

FOR IMMEDIATE RELEASE

Shifting The Original Paradigm: Pressure Ulcer Staging = **STOP**: Pressure Ulcer Staging

STOP Panel Convenes to Address Pressure Ulcer Staging

YORK, PA. and TORONTO, ONTARIO June 4, 2010 – An international, interprofessional expert panel assembled to explore issues surrounding the staging of pressure ulcers in Baltimore from March 19-21, 2010. The panel's work is being supported through an unrestricted educational grant from Gaymar Industries. Following the initial meeting, the expert panel has chosen the name **STOP: Shifting The Original Paradigm: Pressure Ulcer Staging**. The fifteen STOP Panel members, internationally recognized thought-leaders in wound care, were charged with developing consensus statements surrounding pressure ulcer staging.

STOP Panel members include:

- Diane L. Krasner PhD RN CWCN CWS MAPWCA FAAN, Co-Chair
- R. Gary Sibbald BSc MD FRCPC (Med, Derm) MACP, FAAD, MEd, MAPWCA, Co-Chair
- Cynthia Sylvia MSc MA RN CWOCN, Panel Facilitator
- Kevin Woo PhD RN ACNP GNC(C) FAPWCA, Medical Writer
- Michael S. Brogan DPT PhD CWS FACCWS
- Karen J. Farid BSN MA CWON DNP(c)
- Caroline E. Fife MD
- Amit Gefen PhD
- Karen Lou Kennedy-Evans RN CS FNP
- Jan Kottner RN PhD
- Steven R. Kravitz DPM FAPWCA FACFAS
- Thomas Serena MD FACS
- Ronald J. Shannon MPH
- Thomas P. Stewart PhD
- David R. Thomas MD FACP AGSF GSAF

Specifically, the panel was challenged to consider the following statements:

- Most Stage III and Stage IV pressure ulcers do not go through the progression of, or development from, Stage I or Stage II pressure ulcers.
- They begin *de novo* in the deeper tissue and present initially as Deep Tissue Injury (DTI) or as Stage III or Stage IV pressure ulcers.
- In some instances, they may have had their origins as DTI as presently defined by the National Pressure Ulcer Advisory Panel. However, in many instances they defy detection as DTI and present as "closed/covered ulcers" that present very quickly as Stage III or Stage IV ulcers, confounding the ability for early detection.
- Therefore our surveillance methods, prevention regimes, timeframes for intervention, theories about support surface performance, topical treatments, and approaches to the entire clinical course, may need to be restated.

The key objective of this panel is to provide policy makers, payers, professionals and patients with evidence-based information on which prevention, treatment, legal and regulatory decisions should be based. The initial work of the STOP Panel will be presented in Fall 2010 for public comment at various international wound care conferences. The document will then be revised and consensus will be reached using a modified Delphi process with a group of internationally distinguished reviewers.

The STOP Preliminary Consensus Statement will be available for review this Fall 2010 on the Gaymar website at www.gaymar.com/STOP. Comments and questions may be directed to Dr. Krasner at dlkrasner@aol.com.

#