

Pressure ulcers in health care settings

Dear readers

Autumn is here, and with it comes a new edition of the EWMA Journal. This edition focuses on care bundles within the aetiology of pressure ulcers. The term 'care bundle' was defined in the April edition and again during our conference in Krakow. Pressure ulcers (PU) are a problem in health care settings. The likely PU prevalence rate range in acute care settings worldwide is between 6% and 18.5%.¹ Nurses have a primary role in PU prevention, though patients may also contribute through active participation in PU care.² Active patient participation can result in improved patient safety and satisfaction with care.^{2,3} Patients stand to benefit when introducing a care bundle. A successful bundle consists of key elements, starting with a thorough head-to-toe skin assessment upon admission and then at least once during every shift for all patients.⁴ Other elements of a care bundle may include turning and repositioning, nutritional assessment, bed elevation, incontinence care and pressure relief.^{4,5} An Australian cluster-randomised controlled trial with 1598 patients in eight tertiary hospitals encouraged patient participation in PU-prevention care with three simple evidence-based messages: 1) Keep moving, 2) Look after your skin and 3) Eat a healthy diet.⁶ The results demonstrated that, due to the introduction of the care bundle, a significant reduction in PU incidence among the intervention group (incidence rate ratio 0.48; 95% CI: 0.33, 0.69; $p < 0.0001$) could be achieved at the hospital (cluster) level.⁶

The scientific contributions of this edition of the Journal should provide new knowledge that can be integrated into care bundles. In the scientific section, you will find five articles. One is a cross-sectional study establishing the prevalence of PU, moisture-associated skin damage and skin tears in paediatric hospital units in Spain. Additionally, we present a paper describing the challenges and potential benefits of using technology to advance PU risk assessment and self-care and a paper demonstrating the rationale behind the need for a structured, evidence-based approach to assessing and treating HPIs in adult, paediatric and diabetic populations. A survey from Canada illustrates the wound prevalence in long-term care facilities, and a paper from Israel gives insight into the future of PU prevention, addressing how we can detect and target inflammation early. In addition to these scientific articles, you will find a practice report on a survey from the UK and Ireland where the current level of wound management education in the pre-registration nursing curricula was determined and a report from an EWMA Cooperating Organisation.

I hope you all enjoy this issue,

Sebastian Probst,
Editor and Council Member

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