While the information presented in this evidence based research project does not relate specifically to sacral Mepilex in the ICU population, it does provide valuable information to reiterate the importance of knowledge of protecting skin integrity in the hospital population. The articles reviewed discuss patients in the ICU being at an increased risk of pressure ulcer development due to their compromised health status. Having an understanding of the factors increasing the likelihood of pressure ulcer development allows the nurse to focus on and implement nursing cares on these high-risk patients. Evidence from the review of these articles includes the following:

* Lab values such as low lymphocytes, decreased hemoglobin, albumin and prealbumin (Shahin, Dassen, & Halfens, 2009) along with high blood glucose levels and C-reactive proteins were associated with an increased risk of pressure ulcer development (Alderden et al., 2011, p. 37).
* Most pressure ulcers studied are stage II (45%) and more likely to be healed by discharge than any other stage of pressure ulcer studied (Alderden et al., 2011 p. 37).
* Pressure ulcers are most likely to develop on bony prominences including the sacrum, heel, and ischium (Alderden et al., 2011, p. 39; Shahin, Dassen, & Halfens, 2009, p. 418).
* Fifty-five percent of pressure ulcers in the ICU develop within two weeks of admission (Shahin, Dassen, & Halfens, 2009, p. 419).
* Patients requiring vasopressor therapy were five times as likely for development of unhealed pressure ulcers (Alderden et al., 2011, p. 37).
* Patients with a spinal cord injury are 15 times as likely to develop unhealed pressure ulcers while those over 40 years of age were seven times more likely to develop unhealed pressure ulcers (Alderden et al., 2011, p. 37).
* Zero out of 41patients with sacral Mepilex applied developed pressure ulcers indicating these dressings may be beneficial in aiding in the prevention of pressure ulcer development (Brindle, 2010, p. 4).
* “No product could ever replace bedside nursing care” (Brindle, 2010, p. 7).
* Hydrocolloid dressings are more effective at healing pressure ulcers than standard dressings (Shahin, Dassen, & Halfens, 2009, p. 419).
* Pressure ulcers are the third most expensive disorder behind cancer and cardiovascular disease (Shahin, Dassen, & Halfens, 2009, p. 414) costing up to “$70,00 per wound” (Courtney, Ruppman, & Cooper, 2006, p. 1).

The evidence presented above identifies nursing practices must remain the mainstay for pressure ulcer prevention in the ICU. The focus must remain on pressure ulcer prevention in these highly compromised patients.