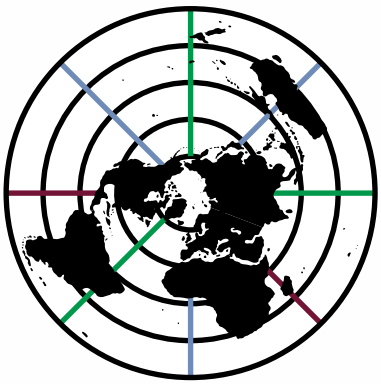
Prevention and Treatment of Pressure Ulcers/Injuries:

Quick Reference Guide Prevention Recommendations

The International Guideline

Fourth edition



25 February 2026

RECOMMENDATIONS AND GOOD PRACTICE STATEMENTS FOR PREVENTION OF PRESSURE ULCERS/INJURIES

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Introduction

The following recommendations and good practice statements are extracted from the full Clinical Practice Guideline (CPG) for convenience of use in clinical practice. The recommendations and good practice statements are not intended for use without reviewing and considering the evidence summaries, implementation considerations and evidence discussion that are included in the full CPG chapters. Full CPG chapters and the guideline methodology are available from https://internationalguideline.com

Supporting Evidence:

- **Recommendations** are based on analysis of evidence from Tiers 1 (systematic review with meta-analysis), 2 (systematic review without meta-analysis) and/or 3A (randomized controlled trials) or 3B (comparative clinical trials) evidence.
- **Good Practice Statements** are designed to fill gaps in areas of practice not addressed by Tiers 1, 2, and 3A research. They are often supported by evidence from other study designs (3B and 3C) and the clinical expertise of the Guideline Governance Group, Panel Groups and stakeholders. **When supported by Tier 3 evidence, Good Practice Statements are comparable to the evidence-based recommendations in the 2019 Guideline that were rated with B1, B2 or C Strength of Evidence**.

Recommendations and Good Practice Statements (GPS): Together, Recommendations and Good Practice Statements provide a comprehensive approach to "what to do" for individuals at risk for pressure injuries.

Implementation Considerations (in the full CPG and on the interactive guideline website) provide additional guidance on "how, when and under what conditions to" implement/or not implement a recommendation or GPS. Implementation considerations also include practical guidance to address the special implementation needs in different care settings and populations.

Risk Assessment

RISK ASSESSMENT

***Note**: Recommendations and Good Practice Statements Approved. CPG chapter pending final approval.*

No.	Recommendation or Good Practice Statement	Category	Certainty of Evidence	Strength of Recommendation
RISK1	It is good practice to conduct a *pressure injury risk screening* as soon as possible after admission to the care service and periodically thereafter to identify individuals at risk of developing pressure injuries. Rescreening should occur with any significant changes in the individual's condition. (Step 1) • Screening should quickly and accurately identify individuals who are likely to be at risk. • At a minimum, screening should include a reliable measure of mobility or activity limitations, presence of medical devices and existing pressure injuries.	GPS	Clinical expertise	N/A
RISK2	It is good practice to conduct a *full pressure injury risk assessment* as guided by the screening outcome after admission, periodically and after any change in condition. Any individuals screened as "likely at risk" should have a full pressure injury risk assessment. (Step 2) A full pressure injury risk assessment should: • Use a structured approach. • Include a comprehensive skin assessment. (See chapter on Skin and Tissue Assessment) • Supplement use of standardized risk assessment tools ('risk scales'), if used, with assessment of additional risk factors relevant for the population and setting. • Interpret the assessment outcomes using clinical judgment. • Document findings. Examples of structured, full pressure injury risk assessments may include: 1. A summary of relevant evidence-based risk factors 2. Quantitative risk assessment tools 3. Qualitative risk assessment tool(s) 4. AI and Machine Learning based risk assessment	GPS	Supported by Tier 2,3 evidence	N/A

RISK ASSESSMENT

***Note**: Recommendations and Good Practice Statements Approved. CPG chapter pending final approval.*

No.	Recommendation or Good Practice Statement	Category	Certainty of Evidence	Strength of Recommendation
RISK3	It is good practice to *develop and implement a risk-based prevention plan* for individuals identified as being at risk of developing pressure injuries. (Step 3) Examples of prevention planning strategies include but are not limited to: 1. Care bundles: A collection/protocol of three or more generic interventions that apply to most at-risk individuals. 2. Risk-based: Interventions or bundles of interventions are explicitly driven by risk assessment tool items, subscales or specific individual risk factors. 3. Clinical algorithms: Clinical algorithms guide clinicians through a series of evidence-based interventions appropriate to the individual's risk profile and health status.	GPS	Supported by Tier 2,3 evidence	N/A
RISK4	It is good practice to use *clinical judgment* at each step of the risk assessment and prevention planning process.	GPS	Clinical expertise	N/A
RISK5	It is good practice to *document* ongoing risk assessments and prevention plans.	GPS	Clinical expertise	N/A
RISK6	It is good practice to assess additional risk factors that are unique to special populations and settings.	GPS	Supported by Tier 3 evidence	N/A
RISK6.1	Additional Risk Factors for Individuals in the Operating Room: It is good practice to consider time spent immobilized before surgery, the duration of surgery, the American Society of Anesthesiologist (ASA) Physical Status Classification, and multiple comorbidities (e.g., respiratory disease, cardiovascular disease, diabetes mellitus) on surgery-related pressure injury risk.	GPS	Supported by Tier 1,2,3 evidence	N/A
RISK6.2	Additional Risk Factors for Adults in Critical Care: It is good practice to consider duration of critical care unit stay; mechanical ventilation; inadequate oxygenation; poor perfusion; shock states; vasopressor use, type, dose and duration; Acute Physiology and Chronic Health Evaluation (APACHE II, III, or IV) Scale; Simplified Acute Physiology Score (SAPS) and Sequential Organ Failure Assessment (SOFA) Scale.	GPS	Supported by Tier 1,2,3 evidence	N/A

RISK ASSESSMENT

***Note**: Recommendations and Good Practice Statements Approved. CPG chapter pending final approval.*

No.	Recommendation or Good Practice Statement	Category	Certainty of Evidence	Strength of Recommendation
RISK6.3	Additional Risk Factors for Neonates and Children: It is good practice to consider the impact of skin maturity, perfusion and oxygenation, presence of a medical device, illness severity, surgery and duration of critical care stay. • Risk factors for pressure injury development may vary by age group in the pediatric population. • Medical devices are the leading cause of pressure injury in the pediatric population. • Different risk factor profiles are seen in device-related pressure injury versus immobility-related pressure injuries in the pediatric population.	GPS	Supported by Tier 1,2,3 evidence	N/A
RISK6.4	Additional Risk Factors for Individuals with Spinal Cord Injury: It is good practice to consider higher level of injury, more severe ASIA (American Spinal Injury Association Impairment) Scale, mechanical ventilation, and lower FIM (Functional Independence Measure) scores.	GPS	Supported by Tier 2,3 evidence	N/A
RISK6.5	Additional Risk Factors for Heel Pressure Injuries: It is good practice to consider factors that decrease perfusion and increase friction and shear to the heel area. Consider peripheral arterial disease, systemic perfusion issues (e.g., shock states), use of vasopressors, diabetes mellitus, and high potential for friction and shear.	GPS	Supported by Tier 2,3 evidence	N/A
RISK6.6	Additional Risk Factors for Device Related Pressure Injuries (DRPI): It is good practice to consider the presence of a device as a risk factor. Independent risk factors for DRPI include edema, vasopressors, surgery, ventilator use, prone position ventilation, higher APACHE II/III scores, higher SOFA (Sequential Organ Failure Assessment) scores, greater duration of device use, and greater number of total devices in use. • Regardless of age or clinical setting, an individual should be considered at risk of a PI as soon as a device has been applied.	GPS	Supported by Tier 1,2,3 evidence	N/A

RISK ASSESSMENT ***Note**: Recommendations and Good Practice Statements Approved. CPG chapter pending final approval.*				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
	• General factors that influence DRPI include the (1) design and materials used to make the device, (2) how the device is fitted, secured and monitored, (3) characteristics of the interface between the device and skin (e.g., adhesive, pressure points, heat and moisture), and (4) intrinsic patient tissue tolerance factors. • Risk factors for device-related vs. immobility-related pressure injuries have some similarities, but also important differences. • Constellations of risk factors may vary depending on the device. (*See guideline chapter on device related pressure injuries*).			

Preventive Skin Care

PREVENTIVE SKIN CARE				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
SK1	It is good practice to evaluate the skin regularly and to implement a structured skin care regimen.	GPS	Clinical expertise	N/A
SK2	**We suggest using a multilayered soft silicone foam dressing on sacrum and heels for individuals assessed as having a high risk of pressure injuries, where resources permit.**	**Conditional recommendation**	**Very low** Supported by Tier 1 and 3A evidence	↑
SK3	**We suggest considering the use of low friction fabrics for individuals at risk of pressure injuries who are unable to reposition independently.**	**Conditional recommendation**	**Very low** Supported by Tier 1, 3A and 3B evidence	↑
SK4	We make no recommendation on the routine use of leave-on topical skin products to prevent pressure injuries.	NR	Extremely low confidence in effect estimates. Unclear mechanism of action.	N/A

Nutrition in Pressure Injury Prevention

NUTRITION IN PRESSURE INJURY PREVENTION				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
N1	It is good practice to conduct nutrition screening for individuals at risk of a pressure injury.	GPS	Supported by Tier 3 evidence	N/A
N2	It is good practice to conduct a comprehensive nutrition assessment for individuals at risk of a pressure injury who are screened to be at risk of malnutrition. Use the findings to develop an individualized nutrition care plan.	GPS	Supported by Tier 3 evidence	N/A
N3	It is good practice to encourage individuals at risk of a pressure injury to consume a balanced diet that includes nutrient dense food and adequate hydration.	GPS	Clinical expertise	N/A
N4	**We suggest that nutritional supplementation be implemented for individuals at risk of pressure injuries who have been identified as malnourished or at risk of malnutrition when nutritional needs are not met by usual dietary intake.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑
N5	**We suggest implementing protein supplementation for individuals at risk of pressure injuries who have been identified as malnourished or at risk of malnutrition.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑
N6	**We suggest that carbohydrate-based energy and micronutrient supplementation should be reserved for individuals with known malnutrition or micronutrient deficiencies, in addition to supplementation that meets their protein needs.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑
N7	**We recommend against tube feeding <u>for the specific purpose</u> of preventing pressure injuries in individuals with or at risk of malnutrition and at pressure injury risk.**	**Strong recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑↑
N7.1	• This recommendation is not intended for individuals who are receiving tube feeding as a part of their usual clinical care, critically ill individuals, or for pediatric and neonatal populations for whom tube feeding is a requirement.	Clarifier		N/A
N8	It is good practice to make every reasonable effort to maintain and promote oral nutrition. When oral intake is inadequate, providers should not presume	GPS	Supported by Tier 3 evidence and clinical expertise,	N/A

NUTRITION IN PRESSURE INJURY PREVENTION				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
	that there is an imperative to implement tube feeding; any decision should be preceded by a comprehensive, multidisciplinary assessment of goals of care, benefits, risks and preferences related to the individual.			

Repositioning for Preventing Pressure Injuries

REPOSITIONING FOR PREVENTING PRESSURE INJURIES				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
R1	It is good practice to reposition individuals at risk of pressure injuries regardless of the type of pressure redistribution full body support surface being used. The interval between repositioning might be adjusted depending on the pressure redistribution capabilities of the support surface and the individual's response. However, no support surface can entirely replace repositioning.	GPS	Supported by Tier 3 evidence	N/A
R2	It is good practice to reposition the individual in such a way that optimal offloading of pressure points and maximum redistribution of pressure are achieved.	GPS	Supported by Tier 3 evidence	N/A
R3	It is good practice to use specialized equipment designed to reduce friction and shear when repositioning individuals. If manual handling is necessary, techniques that minimize friction and shear should be applied.	GPS	Supported by Tier 3 evidence	N/A
R4	It is good practice to reposition all individuals with or at risk of pressure injuries using an individualized regimen.	GPS	Supported by Tier 3 evidence	N/A
R5	It is good practice to determine appropriate and individualized repositioning intervals based on comprehensive assessments of the individual's: • level of activity and mobility, • ability to independently reposition, • skin and tissue tolerance, • clinical condition, • comfort, • sleep patterns,	GPS	Supported by Tier 3 evidence	N/A

REPOSITIONING FOR PREVENTING PRESSURE INJURIES				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
	• goals of care, and • the support surface in use.			
R6	It is good practice to assess for signs of early skin and tissue injury that may mean the individual requires more frequent repositioning or preferential positioning off damaged areas.	GPS	Supported by Tier 3 evidence	N/A
R7	**We suggest that either repositioning at two hourly or three hourly intervals could be implemented for most individuals at risk of pressure injuries, if they are also on an appropriate pressure redistribution full body support surface.**	**Conditional Recommendation**	**Very low** Supported by Tiers 1 and 3A evidence	↑
R7.1	• Individualize frequency of repositioning based on a clinical assessment, as specified in the good practice statements.	Clarifier		N/A
R7.2	• Critically ill individuals or others with systemic hypoperfusion or shock states may require more frequent, incremental repositioning and supplementation of full body repositioning with assisted small shifts in body position.	Clarifier		N/A
R7.3	• Individuals receiving palliative or end of life care should be given the option of repositioning frequency intervals that are best suited to their goals of care and comfort needs, and with full knowledge of pressure injury risk incurred with less frequent repositioning.	Clarifier		N/A
R8	**We suggest <u>not routinely</u> extending repositioning intervals to four, five or six hourly for individuals at risk of pressure injuries.**	**Conditional recommendation**	**Very low** Supported by Tiers 1 and 3A evidence	↑
R.8.1	• Progressive extension of repositioning intervals may be appropriate for some individuals based on decreasing pressure injury risk, increased capacity for effective self-repositioning and maintenance of normal skin and tissue status.	Clarifier	Supported by Tier 3 evidence	N/A
R9	It is good practice to initiate frequent, small and incremental shifts (micromovements) in body position for critically ill individuals who are too unstable to maintain a regular	GPS	Supported by indirect evidence and clinical expertise.	N/A

REPOSITIONING FOR PREVENTING PRESSURE INJURIES				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
	repositioning regimen, and to supplement regular repositioning.			
R10	**We suggest using 30-degree lateral positioning to prevent pressure injury occurrence in individuals at risk for pressure injuries.**	**Conditional recommendation**	**Very low** Supported by Tiers 1 and 3A evidence	↑
R10.1	• Individualize turning angles to ensure maximum offloading of both the sacrum and the trochanter. 30-degree lateral positioning may not be maintainable or adequately offload the sacrum in individuals with higher body mass index. Modifying to a 40-degree lateral position might be necessary.	Clarifier		N/A
R10.2	• In pre-adolescent children, a 30-degree turn is equivalent to a full body turn due to their smaller body width.	Clarifier		N/A
R11	**We suggest that the head-of-bed elevation be maintained at 30-degrees or lower to prevent pressure injury occurrence; however, higher head-of-bed elevation may be required in some clinical situations (e.g. individuals at higher risk for aspiration).**	**Conditional recommendation**	**Low** Supported by Tiers 1 and 3A evidence	↑
R12	It is good practice to select a prone position when required by the individual's medical condition, and to cease prone positioning as soon as clinically appropriate.	GPS	Supported by Tier 3 evidence	N/A
R13	It is good practice to provide education to the individual and their informal carers on: • the rationale for repositioning, • its significance in preventing pressure injuries, and • strategies to safely and regularly implement repositioning.	GPS	Supported by Tier 3 evidence	N/A
R14	It is good practice to implement repositioning reminder strategies to promote adherence to repositioning regimens.	GPS	Supported by Tier 3 evidence	N/A
R15	**We suggest that a sensor system that monitors the individual's movement could be used to assist in evaluating repositioning needs for individuals at risk of pressure injuries when resources permit.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 3A and 3B evidence	↑

REPOSITIONING FOR PREVENTING PRESSURE INJURIES				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
R16	**We suggest that an early mobilization program be implemented in individuals at risk for pressure injuries based on the individual's activity tolerance.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 3A and 3B evidence	↑

Full Body Support Surfaces for Prevention of Pressure Injuries

FULL BODY SUPPORT SURFACES FOR PREVENTION OF PRESSURE INJURIES				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
SS1	It is good practice for organizations to maintain an inventory of, or access to, a range of full body support surfaces appropriate to the clinical context. The inventory should be maintained, stored and used in accordance with manufacturer recommendations.	GPS	Clinical Expertise	N/A
SS2	It is good practice to use a full body support surface or integrated bed system that appropriately accommodates the weight, height, size and body mass distribution of the individual.	GPS	Clinical Expertise	N/A
SS3	**We recommend using a pressure redistribution foam (reactive) full body support surface for individuals at risk of pressure injuries.**	**Strong recommendation**	**Low** Supported by Tiers 1, 2, 3A evidence	↑↑
SS4	It is good practice to consider the following factors when selecting or changing the mattress, overlay or integrated bed support surface the individual's: • overall risk of pressure injuries, • response of the skin and tissues, • independence, mobility and activity needs, • posture and sleeping position and their effects on pressure redistribution, • need for microclimate management and shear reduction features, and • preferences and care goals.	GPS	Clinical expertise	N/A
SS5	**We suggest using either air (reactive) full body support surfaces or pressure redistribution foam (reactive) full body**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑

FULL BODY SUPPORT SURFACES FOR PREVENTION OF PRESSURE INJURIES				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
	support surfaces for individuals at risk of pressure injuries.			
SS6	**We suggest using either alternating pressure air (active) full body support surfaces or pressure redistribution foam (reactive) full body support surfaces for individuals at risk of pressure injuries.**	**Conditional recommendation**	**Low** Supported by Tiers 1, 2, 3A evidence	↑
SS7	**We suggest using either alternating pressure (active) air or air (reactive) full body support surfaces for individuals at risk of pressure injuries.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑
SS8	**We suggest a medical grade sheepskin could be used for individuals at risk of pressure injuries where geographically available. If used, consider the potential impact on the full body support surface.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑
SS8.1	• A medical grade sheepskin is not recommended when there is a full body support surface with pressure redistribution properties available.	Clarifier		N/A
SS8.2	• Only medical grade sheepskins should be used. Non-medical grade sheepskins do not have the same microclimate management properties and may increase the risk of PIs.	Clarifier		N/A
SS8.3	• Ensure that medical grade sheepskin overlays do not interfere with the pressure redistribution properties of the full body support surface.	Clarifier		N/A
SS9	**We suggest a fiber support surface <u>is not used</u> to prevent pressure injuries in individuals at risk in settings where a pressure redistribution foam (reactive) full body support surface is available.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑
SS10	**We suggest an air fluidized full body support surface <u>is not routinely used</u> to prevent pressure injuries in individuals at risk.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑
SS10.1	• An air fluidized full body support surface might be considered for individuals at very high pressure injury risk (e.g., those who are immobilized with extensive burns) or who have previously experienced a full thickness pressure injury on a different full body support surface.	Clarifier		N/A

FULL BODY SUPPORT SURFACES FOR PREVENTION OF PRESSURE INJURIES				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
SS10.2	• Air fluidized full body support surfaces might be used for individuals with existing full thickness pressure injuries or following surgical reconstruction with flaps/grafts.	Clarifier		N/A
SS11	**We suggest a low air loss (reactive) full body support surface could be used for individuals at risk of pressure injuries, especially when moisture and heat at the skin-surface interface are contributing factors.**	**Conditional recommendation**	**Very low** Supported by Tiers 1, 2, 3A evidence	↑
SS12	It is good practice to use a full body support surface with pressure redistribution features for medical procedures and for an individual at risk of pressure injuries in transit.	GPS	Supported by Tier 3 evidence	N/A
SS13	It is good practice to transfer the individual off a spinal hard board/backboard as soon as medically feasible after admission, in consultation with a qualified health professional.	GPS	Supported by Tier 3 evidence	N/A

Preventing Pressure Injuries in Seated Individuals

PREVENTING PRESSURE INJURIES IN SEATED INDIVIDUALS				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
S1	It is good practice to consider the following factors when selecting a seat or wheelchair that meets the individual's needs for pressure redistribution and shear reduction: • the individual's overall risk of pressure injuries, • independence, mobility and activity needs, • body size, shape and weight distribution, • posture, deformity and asymmetry and its effect on pressure distribution, • need for enhanced features (e.g. dynamic weight shifting), and • the individual's preferences and care goals.	GPS	Supported by Tier 3 evidence	N/A

PREVENTING PRESSURE INJURIES IN SEATED INDIVIDUALS				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
S2	**We recommend using a seating support surface with pressure redistribution properties for individuals at risk of pressure injuries when in a seated position.**	**Strong recommendation**	**Moderate** Supported by Tiers 1 and 3A evidence	↑↑
S3	**We suggest that duration of sitting out of bed should be limited at much as possible for individuals at risk of pressure injuries who cannot reposition themselves while seated.**	**Conditional Recommendation**	**Very Low** Supported by Tier 1 and 3A evidence	↑
S3.1	• Use an appropriate seating support surface in all settings.	Clarifier		N/A
S3.2	• Adapt this recommendation to the individual's setting, ability to reposition and tissue tolerance.	Clarifier		N/A
S3.3	• Acute care: During the initial phases of recovery from injury or debilitating injury, duration of sitting may be more limited.	Clarifier		N/A
S3.4	• Rehabilitation: Sitting times can gradually increase as tissue tolerance and ability to self-reposition improve.	Clarifier		N/A
S3.5	• Community: Long term wheelchair users should individualize seating times balancing tissue tolerance to seating, ability to reposition while seated, lifestyle choices and quality of life.	Clarifier		N/A
S4	It is good practice to frequently reposition individuals at risk of pressure injuries who are seated out of bed. Teach and encourage independent chair/wheelchair users to reposition as often as possible by performing pressure redistribution maneuvers and weight shifts that redistribute pressure as much as possible.	GPS	Supported by indirect evidence & clinical expertise	N/A
S5	It is good practice to position seated individuals in such a way that reduces pressure, shear and friction. This includes: • selecting a chair or wheelchair that provides support and maintains stability, • selecting a reclined seated position in which the individual's legs are elevated and supported so the heels are free from the support surface or, if reclining is not appropriate or possible, ensuring that the individual's feet are well-supported, and/or	GPS	Supported by indirect evidence & clinical expertise	N/A

PREVENTING PRESSURE INJURIES IN SEATED INDIVIDUALS				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
	• using dynamic weight shifting (tilt and recline).			

Preventing Heel Pressure Injuries

PREVENTING HEEL PRESSURE INJURIES				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
H1	It is good practice to elevate the heels of individuals at risk of pressure injuries, so the heels are not in contact with the support surface.	GPS	Supported by Tier 3 evidence	N/A
H2	**We suggest using a heel offloading device that is appropriate to the individual's mobility and activity level.**	**Conditional recommendation**	**Very low** Supported by Tiers 1 and 3A evidence	↑
H3	It is good practice to elevate the heels of individuals at risk of pressure injuries using standard pillows or cushions with sufficient height to ensure the heels are not in contact with the support surface, if a heel offloading device is not available or is inappropriate for the individual's activity and mobility level.	GPS	Supported by indirect evidence & clinical expertise	N/A
H4	**We suggest that a preventive dressing could be used as an adjunct to heel elevation and regular repositioning for preventing heel pressure injuries, where resources permit.**	**Conditional recommendation**	**Low** Supported by Tiers 1, 2, 3A evidence	↑
H5	**We suggest that if a preventive dressing is used for the heels, a soft silicone adhesive multilayered foam dressing should be selected.**	**Conditional recommendation**	**Very Low** Supported by Tiers 1, 2, 3A evidence	↑
H6	We make no recommendation on whether a leave-on topical product should be used to prevent heel pressure injuries.	No recommendation	Extremely low confidence in effect estimates. Unclear mechanism of action.	N/A

Device Related Pressure Injuries

DEVICE RELATE PRESSURE INJURY				
No.	**Recommendation or Good Practice Statement**	**Category**	**Certainty of Evidence**	**Strength of Recommendation**
DRPI1	It is good practice to select a medical device with consideration to its: • design and construction material, • correct sizing/shape for the individual, and • ability to be correctly applied and secured.	GPS	Supported by indirect evidence & clinical expertise	N/A
DRPI2	It is good practice to regularly assess for signs of early skin, tissue and mucus membrane injury by checking underneath and around medical devices and their securements.	GPS	Supported by indirect evidence & clinical expertise	N/A
DRPI3	It is good practice to reduce and/or redistribute pressure at the skin-device interface by: • removing the medical device as soon as medically feasible, • regularly repositioning the medical device, its securements and/or the individual, • physically supporting the medical device in order to minimize pressure and shear, and/or • alternating the type of device in use when possible.	GPS	Supported by indirect evidence & clinical expertise	N/A
DRPI4	**We suggest using an endotracheal tube fixation device to secure an endotracheal tube.**	**Conditional recommendation**	**Very Low** Supported by Tiers 1 and 3B evidence	↑
DRPI4.1	• Do not use an endotracheal tube fixation device when the individual is in the prone position.	Clarifier		N/A
DRPI4.2	• The evidence was specific to adult individuals.	Clarifier		N/A
DRPI5	It is good practice to manage moisture at the skin-device interface.	GPS	Supported by Tier 3 evidence	N/A
DRPI6	**We recommend using a preventive dressing underneath medical devices when the preventive dressing will not interfere with the position or functionality of the medical device.**	**Strong Recommendation**	**Very Low** Supported by Tiers 1 and 3A evidence	↑↑

TOPICS AND CLINICAL QUESTIONS UNDER DEVELOPMENT

1. **Skin and Tissue Assessment:**
   Clinical Questions: What usual bedside techniques should be used when assessing the skin and tissues (e.g. visual and tactile assessment techniques)? What is the impact of technology-assisted bedside skin and tissue assessment techniques (e.g., detection of focal edema/moisture, infrared thermography)? When should a skin and tissue assessment be conducted? **Status – currently considering the stakeholder comments before finalization.**

2. **Classifying Pressure Injuries:** The pressure ulcer/injury classification systems commonly used throughout the world are very similar. The various system definitions will be updated as needed. Illustrations and photos will be updated. **Good Practice Statements** will address differential diagnosis and health professional education to ensure reliability and validity of pressure injury classification across the continuum of skin tones.

3. **Treatment of Pressure Injuries – Priority Topics and Approach (GRADE recommendation or GPS)***
   - Nutrition to support healing (GRADE)
   - Support Surfaces to facilitate healing in bed: bed systems, mattresses, overlays (GRADE)
   - Support Surfaces to facilitate healing in chair (GRADE)
   - Repositioning methods to facilitate healing (GRADE)
   - Principles of chronic wound management including wound assessment, wound bed preparation (debridement and cleansing), assessment and management of infection, wound dressings and topical agents), preventing and treating wound-related pain (GPS)
   - Biophysical agents to support healing: electrical stimulation, negative pressure wound therapy, low frequency ultrasound therapy, high frequency ultrasound therapy (GRADE)
   - Preparing and managing individuals undergoing surgical treatment of PI (grafts, flaps) (GPS)

Template for Treatment PICO Questions:

What is the impact of X treatment (I) on pressure injury healing/resolution outcome measures (as prioritized) (O) compared to usual care or any comparator (C) on individuals with pressure injuries (P)?

Hierarchy of outcome measures

Outcome measures were selected through a literature review and survey of stakeholders (clinicians, industry, patient consumers and informal carers) regarding importance of commonly reported wound healing outcomes, conducted in 2021. Based on the review and survey, the GGG prioritized the following outcomes when evaluating evidence for interventions to support PI healing:

Outcome measures for open ulcers (Category/Stage 2-4 PIs and Unstageable PIs)

A. Time taken to heal/resolve
B. Proportion/percentage of PIs fully healed
C. Percent change in wound size
D. Change in wound-related pain
E. If infected at baseline, changes in signs and symptoms of infection.

Outcomes for closed injuries (Category/Stage 1 PIs and Deep Tissue Pressure Injuries)

A. Proportion/percentage of PIs fully resolved/healed
B. Percent change in surface area size
C. Injury/wound-related pain

***Approaches**

A full **GRADE** process will be undertaken for topics with supporting Tiers 1, 2, or 3A evidence available for analysis. See methodology for criteria for considering Tiers 3B or 3C evidence when Tier 1, 2, 3A evidence is not available.
A **Good Practice Statement** approach (with or without Tier 3 evidence) will be used when available evidence does not meet requirements for GRADE analysis, or for clinical questions with evidence not specific to PIs.