reduction program (HACRP).; **Methods:** We searched PubMed, Embase, and Cochrane databases from January 1, 2000, to May 26, 2024, for studies examining LOS and health care costs in patients with any of the 4 HACs. Studies included prospective and retrospective cohorts and case-control designs across various clinical settings.; **Results:** Fifty studies involving 45,080,370 patients admitted for medical and surgical conditions met the inclusion criteria, with 1,939,151 patients experiencing 1 or more HACs. Length of stay increased by an average of 5.2 days for falls, 12.9 days for pressure ulcers, 22.1 days for central line-associated bloodstream infections, and 7.9 days for surgical site infections. After HACRP implementation, LOS for falls increased by 4.9 days, whereas LOS for pressure ulcers decreased by 39.1 days.; **Conclusion:** This systematic review presents detailed data on excess LOS for 4 selected HACs across medical, surgical, intensive care unit, and rehabilitation settings over

the past 25 years. The varying impact of HACRP on different HACs highlights the need for targeted prevention strategies. (© 2025 The Authors.)

Access or request full text: <https://libkey.io/10.1016/j.mayocpiqo.2025.100607>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40256621&prolid=ehost>

21. Evaluating the Knowledge Level, Practice, and Behavioral Change Potential of Care Managers in Pressure Injury Prevention Using a Mobile App Prototyping Model in the Home-Care Setting: Single-Arm, Pre-Post Pilot Study

Item Type: Journal Article

Authors: Kohta, Masushi;Takahashi, Mayumi;Koyanagi, Hiroe and Sugama, Junko

Publication Date: 2025

Journal: JMIR Formative Research 9, pp. e57768

Abstract: Background: The use of mobile apps to promote knowledge level, practice, and behavioral change potential has become increasingly common. However, studies on apps targeting social welfare employees working in the home-care setting to prevent pressure injury (PI) are lacking. The care manager (CM) plays a key role in connecting the demand and supply of home-care services. PI is more prevalent in the home-care setting, where resources are limited, than in acute settings.; **Objective:** The research hypothesis was that CMs who use a mobile app will have improved general knowledge and heightened practice for PI prevention, compared to that before using the app. This study aimed to assess the effectiveness of a PI prevention support mobile app prototyping model (Pips-Map) in improving the knowledge level, practice, and behavioral change potential of CMs in PI prevention in the home-care setting.; **Methods:** This was conducted between December 2021 and December 2023 as a single-arm, pre-post pilot study including 27 CMs who worked in a Japanese city. Pips-Map was used for 6 months in daily practice, and a self-administered test questionnaire was used to assess participants' knowledge and practice in PI prevention before or after using Pips-Map. At the end of the posttest, a validated App Behavior Change Scale was used to analyze behavioral change potential. This study followed the Consolidated Standards of Reporting Trials (CONSORT) extension to pilot and feasibility trials.; **Results:** In total, 19 participants were analyzed. Out of 55 points, the total mean knowledge score significantly increased from 30.9 (SD 5.9) in the pretest group to 36.1 (SD 5.9) in the posttest group ($P=.0003$). The number of participants with a total score of >70% (adequate knowledge level) increased from 2 (11%) to 7 (36.8%), but the difference was not statistically significant ($P=.07$). For the level of practice, out of 21 points, the total score increased from 15.2 (SD 3.1) in the pretest group to 16.2 (SD 3.0) in the posttest group, but no statistically significant differences were observed ($P=.16$). The behavior change scale revealed that participants positively evaluated the Pips-Map to provide information on PI prevention guidelines but had concerns regarding inadequate usability and financial incentives of Pips-Map.; **Conclusions:** The use of Pips-Map for 6 months in actual practice increased the knowledge level of Japanese CMs in PI prevention, but it did not change the level of practice. Considering the need for updating apps that aim to promote behavioral change, this study identified some limitations of Pips-Map. Thus, revisions must be made to adapt Pips-Map to home-based care needs. (© Masushi Kohta, Mayumi Takahashi, Hiroe Koyanagi, Junko Sugama. Originally published in JMIR Formative Research (<https://formative.jmir.org>).

Access or request full text: <https://libkey.io/10.2196/57768>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39924296&prolid=e>

[host](#)

22. Latent profile analysis of nurses' knowledge, attitudes, and practices regarding pressure injury prevention: a multicenter large-sample study

Item Type: Journal Article

Authors: Li, Caili;Lu, Xiaoqian;Zhang, Liyan;Huang, Xiuju;Tao, Pinyue;Pan, Xiao;Li, Hong;Tian, Tian;Pan, Yanfei;Pan, Qini;Huang, Dongmei;Han, Dandan and Huang, Huiqiao

Publication Date: 2025

Journal: BMC Nursing 24(1), pp. 1213

Abstract: Background: This study aimed to analyze latent profiles and characteristics of nurses' knowledge, attitudes, and practices (KAP) regarding pressure injury (PI) prevention, as well as influencing factors across distinct profiles.; **Methods:** A convenience sampling method was employed to recruit nurses from hospitals at various tiers in Guangxi Zhuang Autonomous Region between July and August 2024. Data were collected using a General Information Questionnaire and a Nurse PI-KAP Questionnaire. Latent profile analysis (LPA) identified distinct PI-KAP profiles, while univariate analysis and multinomial logistic regression determined profile-specific influencing factors.; **Results:** Among 17,253 enrolled nurses, the total PI-KAP score was 63.44 ± 7.69 . Three latent profiles emerged: low-level PI-KAP (12.82%), moderate-level PI-KAP (52.23%), and high-level PI-KAP (34.95%). Multinomial logistic regression revealed that hospital tier, years of experience, education level, professional title, gender, and attitudes toward PI training significantly influenced PI-KAP profiles ($p < .05$).; **Conclusion:** Heterogeneity exists in nurses' PI-KAP profiles, with a substantial proportion demonstrating suboptimal competency. Nursing administrators should establish hierarchical training systems tailored to PI-KAP characteristics. Capacity-building strategies include prioritizing training for core nurses, optimizing resource allocation, and establishing tiered hospital assistance mechanisms to enhance team-based PI prevention capabilities.; Clinical Trial Number: Not applicable. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12912-025-03875-3>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41024115&prolid=ehost>

23. Evaluation of the risk prediction model of pressure injuries in hospitalized patient: A systematic review and meta-analysis

Item Type: Journal Article

Authors: Ma, Yuxia;He, Xiang;Yang, Tingting;Yang, Yifang;Yang, Ziyang;Gao, Tian;Yan, Fanghong;Yan, Boling;Wang, Juan and Han, Lin

Publication Date: 2025

Journal: Journal of Clinical Nursing 34(6), pp. 2117–2137

Abstract: Aims and Objectives: The main aim of this study is to synthesize the prevalent predictive models for pressure injuries in hospitalized patients, with the goal of identifying common predictive factors linked to pressure injuries in hospitalized patients. This endeavour holds the potential to provide clinical nurses with a valuable reference for providing targeted care to high-risk patients.; **Background:** Pressure injuries (PIs) are a

frequently occurring health problem throughout the world. There are mounting studies about risk prediction model of PIs reported and published. However, the prediction performance of the models is still unclear.;

Design: Systematic review and meta-analysis: The Cochrane Library, PubMed, Embase, CINAHL, Web of Science and Chinese databases including CNKI (China National Knowledge Infrastructure), Wanfang Database, Weipu Database and CBM (China Biology Medicine).;

Methods: This systematic review was conducted following PRISMA recommendations. The databases of Cochrane Library, PubMed, Embase, CINAHL, Web of Science, and CNKI, Weipu Database, Wanfang Database and CBM were searched for all studies published before September 2023. We included studies with cohort, case-control designs, reporting the development of risk model and have been validated externally and internally among the hospitalized patients. Two researchers selected the retrieved studies according to the inclusion and exclusion criteria, and critically evaluated the quality of studies based on the CHARMS checklist. The PRISMA guideline was used to report the systematic review and meta-analysis.;

Results: Sixty-two studies were included, which contained 99 pressure injuries risk prediction models. The AUC (area under ROC curve) of modelling in 32 prediction models were reported ranged from .70 to .99, while the AUC of verification in 38 models were reported ranged from .70 to .98. Gender (OR = 1.41, CI: .99 ~ 1.31), age (WMD = 8.81, CI: 8.11 ~ 9.57), diabetes mellitus (OR = 1.64, CI: 1.36 ~ 1.99), mechanical ventilation (OR = 2.71, CI: 2.05 ~ 3.57), length of hospital stay (WMD = 7.65, CI: 7.24 ~ 8.05) were the most common predictors of pressure injuries.;

Conclusion: Studies of PIs risk prediction model in hospitalized patients had high research quality, and the risk prediction models also had good predictive performance. However, some of the included studies lacked of internal or external validation in modelling, which affected the stability and extendibility. The aged, male patient in ICU, albumin, haematocrit, low haemoglobin level, diabetes, mechanical ventilation and length of stay in hospital were high-risk factors for pressure injuries in hospitalized patients. In the future, it is recommended that clinical nurses, in practice, select predictive models with better performance to identify high-risk patients based on the actual situation and provide care targeting the high-risk factors to prevent the occurrence of diseases.;

Relevance to Clinical Practice: The risk prediction model is an effective tool for identifying patients at the risk of developing PIs. With the help of risk prediction tool, nurses can identify the high-risk patients and common predictive factors, predict the probability of developing PIs, then provide specific preventive measures to improve the outcomes of these patients.;

Registration Number (prospero): CRD42023445258. (© 2024 John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jocn.17367>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39073235&provid=e_host

24. Nursing-centered development of an AI-based decision support system in pressure ulcer and incontinence-associated dermatitis management - a mixed methods study

Item Type: Journal Article

Authors: Majjouti, Khalid;Priester, Vanessa;Tapp-Herrenbrueck, Michaela;Brehmer, Alexander;Pinnekamp, Hannah;Aleithe, Michael;Fischer, Uli;Kleesiek, Jens and Hosters, Bernadette

Publication Date: 2025

Journal: BMC Nursing 24(1), pp. 808

Abstract: Background: Differentiating between stage 1 or 2 pressure ulcer/pressure injury (PU/PI) and incontinence-associated dermatitis (IAD) poses a significant challenge for healthcare professionals, due to their visual similarity. Incorrect assessments may trigger inappropriate interventions, potentially resulting in delayed treatment. KIADEKU is a multi-center research project aimed at supporting the assessment and documentation of PU/PI and IAD, as well as the implementation of evidence-based care through an AI-based

application in nursing care. This paper investigates how to integrate evidence from nursing science and clinical practice into the development of the proposed AI system.; **Methods:** We conducted a literature review of nursing criteria for wound assessment. Nursing experts iteratively evaluated the findings, leading to the definition of a Minimum Data Set (MDS) that the research team used to annotate wound images for AI training. We collected a data set of wound images from the medical records of two university hospitals. To ensure high data quality, we implemented a validation process involving up to four independent expert assessments of each wound image. We calculated Krippendorff's alpha to assess the internal consistency of the annotation process for reliability analysis. This study adhered to the TRIPOD-AI guidelines.; **Results:** The differentiation between PU/PI and IAD primarily relies on clinical observation and visual inspection, with key factors including aetiology, anatomical location, and wound morphology. The validated MDS encompasses 18 wound-related and four aetiological categories, including visual and contextual patient data. The AI system consequently integrates wound images with categorical patient information. The reliability analysis of 1,521 annotated wound images indicates substantial agreement for wound type classification ($\alpha = 0.64$, 95% CI 0.62-0.68) and fair to moderate agreement for PU/PI ($\alpha = 0.57$, 95% CI 0.55-0.63) and IAD categorization ($\alpha = 0.27$, 95% CI 0.20-0.36).; **Conclusions:** The integration of evidence from nursing science and practice into the AI development process using a mixed-methods approach, established a robust, evidence-based foundation. This approach yielded an innovative implementation of routine care data for AI training, advancing the field of AI-driven wound care solutions.; Trial Registration: Registered with the German Clinical Trials Register (DRKS) on 2023-09-05.; Drks-Id: DRKS00029961. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12912-025-03448-4>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40598248&provid=ehost>

25. Effectiveness of Organisational Strategies for Pressure Injury Prevention and Treatment in Acute Hospital Settings: A Systematic Review

Item Type: Journal Article

Authors: McMahon, Jake;McInnes, Elizabeth;Wan, Ching Shan;Straiton, Nicola;Lam, Louisa;Rodgers, Jane;Dickson, Jessica and Fulbrook, Paul

Publication Date: 2025

Journal: Journal of Advanced Nursing

Abstract: Aim: To investigate the effects of organisational interventions on the incidence, healing and management of pressure injuries in adult patients in acute hospital settings.; **Design:** Systematic review.; **Methods:** The review included adult patients at risk of or with pre-existing pressure injuries in acute hospital settings, excluding mental health units, emergency departments or operating theatres. Interventions employed in the included studies were categorised using the Cochrane Effective Practice and Organisation of Care taxonomy.; **Data Sources:** Cochrane Central Register of Controlled Trials, Ovid MEDLINE, Ovid Embase, EBSCO CINAHL Complete and Web of Science Core Collection were searched from 01 January 2012 to 31 December 2023.; Results: Of 8861 records identified, 7 prevention studies met the inclusion criteria. Six studies reported reductions in pressure injury incidence. Included studies employed various combinations of 14 organisational strategies to enhance practices. Educational interventions were utilised in six studies, including educational meetings, materials and outreach visits. Other common strategies included audit and feedback, communities of practice and continuous quality improvement. The interventions targeted patients and clinicians, primarily nurses, with some involving multidisciplinary teams. The focus was on enhancing healthcare practices through systematic approaches and stakeholder engagement.; **Conclusions:** Organisational strategies targeting both patients and clinicians as part of an intervention bundle may enhance the prevention of pressure injuries in acute hospital settings. Further, high-quality effectiveness-

implementation hybrid trials are required to evaluate these strategies.; Implications for the Profession and **Patient Care:** Organisational factors influence clinicians' ability to implement evidence-based practices. The effectiveness of specific organisational strategies in acute settings is uncertain. Multiple organisational strategies targeting patients and clinicians may improve the implementability of a pressure injury prevention intervention.; **Reporting Method:** This study adhered to PRISMA guidelines.; Patient or Public Contribution: Neither patients nor the public were directly involved in this study. (© 2025 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.17090>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40470684&prolid=e_host

26. Practice development. Implementing the National Wound Care Strategy Programme pressure ulcer recommendations in an acute setting

Item Type: Journal Article

Authors: Phillips, Kelly

Publication Date: 2025

Journal: Wounds UK 21(2), pp. 32–40

Abstract: Pressure ulcers are caused when an area of the skin and the tissues below are damaged as a result of being placed under pressure sufficient to impair its blood supply (NICE, 2014). They are in the 'top 10 harms' in the NHS in England (Fletcher, 2022) with many learning outcomes concluding that there is unwarranted variation from evidence-based practice that contributed to the development of the pressure ulcers. In 2021, the Skin Integrity Team identified that at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust had a 3-year, year-on-year, increase in hospital-acquired pressure ulcers. From this, they commenced a quality improvement (QI) plan to reduce the number of hospital acquired pressure ulcers over a 4-year period. During the QI plan, the National Wound Care Strategy Programme (NWCSP) developed and published Pressure Ulcer Recommendations (NWCSP, 2024) to signpost clinicians to relevant clinical guidelines or outline evidence-informed care that will increase healing and optimise the use of healthcare resources.

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=186751940&prolid=e_host

27. Cost-effectiveness of subepidermal moisture measurement to prevent hospital-acquired pressure ulcers

Item Type: Journal Article

Authors: Posnett, John; Moss, Joe and Michaelwaite, Lewis

Publication Date: 2025

Journal: Journal of Wound Care 34(7), pp. 466–475

Abstract: Objective: A pressure ulcer (PU) develops initially at the cellular level, progressing through damage to subepidermal cells and surrounding tissues before it becomes visible on the surface of the skin. Changes in

subepidermal moisture (SEM) are a biomarker for the early stages of PU development. The objective of this study was to evaluate the cost-effectiveness of adding measurement of SEM to current standard of care (SoC), with the aim of reducing the incidence of hospital-acquired pressure ulcers (HAPUs).; **Method:** A decision-tree model was developed. Outcomes were the incidence of HAPUs, quality-adjusted life-years (QALYs) and costs to the UK National Health Service (NHS) at 2022/23 prices. The effects of parameter uncertainty were tested in univariate and probabilistic sensitivity analysis.; **Results:** In a typical NHS acute hospital with 480 beds, the addition of SEM assessment as an adjunct to SoC is expected to reduce the incidence of HAPUs by 32.9% and lead to a cost saving of £26.53 per admission. The probability that adjunctive SEM is cost-effective at a threshold of £30,000 per QALY is 69%.; **Conclusion:** SEM assessments make it possible to implement early and anatomy-specific interventions which can improve the effectiveness of PU prevention and reduce healthcare costs.

Access or request full text: <https://libkey.io/10.12968/jowc.2024.0427>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40632067&prolid=e>
[host](#)

28. Surgical reconstruction (SR) to treat severe pressure ulcers (SPU) in the UK: a mixed-methods analysis of surveys of healthcare professionals

Item Type: Journal Article

Authors: Pufulete, Maria; Hackney, Matthew; Pithara-McKeown, Christalla; O'Connell, Abby; Adderley, Una; Cullum, Nicky; Ridd, Matthew J.; Rodrigues, Jeremy; Wong, Jason Kf; Reeves, Barnaby C. and Dumville, Jo C.

Publication Date: 2025

Journal: Journal of Tissue Viability 34(4), pp. 100938

Abstract: Background: We surveyed primary and secondary care health professionals to describe the care and referral pathways for treatment, including surgical reconstruction (SR), for patients with a severe pressure ulcer (SPU).; **Methods:** We administered three online surveys comprising closed and open-ended questions (free text comment boxes) to healthcare professionals working in primary care, nurses who look after patients with severe PUs in any setting and surgeons (11, 30 and 22 questions, respectively). Participants were recruited through professional organisations, contacts of study team members and through social media. We calculated descriptive statistics for the closed questions and used principles of thematic analysis to analyse the free text comments.; **Results:** There were 59 primary care (76 % GPs), 146 nurse and 45 surgeon respondents. Most nurses worked in hospitals (60 %) or the community (55 %) and almost all (93 %) were trained in wound care. Most surgeons were plastic surgeons (79 %) in consultant roles (81 %). Over half of primary care respondents did not know SR is a treatment option to close SPUs and had never referred patients with SPUs to secondary care for a surgical opinion. Nearly three quarters of nurses (72 %) considered SR for a SPU and over half (54 %) believed that SR to close a SPU should be more widely available. Surgeons reported that SR was not performed for most referred SPU patients; but two thirds (68 %) believed that SR should be more widely available. There was good agreement about which patients are suitable for SR. The free-text analysis identified both system-level (e.g. lack of care pathways, dedicated multidisciplinary teams, resources) and patient-level (e.g. patient lifestyle, behaviour and preferences) factors influencing patients' access to SR.; **Conclusions:** Our surveys highlighted that nurses and surgeons agree about which SPU patients are suitable for SR but lack of awareness, the absence of an established referral pathway and lack of multidisciplinary teams are barriers to access to SR. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.jtv.2025.100938>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40759061&prolid=e_host

29. The Effect of Platelet Rich Plasma on Wound Healing in Pressure Ulcer Patient Grade III and IV

Item Type: Journal Article

Authors: Putri, Almahitta Cintami;Soedjana, Hardisiswo;Hasibuan, Lisa;Sundoro, Ali;Septrina, Rani and Sisca, Fransisca

Publication Date: 2025

Journal: International Wound Journal 22(7), pp. e70458

Abstract: Pressure injury is soft tissue damage caused by persistent mechanical pressure on bony prominences, with incidence rates continuing to rise. To address this issue, platelet-rich plasma (PRP) is being researched and developed. This study aims to compare the effects of injectable and topical PRP administration on pressure injury healing, using the Pressure Ulcer Scale for Healing (PUSH) score and collagen density as measures. This experimental study was conducted with grade III and IV pressure injury patients treated at a tertiary referral hospital in Bandung. The subjects were divided into three groups: control, PRP injection and topical PRP. Wound treatment and observation were conducted over 21 days, with evaluations based on the PUSH score (wound area, exudate amount and tissue type) and collagen density. This study involved 22 patients with 30 pressure ulcers. Significant differences were observed in the mean Δ PUSH score ($p = 0.047$) and mean Δ collagen density ($p = 0.011$) in the PRP injection group compared to the control group. No significant differences were found between the PRP injection and topical PRP groups regarding PUSH score ($p = 0.162$) and collagen density ($p = 0.862$). In the PRP injection group, a significant decrease in the PUSH score was observed on day 12 ($p = 0.045$), whilst in the topical PRP group, a significant decrease occurred on day 21 ($p = 0.034$). PRP injection significantly reduces PUSH scores and increases collagen density compared to the control group. By day 21, no significant differences were observed between PRP injection and topical PRP. However, PRP injection demonstrated faster clinical improvement, with significant changes in PUSH score evident by day 12, compared to day 21 for topical PRP. (© 2025 The Author(s). International Wound Journal published by Medicalhelplines.com Inc and John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/iwj.70458>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40667675&prolid=e_host

30. Effectiveness of surgical interventions in patients with severe pressure ulcers: the SIPS mixed-methods exploratory study

Item Type: Journal Article

Authors: Reeves, Barnaby;Pufulete, Maria;Harris, Jessica;Dumville, Jo;Adderley, Una;Burton, Ashley;Burton, Michael;Atkinson, Ross;Clout, Madeleine;Cullum, Nicky;O'Connell, Abby;O'Connor, Louise;Palmer, Stephen;Ridd, Matthew;Rodrigues, Jeremy and Wong, Jason

Publication Date: 2025

Journal: Health Technology Assessment (Winchester, England) 29(47), pp. 1–150

Abstract: Background: Surgical reconstruction to close a severe pressure ulcer has not been evaluated.; **Aim and Objectives:** We aimed to investigate the feasibility of research to evaluate surgical reconstruction for severe pressure ulcers by: systematically reviewing evidence about: the effectiveness of surgical reconstruction for severe pressure ulcers; the impact of pressure ulceration on health-related quality-of-life (review 2) surveying primary and secondary care healthcare professionals about surgical referrals of patients with severe pressure ulcers and severe pressure ulcer management, including surgical reconstruction describing patients with incident pressure ulcers and with severe pressure ulcers having surgical reconstruction comparing outcomes in patients with severe pressure ulcers having/not having surgical reconstruction seeking consensus about treatments and management strategies for severe pressure ulcers.; **Design:** Systematic reviews; surveys; binary choice experiment; retrospective cohort studies using routine data; consensus meeting.; **Participants:** General practitioners; nurses; and surgeons managing pressure ulcers; people with incident pressure ulcers and hospitalised with severe pressure ulcers.; **Intervention:** Surgical reconstruction.; **Comparator:** No surgical reconstruction.; **Outcomes:** Surgical reconstruction, time to next admission with a severe pressure ulcer time to next admission, hospital stay, all-cause mortality, surgical reconstruction after discharge.; **Results:** Review 1 included three studies comparing different surgical reconstruction techniques. None reported wound-free time. Recurrence occurred in $\approx 20\%$. Review 2 included three randomised controlled trials measuring health-related quality of life, but none observed benefits of interventions evaluated. Among primary care survey respondents, 54% did not know surgical reconstruction can treat severe pressure ulcers; $> 50\%$ had never referred a patient to a surgeon. Among nurses, 72% had considered surgical reconstruction for a severe pressure ulcer; 54% believed surgical reconstruction should be more available. Among surgeons, 39% had never offered surgical reconstruction and 52% offered surgical reconstruction to 70% of the surgical reconstructions. Comparing surgical reconstruction ($n = 325$) versus no surgical reconstruction ($n = 1474$) patients, time to next admission with a severe pressure ulcer was longer in patients having surgical reconstruction (hazard ratio = 0.79, 95% confidence interval 0.61 to 1.03; $p = 0.07$). Estimated pressure ulcer incidence in primary care was $\approx 5/10,000$, but the true incidence was believed to be ≈ 7 times higher. Episodes of pressure ulcer care could not be identified. There was consensus about a referral pathway for severe pressure ulcer patients wanting surgical reconstruction, including both community-led and surgically led multidisciplinary team meetings, and about the influence of several patient and severe pressure ulcer characteristics on suitability for surgical reconstruction.; **Limitations:** Surveys only considered factors one by one. Analyses of the Hospital Episode Statistics cohort depended on coding accuracy. For the comparison of surgical reconstruction and no surgical reconstruction, the no surgical reconstruction group had to be admitted. Routine data do not record wound healing outcomes. Primary care data underestimated pressure ulcer incidence; pressure ulcer care episodes could not be identified. The consensus meeting did not include surgeons. The COVID-19 pandemic caused delays, made team members unavailable and restricted face-to-face meetings.; **Conclusions:** There is insufficient evidence to determine the effectiveness of surgical reconstruction on health-related quality of life or wound healing for severe pressure ulcers. Too few procedures are carried out to enable a randomised controlled trial to be feasible.; **Future Work:** We identified three areas: qualitative research on the acceptability of surgical reconstruction and the impact of a SPU on a patient's quality-of-life; a core outcome set for interventions to treat pressure ulcers; and economic modelling of surgical reconstruction cost-effectiveness.; **Study Registration:** This study is registered as PROSPERO 2019 CRD42019156436, 2019 CRD42019156450; ISRCTN13292620.; **Funding:** This award was funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment programme (NIHR award ref: NIHR127850) and is published in full in Health Technology Assessment ; Vol. 29, No. 47. See the NIHR Funding and Awards website for further award information.

Access or request full text: <https://libkey.io/10.3310/DWKT1327>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41014516&profd=e_host

31. Tele-Intensive Care Unit Collaboration to Decrease Pressure Injuries: A Quality Improvement Project

Item Type: Journal Article

Authors: Small, Kelly;White, Jason;Palmer, Christopher;Arroyo, Cassandra;Licare, Jennifer;Lucas, Gretchen;Rojek, Rebecca;Taylor, Beth;Wright, Lisa and Schallom, Marilyn

Publication Date: 2025

Journal: Critical Care Nurse 45(2), pp. 50–59

Abstract: Background: Critically ill patients may have pressure injuries upon admission, increasing the need for nursing care and resources. **Local Problem:** An increase in pressure injuries during the COVID-19 pandemic required implementation of 2-nurse skin assessments for pressure injury identification and prevention.

Methods: A quality improvement initiative incorporating tele-intensive care unit (tele-ICU) nurses and wound, ostomy, and continence nurses using camera technology in collaboration with bedside intensive care unit nurses was conducted in 3 intensive care units within a multi-institutional health care system from 2021 through 2023. Sites included an academic medical center and 2 community hospitals. The team implemented the following bundle: (1) tele-ICU nurses provided second skin assessments, (2) tele-ICU and bedside intensive care unit nurses reviewed pressure injury prevention measures on admission, and (3) tele-ICU nurses documented pressure injuries. Customized daily dashboards and automated reporting were implemented. Crude data descriptive analysis and segmented regression analysis were used. **Results:** For 4723 admissions, 2-nurse skin assessment compliance increased from 46.9% during the 9-month preimplementation period to 80.8% during the 18-month postimplementation period, showing that compliance increased by 72.3%. Overall, 1153 pressure injuries were identified on intensive care unit admission or transfer, a mean of 20.6 per month before implementation and 64.1 per month after implementation. In the segmented regression analysis, the number of pressure injuries identified as present on admission significantly increased after implementation ($P = .02$). **Conclusion:** Integrating tele-ICU nurses, bedside intensive care unit nurses, and wound, ostomy, and continence nurses with camera technology increased compliance with 2-nurse assessments, leading to identification of present-on-admission pressure injuries, prompt treatment, and preventive interventions.

Access or request full text: <https://libkey.io/10.4037/ccn2025404>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=184174011&provid=ehost>

32. PURPOSE-T: validity, reliability and implementation

Item Type: Journal Article

Authors: Stephen-Haynes, Jackie and Maries, Monique

Publication Date: 2025

Journal: British Journal of Nursing 34(4), pp. S32–S38

Abstract: Pressure ulcer risk assessment is an essential part of pressure ulcer prevention. This article explores the Pressure Ulcer Risk Primary Or Secondary Evaluation Tool (PURPOSE-T), the use of which is advocated by the NHS England National Wound Care Strategy Programme. The article aims to increase awareness of the PURPOSE-T risk assessment tool and address the need, expressed by Wound Care Alliance UK members, for

an overview of it. Consideration is given to reliability and validity. Further testing of the tool is needed in some healthcare settings. A recommendation is made regarding its implementation, which should be fully supported by guidance, resources and inform the development of an appropriate, patient-focused individualised care plan, wherever possible agreed with the patient.

Access or request full text: <https://libkey.io/10.12968/bjon.2024.0105>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=183130108&prolid=e_host

33. Understanding the association between pressure ulcers and sitting in adults: What does it mean for all of us?

Item Type: Journal Article

Authors: Stephens, M.;Bartley, C. A.;Chester Bessell, D. S.;Greenwood, C.;Marshall, A.;Neill, S.;Rooney, S.;Rose, S.;Scattergood, S. A. and Worsley, P. R.

Publication Date: 2025

Journal: Journal of Tissue Viability , pp. 100937

Abstract: This third version of the seating guidelines aims to deliver a practical guide, using the most up to date research and evidence on pressure ulcer prevention and management. This guide can be applied to adults who remain seated for extended periods of time across health and social care settings. In the UK, over 700,000 patients are affected by pressure ulcers each year; 180,000 of those are newly acquired and their treatment is estimated to cost the NHS £3.8 million every day. Therefore, guidelines that have been written for people living or working in health and social care are essential. Within the guidelines the authors explore how and where pressure ulcers develop when seated, the potential risk factors, the best possible seated position, ideal seating assessment, and who might be involved and what interventions can one expect after a seating assessment. The guidelines then go on to examine cushion and static chair selection, cushion covers, wheelchairs, and the use of tilt, recline, and elevating leg rests. Finally there is an examination of self-help strategies to prevent pressure ulcers, the key outcomes for those who remain seated for long periods and standards for procuring and testing cushions and static chairs. (Crown Copyright © 2025. Published by Elsevier Ltd. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.jtv.2025.100937>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40897600&prolid=e_host

34. Pressure injury risk assessment for palliative care patients in the acute hospital setting: a scoping review

Item Type: Journal Article

Authors: Ven, Saroeun;Fulbrook, Paul;Burston, Adam;Lovegrove, Josephine and Miles, Sandra J.

Publication Date: 2025

Journal: BMC Palliative Care 24(1), pp. 212

Abstract: Background: Hospitalised palliative care patients are at risk of pressure injury. The development of pressure injuries causes physical and psychological distress for patients. Therefore, the prevention of hospital-acquired pressure injury is a nursing priority. The first step in prevention is conducting a risk assessment, which should be population-specific. In Australia, four palliative care phases guide care planning for appropriate clinical management of palliative care patients. In phases 1-3, the palliative patient cohort is based on acute care, where patients require medical treatment and/or symptom management, whereas Phase 4 refers to end-of-life care.; **Objectives:** To review and analyse contemporary literature to determine what is known about pressure injury risk assessment for acute palliative care patients and identify which pressure injury risk assessment tools are most appropriate for this cohort.; **Methods:** This scoping review was conducted according to Joanna Briggs Institute methodology. The search strategy was developed based on the Population-Concept-Context mnemonic. Studies of any design, articles and guidelines relating to pressure injury risk assessment in acute palliative care patients were included. Publications from 2002 to 2023 from Google Advanced Search, three grey literature and five nursing/health databases (Cumulative Index to Nursing and Allied Health Literature, MEDLINE, Scopus, Web of Science, EMBASE) were searched. The protocol was prospectively registered with Open Science Framework.; **Results:** From 2,576 search results, 15 articles met the inclusion criteria. None reported the use of a pressure injury risk assessment tool designed specifically for acute palliative care patients. However, 20 pressure injury risk assessment tools/methods were identified. Furthermore, the definition of palliative care patients was inconsistent, and no articles clearly defined the differences between acute palliative care patients and those at end-of-life.; **Conclusions:** The results of this review indicate a need to develop a new pressure injury risk assessment tool for acute palliative care patients that considers their specific risk factors. Further research is needed to address the knowledge gap relating to pressure injury risk assessment and prevention for hospitalised acute palliative care patients. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12904-025-01842-y>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40713677&provid=ehost>

35. Incidence and Characteristics of Hospital-Acquired Pressure Injuries in Acute Palliative Care Patients: A Four-Year Analysis

Item Type: Journal Article

Authors: Ven, Saroeun;Steele, Michael;Burston, Adam;Fulbrook, Paul;Lovegrove, Josephine;Miles, Sandra and Prince, Susan

Publication Date: 2025

Journal: Journal of Clinical Nursing

Abstract: Aim: To describe the cumulative incidence and characteristics of hospital-acquired pressure injury in acute palliative patients.; **Design:** Secondary data analysis of hospital-acquired pressure injuries during 2019-2022.; **Methods:** The setting was a palliative care unit at a tertiary hospital in Queensland, Australia, including adult (≥ 18 years) acute-phase palliative inpatients. Retrospective data from four databases were used to identify and analyse hospital-acquired pressure injury cases from 2019 to 2022. Clinical characteristics of patients with and without hospital-acquired pressure injury were compared.; **Results:** The incidence of hospital-acquired pressure injury in acute palliative care patients was 3.9% over the 4 years. These patients were predominantly male, with an average age of 74 years, with 66 of 78 cases developing in the deteriorating palliative care phase. Using the Waterlow Score, 51.3% of patients were assessed as at very high risk of pressure injury. Ninety-five hospital-acquired pressure injuries were reported in 78 patients; 16.8% were medical device-related, 40% were Stage 1 injuries, and the most common injury sites were the sacrum, heels

and genitals. Patients with hospital-acquired pressure injury had significantly higher (worse) scores on both the palliative care Resource Utilisation Group-Activities of Daily Living and Problem Severity Scores. Regression analysis identified a high Problem Severity Score on admission as a significant predictor for hospital-acquired pressure injury development.; **Conclusion:** The incidence of hospital-acquired pressure injury in acute palliative patients is lower than in previous studies. However, many injuries occurred in those in the deteriorating phase, with higher scores for severity of symptoms. These findings suggest that acute palliative patients do require nursing care for pressure injury prevention, as well as for symptom management and activities-of-daily-living. Overall, this research contributes to a deeper understanding of pressure injury incidence and characteristics for acute palliative care patients. Future research should focus on population-specific pressure injury risk assessment to explore risk factors in greater detail.; Implications for the Profession And/or Patient Care: Current pressure injury risk assessment tools, like the Waterlow Score, may not provide the comprehensive evaluation needed for the acute palliative care cohort. To better address the unique needs of this cohort, it may be necessary to refine existing tools or develop new instruments that integrate palliative-specific assessments, such as the Resource Utilisation Group-Activities-of-Daily-Living (RUG-ADL) and Problem (symptom) Severity Score (PSS). These adaptations could help improve pressure injury prevention care planning and enhance outcomes for patients in this setting.; **Impact:** This study separated acute palliative care patients from those at end-of-life and found a 3.9% cumulative incidence of pressure injuries. There were no significant differences in age, gender, or cancer diagnosis between patients with and without injuries. Patients without injuries were more likely to be in the deteriorating phase, while those with injuries had higher (worse) RUG-ADL scores. Regression analysis showed that each one-point increase in the PSS (symptom severity) made patients 1.2 times more likely to develop a pressure injury. The findings suggest that combining a validated risk assessment tool with the RUG-ADL and PSS tools could provide a more accurate risk assessment for hospitalised acute palliative care patients.; **Reporting Method:** STROBE reporting guideline.; **Patient or Public Contribution:** No patient or public contribution. (© 2025 The Author(s). Journal of Clinical Nursing published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jocn.17829>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40384502&provid=ehost>

36. Barriers and Facilitators to Implementing Pressure Injury Guidelines for Nutrition Assessment and Alternating Pressure Air Mattress Allocation: A Qualitative Study

Item Type: Journal Article

Authors: Wan, Ching Shan;Musgrave-Takeda, Mika;M Gillespie, Brigid;Tobiano, Georgia and Mcinnes, Elizabeth

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(10), pp. 6767–6788

Abstract: Aims: To investigate clinicians' views on barriers and facilitators to implementing pressure injury prevention guideline recommendations for nutrition assessment and treatment, and de-implementing inappropriate alternating pressure air mattress allocation.; **Design:** A qualitative descriptive study adhering to the COnsolidated criteria for REporting Qualitative research (COREQ) guidelines.; **Methods:** We conducted face-to-face or videoconference focus groups and semi-structured individual interviews with clinicians recruited from a metropolitan tertiary hospital. Participants were purposively sampled according to their years of clinical practice. Interview transcripts were thematically analysed inductively to derive barriers and facilitators to guideline uptake. These were then mapped to the Theoretical Domains Framework and behaviour change techniques to inform an evidence-based implementation intervention development to

improve guideline uptake.; **Results:** Thirteen nurses, four occupational therapists and three dietitians were interviewed. Six themes illustrate three guideline-specific barriers and three common facilitators influencing nutrition- and mattress-related guideline uptake. The three barriers were: (1) nurses devalue the use of validated tools in nutrition screening; (2) nurses prioritise vital-sign-related nursing duties over feeding assistance according to clinical urgency; and (3) nurses consider air mattresses a preventative strategy irrespective of patient PI risks. Facilitators to improve guideline uptake were: (1) nurse-led interdisciplinary collaboration, (2) carer involvement and (3) easily accessible updated guidelines. Different Theoretical Domains Framework domains and behaviour change techniques were mapped to the identified nutrition- and mattress-related barriers.; **Conclusion:** The findings highlight three key nurses' attitudinal barriers to nutrition- and mattress-related guideline uptake, which inform the development of theory- and end-user-informed implementation interventions in pressure injury prevention.; Implications: An implementation strategical plan that addresses attitudinal barriers to improving guideline uptake for nutrition assessment and treatment and reducing air mattress overprescription appears critical in developing an intervention to enhance value-based practice, which will need to be evaluated in future trials.; Patient or Public Contribution: No Patient or Public Contribution. (© 2025 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.16820>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39936558&provid=ehost>

37. Effect of Braden Score-Guided Targeted Nursing Interventions on Preventing Intraoperative Pressure Ulcers in Aortic Dissection Surgery

Item Type: Journal Article

Authors: Wang, Qiao-Zhi;Jia, Wen-Cheng and Tian, Yu-Quan

Publication Date: 2025

Journal: Journal of Multidisciplinary Healthcare 18, pp. 5015–5023

Abstract: Objective: This prospective randomized controlled study aimed to evaluate the effect of Braden score-guided targeted nursing interventions on preventing intraoperative pressure ulcers in aortic dissection (AD) surgery.; **Methods:** A total of 120 patients who underwent AD surgery at the hospital between December 2023 and December 2024 were selected and randomly assigned to either the study group or the control group, with 60 patients in each group. The control group received routine nursing care, while the study group received targeted nursing interventions guided by the Braden score in addition to routine care. Statistical analyses were conducted to compare the results between the two groups.; **Results:** Following the implementation of targeted nursing interventions guided by the Braden score, the total nursing behavior scores for pressure ulcer prevention (95.67 ± 3.41 vs 83.95 ± 5.16), including all individual dimension scores (preoperative care: 56.71 ± 2.43 vs 48.53 ± 4.91 ; intraoperative care: 22.39 ± 1.68 vs 17.64 ± 2.75 ; postoperative care: 13.65 ± 2.49 vs 10.48 ± 2.51), were significantly higher in the study group compared to the control group ($P < 0.05$). The incidence of intraoperative pressure ulcers was notably lower in the study group (2.5%) than in the control group (17.5%) ($P < 0.05$). Additionally, the pressure ulcer area was significantly smaller (2.11 ± 0.36 vs 4.98 ± 1.14 cm²), and the duration of pressure ulcers was markedly shorter in the study group compared to the control group (2.73 ± 1.24 vs 7.86 ± 1.65 days) ($P < 0.05$). Nursing satisfaction levels were also significantly higher in the study group (97.5% vs 82.5%) ($P < 0.05$).; **Conclusion:** Targeted nursing interventions guided by the Braden score demonstrated effectiveness in identifying risks of intraoperative pressure ulcers. The designed interventions enhanced the quality of nursing care in the operating room, reduced the incidence of pressure ulcers, and improved patient satisfaction. (© 2025 Wang et al.)

Access or request full text: <https://libkey.io/10.2147/JMDH.S529708>

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38. Embracing change to deliver clinically effective patient care and preventing pressure ulcer development

Item Type: Journal Article

Authors: Williamson, Stephanie

Publication Date: 2025

Journal: Wounds UK 21(3), pp. 34–39

Abstract: The prevention of pressure ulcers remains a clinical priority across healthcare settings due to their impact on patient wellbeing and healthcare resources. This paper outlines the implementation of the National Wound Care Strategy Programme Pressure Ulcer Recommendations within a 400-bed NHS hospital in South Yorkshire. Central to this change was the adoption of the Pressure Ulcer Risk Primary or Secondary Evaluation Tool (PURPOSE-T) risk assessment tool, revised categorisation of pressure ulcers, and application of the aSKING framework to standardise and improve care delivery. Implementation was supported through structured training, organisational change management and close collaboration with clinical teams. The use of hybrid support surfaces, particularly the Dyna-Form Mercury Advance system (Direct Healthcare Group), was optimised with renewed staff training. Results demonstrate a 30% reduction in pressure ulcer incidence over a 12-month period, equating to a potential cost saving of £915,000. The initiative also enhanced clinical confidence, improved triaging, and enabled better resource allocation within the tissue viability service. This case study illustrates that with structured planning, education and leadership, significant improvements in patient safety and care quality can be achieved through evidence-based pressure ulcer prevention strategies

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39. Clinical Impact of New-Onset Stage II Pressure Injuries in Hospitalised Patients With Multiple Comorbidities

Item Type: Journal Article

Authors: Wu, Wan-Lun;Yang, Jia-Ling;Lee, Pei-Hsuan;Huang, Chun-Ta;Lin, Shu-Yung;Cheng, Jen-Fang;Tsai, Cheng-Hsuan and Wang, Tzung-Dau

Publication Date: 2025

Journal: Journal of Advanced Nursing

Abstract: Aims: To investigate the clinical outcomes and predictors associated with the severity of new-onset pressure injuries in hospitalised patients with multiple comorbidities.; **Design:** Retrospective cohort study.; **Methods:** We retrospectively collected data on hospitalized patients. The severity of pressure injury was defined as per the National Pressure Injury Advisory Panel. Outcome measures included short-term mortality and discharge to extended care facilities.; **Results:** A total of 2150 hospitalised patients were screened, and 186 (8.7%) developed new-onset pressure injuries, including 84 classified as stage I and 102 as stage II. The Braden scale score and time from admission to pressure injury onset were significantly associated with new-

onset stage II pressure injuries. Patients with stage II pressure injuries had a significantly higher risk of being discharged to extended care facilities compared to those with stage I pressure injuries (24% vs. 12%, $p = 0.041$). The short-term mortality rate was high in the total cohort (34%) but was not significantly different between the two groups. The worse Braden scale, lower body mass index, history of stroke and presence of stage II pressure injuries were significant predictors of discharge to extended care facilities.; **Conclusion:** New-onset Stage II pressure injuries significantly increased the risk of discharge to extended care facilities. Furthermore, this study expands the potential clinical utility of the Braden Scale by demonstrating its association not only with the risk of pressure injury development but also with the initial severity of injuries once they occur. These findings support its role in early risk stratification and targeted nursing interventions.; Impacts: This study highlights the importance of early identification and prevention of pressure injuries and the potential role of the Braden scale in minimizing injury severity, reducing healthcare utilization, and improving quality of life.; Reporting Methods: STROBE guidelines.; Patient or Public Contribution: None. (© 2025 John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/jan.70287>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41147716&prolid=e_host

40. The Development and Evaluation of a Protocol-Based Video Education Program on Medical Device-Related Pressure Injury Prevention for Nurses in Comprehensive Nursing Care Unit

Item Type: Journal Article

Authors: Yoo, Mihyun;Lee, Hanna and Han, Jeongwon

Publication Date: 2025

Journal: International Wound Journal 22(6), pp. e70692

Abstract: This study aims to assess the impact of a protocol-based video education program on nurses' knowledge of medical device-related pressure injuries prevention, self-efficacy in pressure injury care, and satisfaction with the educational program. This study employed a non-equivalent control group pre-test-post-test design. This study was conducted from September 6, 2024, to September 19, 2024. A total of 62 nurses from the integrated nursing care service wards of a general hospital were recruited and divided into 31 experimental and 31 control groups. The experimental group received a one-week protocol-based video education program, whereas the control group received booklet-based education. Both the experimental and control groups demonstrated statistically significant improvements in medical device-related pressure injuries prevention knowledge after the intervention. The interaction effect between group and time was also significant. Self-efficacy scores increased significantly in both the experimental and control groups, although the interaction effect was not statistically significant. Educational satisfaction showed no significant difference between the two groups. The protocol-based video education program effectively improved nurses' knowledge of medical device-related pressure injuries prevention and demonstrated its potential as a repeatable and accessible learning tool. Future research should focus on longer intervention periods, diverse hospital settings, and the inclusion of clinical outcome data such as actual pressure injury incidence to further validate the program's effectiveness. TRIAL REGISTRATION: ClinicalTrials.gov identifier: KCT0010218. (© 2025 The Author(s). International Wound Journal published by Medicalhelplines.com Inc and John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/iwj.70692>

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