INTRODUCTION

• Suspected Deep Tissue Injury (SDTI) ulcerations may be the least understood of all pressure ulcers (PU).
• Due to the North Carolina Wound Ostomy Continence (WOC) Nurse Group’s interest in contributing to the body of knowledge related to this phenomenon, a decision was made in 2008 to conduct a state-wide nursing research study.
• The purpose of this study was to answer the question, what percentage of SDTI ulcers evolve into full-thickness skin loss, and to describe the progression from SDTI to full-thickness wound.
• Suspected deep tissue injuries are defined by the National Pressure Advisory Panel (NPUAP) as “Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue” (2007).

METHODS

This multi-site, prospective, exploratory study utilized data collected by participating North Carolina WOC Nurses.

The setting for this study was any healthcare venue where a participating WOC nurse performs consultative services for patients with pressure ulcers.

Subjects were to include any patient age 21 years or older under the care of a participating WOC nurse and experiencing a SDTI.

Data was collected during a designated twelve-week study period using a data collection tool designed by the researchers.

Part One of the data collection tool would be filled out using data collected in the course of the chart review and physical assessment related to the WOC nurse consult visit.

When the WOC nurse performed a follow-up consult in subsequent days to reassess the patient, the WOC nurse completed Part Two of the data collection tool.

METHODS Continued

• The research proposal was approved by the Institutional Review Board (IRB) of Duke University Medical Center, as well as by the IRBs of each participating institution.
• All data collectors were certified in wound care by the Wound Ostomy Continence Nursing Certification Board as either Certified Wound Ostomy Continence Nurses (CWOCN) or Certified Wound Ostomy Nurses (CWON).
• The Data Collection Team included:
  - Laurie Cookenden
  - Keys Dixon
  - Susan Dunzweiler
  - Dawn Engels
  - Laurie Fowler
  - Jill Smith
  - June Smith

RESULTS

The sample is comprised of 40 subjects, with a total of 45 wounds.

• All subjects were enrolled while admitted to one of six acute care medical facilities in North Carolina. These facilities ranged from approximately 100 bed regional referral centers to 1000+ bed tertiary and quaternary medical centers.
• The average length of time between admission to the hospital and assessment by the WOC nurse for the SDTI ulceration was 8.6 days (range 1 – 48 days).
• Thirty-seven subjects were re-evaluated an average of 6 days later (range 1 – 20 days).

PRELIMINARY CONCLUSIONS

• The group was able to answer the first research question. Eleven of the 42 ulcers (26%) assessed at the follow-up clinical consult, an average of six days later, were found to have developed into full-thickness wounds.
• Because the wounds were only assessed at two points in time, it proved more difficult to complete the second task, describing the progression from SDTI to full-thickness wound.
• We recommend that future research involve assessments at several regularly scheduled points in time.