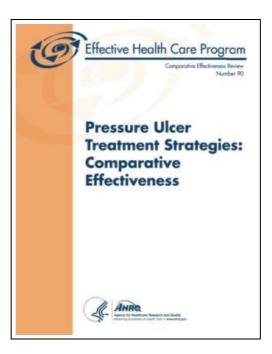
Pressure Ulcer Treatment Strategies: Comparative Effectiveness: Comparative Effectiveness Review Number 90



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Reviews

This publication is definitely not simple to begin on studying but quite fun to see. It really is full of knowledge and wisdom I am just effortlessly can get a satisfaction of studying a created pdf. *(Alfreda Bradtke)*

PRESSURE ULCER TREATMENT STRATEGIES: COMPARATIVE EFFECTIVENESS: COMPARATIVE **EFFECTIVENESS REVIEW NUMBER 90**



Createspace. Paperback. Condition: New. This item is printed on demand. 490 pages. Dimensions: 10.9in. x 8.5in. x 1.3in.Uninterrupted pressure exerted on the skin, soft tissue, muscle, and bone can lead to the development of localized ischemia, tissue inflammation, shearing, anoxia, and necrosis. Pressure ulcers affect up to three million adults in the U. S. Pressure ulcer healing rateswhich depend on comorbidities, clinical interventions, and ulcer severity vary considerably. Ulcer severity is assessed using a variety of different staging or grading systems, but the National Pressure Ulcer Advisory Panel (NPUAP) staging system is the most commonly used. Comorbidities predisposing toward pressure ulcer development and affecting ulcer healing include those affecting patient mobility (e.g., spinal cord injury), wound environments (e.g., incontinence), and wound healing (e. g., diabetes and vascular disease). Delayed healing can add to the length of hospitalization and impede return to full functioning. Prevalence of pressure ulcers is used as an indicator of quality for long-term care facilities, and progression of pressure ulcers in hospitalized patients is often considered an avoidable complication representing failure of inpatient management. Given the negative impact pressure ulcers have on health status and patient quality of life, as well as health care costs, treatments are needed that promote healing, shorten healing time, and minimize the risk of complications. Pressure ulcer treatment involves a variety of different approaches, including interventions to treat the conditions that give rise to pressure ulcers (support surfaces and nutritional support); interventions to protect and promote healing of the ulcer (wound dressings, topical applications, and various adjunctive therapies, including vacuum-assisted closure, ultrasound therapy, electrical stimulation, and hyperbaric oxygen therapy); and surgical repair of the ulcer. Most ulcers are treated using a combination of these approaches. The following Key Questions are the focus of our report. KQ1. In adults...

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