

5<sup>th</sup> International Conference on**Advances in Skin, Wound Care and Tissue Science**

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14<sup>th</sup> International Conference on **Clinical Dermatology**

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**Hospital acquired pressure ulcers-vs-community acquired pressure ulcers- etiology and prevention****Holly Kirkland-Kyhn**  
University of California, USA

**Background:** Why do Deep Tissue Injuries (DTIs) develop in critically ill patients, despite all Braden risk related interventions implemented on admission?

**Methods:** Twenty-five variables were collected over a 5-year period on all DTIs that evolved into pressure ulcers; 10 variables were identified as risk factors for the development of DTIs. The variable data was collected for patients with sacral DTIs (n=47) that evolved into stage 3, 4 or unstageable pressure ulcers. The general adult ICU patient data was collected for comparison (n=72). The analysis of the data was compared to determine specific parameters of patient related risk factors in patients who developed DTIs that evolved into stage 3, 4 or unstageable pressure injuries. Once all variables were entered into the model, a backwards regression was performed to find the most significant risk factors in the development of a DTI in ICU patients.

**Results:** We found a decrease in perfusion (hypotension) as the most significant contributor to DTI. Patients with diastolic blood pressure below 49mmHg had 10 times greater chance of developing a DTI. Patients on dialysis had 4 times greater chance of developing a DTI. Surgical patients were at higher risk of DTI; for every 1 hour in surgery the likelihood of a DTI increased by 20%. We did not find any significant difference in the Braden Score between those patients that developed DTI and those patients who did not develop DTI

**Conclusion:** This study found that patients with low perfusion developed DTIs despite all Braden related nursing interventions

**Biography**

Kirkland-Kyhn Graduated from University of California, San Francisco, with major studies in obesity, geriatrics, and wound care. She currently works as the Director of Wound Care, at UC Davis Medical Center. Her phenomenon of interest includes wound care in low resource settings, prevention of pressure ulcers in hospital and in the community. She has worked in England, Ireland, and the US with additional wound experience in Cameroon, Belize and Haiti. Her research has continued in the occurrence of pressure ulcers in poorly perfused patients. Presently she has been working on pressure ulcers as compared to community acquired pressure ulcers.

kirklandwalsh@ucdavis.edu.

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