

# Extract from a stand-alone literature review [Nursing]

## Academic Skills Quick Guide

### An example extract with annotations

Topic title: A review of factors associated with decubitus ulcers and the role of nursing care. (2000 words)

#### Annotations

The introduction here has two paragraphs.

The first:

- sets the context
- states the purpose
- gives an overview of the review

The second:

- defines the key concept
- explains how decubitus ulcers form

→ this sets the context for identifying key factors implicated in ulcer development: the focus of the subsequent review.

An overview of the idea being presented is given before the details are provided. This helps to orientate the reader.

This second paragraph in the introduction could form the first paragraph in the body of the review. In this extract the paragraph fits well here by defining, explaining and setting the context for the review.

References throughout this paragraph are used to substantiate the ideas presented. Although not a requirement of APA 6th referencing, you may be encouraged to provide a page or paragraph number when paraphrasing. Check with your lecturer to see if page numbers are required.

In this extract, headings are used to organise the content of the review and orientate the reader.

Here the writer provides a lead-in to give an overview of where the review is now headed. This also provides a link from the previous section helping to connect to the flow of ideas.

**Headings and subheadings** are used sometimes (as in this extract) to organise information and orientate the reader. **Check** the requirements **for your task**. If headings aren't permitted, you can write a draft with headings to help organise your ideas then remove them (make sure to check the review is still coherent once they are removed).

#### Introduction

Development of decubitus ulcers is a major concern in nursing today. These ulcers significantly depress people's quality of life; prolong hospitalisations, cause infections, and even death. Therefore, it is imperative that nurses acquire appropriate knowledge and develop sufficient skills to assess susceptibilities and implement prevention strategies. This literature review describes decubitus ulcers, outlines the predisposing factors for developing decubitus ulcers and considers the role of nursing care in their prevention.

A decubitus ulcer, often referred to as a pressure ulcer or a pressure sore, is defined as "an area of unrelieved pressure over a defined area, usually over a bony prominence, resulting in ischemia, cell death, and tissue necrosis" (NPUAP, 1989, cited in Salcido, 2005, p. 1). **It is widely accepted that the primary cause of decubitus ulcer formation is a combination of the intensity of pressure and the duration of pressure** (Armstrong & Bortz, 2001, p. 647; Braden et al., 2000, p. 105; Clay, 2004, p. 96; Santamaria, 2004, p. 1347). A decubitus ulcer is a consequence of ischemia and anoxia to tissue (Ebersole & Hess, 2001, p. 243; Pedley, 1999, p. 433; Santamaria, 2004, p. 1435). External pressure, greater than that of capillary pressure, would slow down blood flow in the capillaries and also lymphatic flow through the lymph nodes (Santamaria, 2004, p. 1435). As a result, this leads to an inadequate supply of oxygen and nutrients and insufficient evacuation of metabolic wastes, resulting in tissue ischaemia and in turn, necrosis (Defloor, 1999, p. 208; Ebersole & Hess, 2001, p. 243; Keller et al., 2002, p. 1381; Pedley, 1999, p. 433; Santamaria, 2004, p. 1435). Ischaemia may be evident by skin discoloration such as erythema in light skin or purple in darkly pigmented skin. Erythema is followed by oedema, then blister, and ultimately, ulceration if the blisters slough (Ebersole & Hess, 2001, p. 243). Defloor (2009) explains that 'the intensity of the pressure and the duration the pressure is sustained to cause damage depends on the individual's tissue tolerance' (p. 207). Although decubitus ulcers can develop anywhere on the body, the sacral areas and heels are the most susceptible because these areas intensively receive body weight while resting in a bed or on a chair (Clay, 2004, p. 96; Ebersole & Hess, 2001, p. 243; Ferguson et al., 2000, p. 164; Lindgren et al., 2004, p. 59; Pedley, 1999, p. 438; Perry, 2004, p. 164).

#### Risk factors for the development of decubitus ulcers.

There are distinct factors that can contribute to the development of decubitus ulcers. The following six factors: immobility; poor sensory input; shear and friction forces; poor nutritional status; advancing age; and impaired capillary circulation are consistently reported in the literature as key risk factors for pressure ulcer development and will be the focus of this review.

The writer begins this subsection with an overall assessment of the evidence from the literature on this risk factor. This provides the reader with the focus for this subsection.

Note the reporting verbs used to integrate the literature into the review (e.g. reported that, contends that, states that, shows that)...

Using 'twice as likely', rather than saying something like 'more likely' provides clearer evidence.

References are integrated (not just listed and summarised) to substantiate ideas presented:

- Individual authors are mentioned when they have a particular point to make.
- Clarity of evidence is improved when the magnitude of an effect or data can be provided to substantiate a claim.

By providing data or quantifying the risk here the review could be strengthened. "Greater risk" provides only descriptive evidence of risk.

Note the acknowledgement and rebuttal of this explanation – this provides evidence of critical analysis of the topic.

The review should also identify any major disagreements in the literature or gaps in knowledge – this will help to show your critical evaluation.

The conclusion should provide a final summary of all conclusions drawn from the review. Here the writer has done so in part, and the conclusions stated are over generalised, without any specific details offered.

All primary references cited appear in the reference list.

The reference list appears on a new page at the end of the review.

**Immobility,  
Poor Sensory Input,  
Shear and Friction Forces,  
Poor Nutritional Status**

Sub-headings in this section follow to identify each risk factor. The full review contains text for each of these factors directly following the subheading (as is shown for Poor Nutritional Status).

Several authors state that there is a strong relationship between nutritional status and pressure ulcer development (Braden et al., 2000, p. 107; Ferguson et al., 2000, p. 166; Santamaria, 2004, p.1445). Thomas (1997, cited in Ferguson et al., 2000, p. 166) shows that patients with malnutrition at hospital admission are twice as likely to develop pressure ulcers as well-nourished patients. Poor nutritional status often leads to hypoalbuminemia and anaemia (Braden et al., 2000, p. 107). According to Santamaria (2004, p. 1446), total protein levels below 5.4g/100ml can drop colloid osmotic pressure. Consequently, fluid shifts from the extracellular fluid volume to the tissue, resulting in interstitial oedema. It is reported (e.g. Anthony et al., 2000, p. 359; Lindgren et al., 2004, p. 61; Santamaria, 2004, p.1446) that a person with low serum albumin level (below 3g/100mL) is at greater risk of decubitus ulcers. Anthony et al. (2000, p. 363) assessed serum albumin in elderly inpatients and attested that serum albumin can be one of the reliable predictors for risk of developing decubitus ulcers.

Although it is recognised that deficiencies of vitamin A, vitamin C and zinc delay wound healing, there is no strong evidence that these deficiencies affect the development of decubitus ulcers (Defloor, 1999, p. 212; Ferguson et al., 2000, p. 171). People with poor nutrition often face serious muscle atrophy (in particular when coupled with immobilisation) and decreases in subcutaneous tissue mass (Santamaria, 2004, p. 1446). On account of these changes, tissues between the skin and underlying bone are diminished and the effects of pressure are increased on remaining tissues.

**Advancing Age  
Impaired Capillary Circulation**

**The Role of Nursing Care**

This is the next heading in the body of the literature review. Subsequent text would discuss this aspect.

**Conclusion**

Immobility, poor sensory input, shear and friction forces, poor nutritional status, advancing age and impaired capillary circulation are significant factors in the development of decubitus ulcers. Nurses should always pay attention to these risk factors in order to prevent the development of decubitus ulcers.

**To improve this conclusion**, further details could be provided to make it more comprehensive. For example, reiterate links between the underlying causes of the ulcer and how this relates to the risk factors; identify specifics of how a nurse may 'pay attention' to prevent ulcers in their clinical role. Where the review has identified gaps in the literature or disagreements, these should also be summarised in the conclusion. N.B. remember new information should not be introduced in the conclusion.

**Reference List**

This example has been provided to demonstrate features of academic writing only and is not intended to be an example of appropriate and/or accurate content and references.

**Related Quick Guide**

[Writing a Literature Review](#)