Can the repositioning of patients with pressure ulcers contribute to wound healing?

A Cochrane review searched for evidence on the effects of repositioning on pressure ulcers but discovered a lack of high quality research on this area of care.

‘The lack of high quality evidence makes it difficult to draw conclusions about the effectiveness of repositioning patients on the healing of pressure ulcers’

The primary outcomes were objective measures of pressure ulcer healing and included:
- Time to complete healing;
- Absolute or percentage change in pressure ulcer area or volume;
- Proportion of pressure ulcers healed;
- Healing rate.

Secondary outcomes included:
- Procedural pain;
- Assessment of quality of life;
- Ease of use of the method of repositioning;
- Adverse events such as falls, length of hospital stay or death.

SUMMARY OF KEY EVIDENCE

The initial search identified 91 titles; however, the review authors identified no studies that met the inclusion criteria.

BEST PRACTICE RECOMMENDATIONS

The lack of high quality evidence makes it difficult to draw conclusions about the effectiveness of repositioning patients on the healing of pressure ulcers.

Although repositioning is an integral component of pressure ulcer management strategies and is widely used in clinical practice, there are no available RCTs or CCTs that provide specific guidance for practice.

High quality comparative research of repositioning on pressure ulcer healing is needed.

The full review report, including references, can be accessed at tinyurl.com/repos-cochrane

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REFERENCE


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