

- épidermisation : interfaces, hydrocolloïdes ;
- une aide à la décision dans des situations cliniques particulières :
- prévention de l'infection,
- plaie hémorragique : Algostéril<sup>®</sup>,
- plaie malodorante : charbon activé ;
- une définition du pansement protecteur et son choix en fonction du pansement primaire, si des études sont disponibles le niveau de preuve guidant le choix du pansement est précisé.

Les pansements primaires en dehors des pansements au charbon ne sont pas destinés à être associé entre eux.

Actuellement, la réflexion porte plus sur les modalités d'utilisation des pansements que sur le développement de nouvelles spécialités ; le choix du pansement comme celui du médicament doit être le résultat d'une médecine basée sur les preuves.

<http://dx.doi.org/10.1016/j.rehab.2012.07.350>

CO12-006-f

### Prise en charge nutritionnelle des patients neurologiques à risque ou porteur d'escarre

P. Ritz

Unité transversale de nutrition clinique (UTNC), hôpital de Rangueil, 1, avenue du Pr.-Jean-Poulhès, TSA 50032, 31059 Toulouse cedex 9, France  
Adresse e-mail : [ritz.p@chu-toulouse.fr](mailto:ritz.p@chu-toulouse.fr).

Résumé non communiqué.

<http://dx.doi.org/10.1016/j.rehab.2012.07.351>

#### English version

CO12-001-e

### Predictive risk factors of pressure ulcers: A review of the literature for the development of French recommendations for the clinical practice

J.-M. Michel<sup>a,\*</sup>, S. Willebois<sup>b</sup>, P. Ribinik<sup>c</sup>, B. Barrois<sup>d</sup>, D. Colin<sup>e</sup>, Y. Passadori<sup>f</sup>

<sup>a</sup> Centre pour personnes âgées, hôpitaux civils de Colmar, 122, rue du Logelbach, 68000 Colmar, France

<sup>b</sup> CHU Limoges, Limoges, France

<sup>c</sup> CRF Port-Royal Paris, Paris, France

<sup>d</sup> Centre hospitalier Gonesse, Gonesse, France

<sup>e</sup> Centre de l'Arche, Saint-Saturin, France

<sup>f</sup> Centre hospitalier Mulhouse, Mulhouse, France

\*Corresponding author.

E-mail address: [jeanmarc.michel@ch-colmar.fr](mailto:jeanmarc.michel@ch-colmar.fr).

**Keywords:** Pressure ulcers; Risk factors; Predictive risk factors; Risk assessment; Evidence based medicine

Evaluation of predictive risk factors of pressure ulcers is essential to develop a preventive strategy at the entrance in hospitals and/or nursing homes.

**Objective.**– The objective is to review the predictive factors of pressure ulcers in 2012, in particular to determine if the data evolved since the conference of consensus on the prevention and the treatment of pressure ulcers of the adult and the old subject (HAS, 2001). The adopted method is a systematic review of the literature with querying databases Pascal Biomed, Cochrane Library and PubMed from 2000 to 2010. This review was followed by a collection of the professional practices with a representative sample of the participants of the national congresses of PERSE, Sofmer, SFGG and SFFPC.

**Results.**– Immobility should be considered as a predictive risk factor of pressure ulcers (grade B). Undernutrition is possibly a predictive risk factor of pressure ulcers (grade C).

**Discussion.**– The management is essential after these factors detected even if the level of evidence is low. Sensitizing and mobilization of health care teams

requires training in tracking. The risk scales are a decision aid, to always balance by the clinical judgement of the nursing team.

**Conclusion.**– There is an interest in knowledge and risk assessment predictive of ulcers and a support from the hospital admission. Immobility and malnutrition stay both predictive strong elements, which have to end in a global evaluation of the risk of pressure ulcers. These predictive risk factors remain identical to those shown in 2001 at the consensus conference and the professional practices do not diverge from the recommendations resulting from the literature.

<http://dx.doi.org/10.1016/j.rehab.2012.07.352>

CO12-002-e

### Support surfaces and pressure ulcers: Review of literature in order to elaborate French guidelines

D. Colin<sup>\*</sup>, J.-M. Rochet

CRF, pôle régional du handicap, centre de l'Arche, 72650 Saint-Saturin, France

\*Corresponding author.

E-mail address: [dcolin@ch-arche.fr](mailto:dcolin@ch-arche.fr).

**Keywords:** Pressure ulcers; Prevention; Treatment; Support surfaces; Based evidence medicine

The use of support surfaces for the prevention and treatment of pressure ulcers is considered an important part of at-risk patient care.

However, these devices are very numerous, making the choice difficult for caregivers.

The aim of this study is to evaluate the effectiveness of support surfaces through a systematic review of literature.

Literature data are not always relevant and sometimes insufficient for clinicians to make a choice among available preventive devices. We have to recognize the methodological limitations of many studies, the lack of interest from industries in conducting such studies and the relatively small number of trials.

However a few recent meta analyses including critics and guidelines are available, allowing to summarize the following Grade A guidelines: one structured foam mattress is more efficient than a standard hospital mattress; one air alternating pressure mattress is more effective than one viscoelastic mattress in reducing heel pressure ulcers but pressure ulcers are more severe in air alternating support; one low-air-loss bed is more efficient than one air mattress in heel pressure ulcers prevention. One specific sheepskin can reduce sacral pressure ulcers incidence in orthopaedic patients. One overlay on operating table reduces per operative and postoperative pressure ulcers.

We have to keep in mind that support surfaces are only a part of pressure ulcers prevention techniques, which also include nutritional and postural care measures.

<http://dx.doi.org/10.1016/j.rehab.2012.07.353>

CO12-003-e

### Evaluating self-reported pressure ulcer prevention measures in person with spinal cord injury using the SMnac: Validation of the French version

A. Gelis<sup>a,\*</sup>, J.-P. Dures<sup>b</sup>, D. Gault<sup>c</sup>, T. Bouchemat<sup>d</sup>, J.-P. Pedelucq<sup>e</sup>, E. Maupas<sup>f</sup>, D. Goossens<sup>g</sup>, J. Pelissier<sup>h</sup>, C. Fattal<sup>a</sup>

<sup>a</sup> CMN Propara, 263, rue du Caducée, 34090 Montpellier, France

<sup>b</sup> EA 2415 « Biostatistiques, épidémiologie, économie de la santé », Nîmes, France

<sup>c</sup> Centre de rééducation Clemenceau, Strasbourg, France

<sup>d</sup> Centre de rééducation Cap Peyrefitte, Cerbère, France

<sup>e</sup> Centre de rééducation fonctionnelle de Kerpape, Ploemeur, France

<sup>f</sup> Centre mutualiste de rééducation, Albi, France

<sup>g</sup> Centre de rééducation de la Tour de Gassie, Bruges, France

<sup>h</sup> Laboratoire M2H, école doctorale science du mouvement humain, Montpellier, France

\*Corresponding author.

E-mail address: [a.gelis@propara.languedoc-mutualite.fr](mailto:a.gelis@propara.languedoc-mutualite.fr).