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Journal

ISSN

03424642

DOI

10.1007/s00134-020-06234-9

Publisher

Springer Science and Business Media Deutschland GmbH

CODEN

ICMED

Original language

English

PubMed ID[33635356](#) ↗[View less](#) ^

Prevalence, associated factors and outcomes of pressure injuries in adult intensive care unit patients: the DecubiCUs study

i Update noticeCorrection to: Prevalence, associated factors and outcomes of pressure injuries in adult intensive care unit patients: the DecubiCUs study (*Intensive Care Medicine*, (2021), 47, 2, (160-169),

10.1007/s00134-020-06234-9)

Intensive Care Medicine, Volume 47, Issue 4, Pages 503 - 520, April 2021[Labeau S.O.^{a,b}](#), [Afonso E.^{b,c}](#), [Benbenishty J.^d](#), [Blackwood B.^e](#), [Boulanger C.^f](#), [Brett S.J.^g](#), [Calvino-Gunther S.^h](#), [Chaboyer W.ⁱ](#), [Coyer F.^{k,l}](#), [Deschepper M.^m](#), [François G.ⁿ](#), [Honore P.M.^o](#)[Show additional authors](#) ↗ [Save all to author list](#)^a Nursing Department, Faculty of Education, Health and Social Work, HOGENT University of Applied Sciences and Arts, Ghent, Belgium^b Department of Internal Medicine, Faculty of Medicine and Health Science, Ghent University, C. Heymanslaan 10, Ghent, 9000, Belgium^c Neonatal Intensive Care Unit, Rosie Maternity, Cambridge University Hospitals NHS Trust, Cambridge, United Kingdom^d Hadassah Hebrew University Medical Center, Jerusalem, Israel[View additional affiliations](#) v**Cited by 30 documents**

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Abstract

Purpose: Intensive care unit (ICU) patients are particularly susceptible to developing pressure injuries . Epidemiologic data is however unavailable. We aimed to provide an international picture of the extent of pressure injuries and factors associated with ICU-acquired pressure injuries in adult ICU patients . Methods: International 1-day point-prevalence study ; follow-up for outcome assessment until hospital discharge (maximum 12weeks). Factors associated with ICU-acquired pressure injury and hospital mortality were assessed by generalised linear mixed-effects regression analysis. Results: Data from 13,254 patients in 1117 ICUs (90 countries) revealed 6747 pressure injuries ; 3997 (59.2%) were ICU-acquired. Overall prevalence was 26.6% (95% confidence interval [CI] 25.9–27.3). ICU-acquired prevalence was 16.2% (95% CI 15.6–16.8). Sacrum (37%) and heels (19.5%) were most affected. Factors independently associated with ICU-acquired pressure injuries were older age, male sex, being underweight, emergency surgery, higher Simplified Acute Physiology Score II, Braden score [removed] 3 days, comorbidities (chronic obstructive pulmonary disease, immunodeficiency), organ support (renal replacement, mechanical ventilation on ICU admission), and being in a low or lower-middle income-economy. Gradually increasing associations with mortality were identified for increasing severity of pressure injury : stage I (odds ratio [OR] 1.5; 95% CI 1.2–1.8), stage II (OR 1.6; 95% CI 1.4–1.9), and stage III or worse (OR 2.8; 95% CI 2.3–3.3). Conclusion: Pressure injuries are common in adult ICU patients . ICU-acquired pressure injuries are associated with mainly intrinsic factors and mortality. Optimal care standards, increased awareness, appropriate resource allocation, and further research into optimal prevention are pivotal to tackle this important patient safety threat. © 2020, The Author(s).

Author keywords

Decubitus epidemiology; ICU; Morbidity; Mortality; Outcome ; Pressure injury ; Pressure ulcer; Risk factors

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👤 Blot, S.I.; Department of Internal Medicine, Faculty of Medicine and Health Science, Ghent University, C. Heymanslaan 10, Ghent, Belgium; email:stijn.blot@UGent.be

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