Table 1

Baseline Characteristics of patients with pressure ulcer Stage 3 or 4, with wound infection/chronic osteomyelitis

Variable	**Value**
Median age (median and range)	14 years, range: 2 – 18 years
Race (n, %)	White (47, 67.1%) Black or African American (20, 28.6%) Asian (2, 2.9%) Other (1, 1.4%)
Ethnicity (n, %)	Not Hispanic or Latino (37, 51%) Hispanic or Latino (33, 49%)
Underlying Conditions (n, %)[1]	Spina bifida with hydrocephalus (19, 52.78%) Cerebral Palsy (6, 16.68%) Other (6, 16.6%) Spina bifida without hydrocephalus (2, 5.56%) None (2, 5.56%) Paraplegia (1, 2.78%)
Ambulatory (Y/N)[2]	N (26, 83%) Y (5, 15%) Unknown (1, 2%)
Duration of wound prior to wound care encounter (in years and range)[3]	< 1 year (9, 50%) 1-3 years (6, 33.3%) > 3 years (3, 16.67%)
Median number of wound care clinic visits for the same wound (median and range)	13 wound care and/or plastic surgery encounters, ranging from 0 to 55 clinic visits
Location of wound (n, %) Sacral[4]	Sacral (11, 31.4%) Heel / foot (10, 28.6%) Ischium / buttock 10, 28.6(%) Hip (3, 8.6%) Other (1, 2.9%)
Clinical wound infection (Y/N)[5]	Y (26, 57.78%) N (19, 42.22%)
Infectious diseases consultation (Y/N)[6]	N (26, 57.78%) Y (19, 42.22%)
Imaging confirmation of chronic osteomyelitis (n, %)[7]	None (9, 33.4%) X-ray (9, 33.3%)

[1] Underlying conditions data based upon 36 patients.
[2] The patient's ambulatory status was obtained from 32 patients.
[3] The wound duration prior to the patient's first wound care encounter (seen in either plastic surgery or wound care clinics) was obtained from 18 patients.
[4] Data analysis was based upon 35 patients.
[5] The patient's clinic wound infection data was obtained from 45 patients. A patient was diagnosed with a wound infection based upon wound or tissue culture results.
[6] Data was obtained from 45 patients. Infectious disease (ID) consultations were made in either the outpatient or inpatient settings.
[7] Imaging was obtained in only 27 patients.

	MRI (7, 25.9%) Multiple (2, 7.4%)
Malnutrition diagnosed by nutrition (Y/N)[8]	N (25, 79%) Y (7, 21%)
Obesity diagnosed (BMI) (Y/N)[9]	N (22, 46.8%) Y (11, 23.4%) Not documented (14, 29.78%)
Hyperglycemia (Y/N)[10]	N (24, 75%) Y (1, 3.1%) ND (7, 21.9%)
Superficial wound culture positivity (Positive or not)[11]	Positive (12, 80%) Negative (3, 20%)
Median number of superficial wound cultures done (median, %)	1
OR/IR culture positivity (Y/N)[12]	Y (15, 93.75%) N (1, 6.25%)
Blood culture positivity (Y/N)[13]	Y (6, 12.5%) N (42, 87.5%)
Microbiology of superficial wound cultures that were positive[14]	Pseudomonas aeruginosa (4, 44.44%) Methicillin susceptible Staphylococcus aureus (3, 33.3%) Coagulase-negative staphylococci (CoNS) (2, 22.22%) Other (4, 44.44%)
Duration of oral antibiotics[15]	< 2 weeks (4, 23.53%) 2-4 weeks (4, 23.53%) 4-6 weeks (3, 17.65%) >6 weeks (5, 29.4%)
Readmission or EC for worsening of wound (Y/N)[16]	Y (6, 18%) N (25, 82%)

[8] A patient's malnutrition status data was obtained from 32 patients.
[9] 47 patients had data regarding their body mass index (BMI) for the initial wound or plastic surgery clinic encounter. There were several clinic visits where there was no documented BMI.
[10] The patient's presence of hyperglycemia (>200 mg/dl on random collection within 72 hours of a clinic appointment) was obtained from 32 patients.
[11] There were 15 patients who had superficial wound cultures collected. The numbers and percentages are as reflected above.
[12] There were 16 patients who had tissue or bone cultures collected by either interventional radiology (IR) or through surgical debridement. The numbers and percentages are as reflected above.
[13] There were 48 blood cultures collected in relation to a wound. The percent that were positive versus those that were negative are as above.
[14] There were 15 patients who had superficial wound cultures collected. Cultures were often polymicrobial.
[15] There were 16 patients who were on antibiotic therapy. The durations are as reflected above.
[16] Data collection is based upon 31 patients.