Second update of the International Clinical Practice Guideline for the prevention and treatment of pressure ulcers/injuries 2019

Clinical practice guidelines (CPGs) are widely used in many areas of medicine and health care to support clinical decision making and to improve patient care and outcomes. In 2009, the National Pressure Ulcer Advisory Panel (NPUAP) in the United States and the European Pressure Ulcer Advisory Panel (EPUAP) published the first international CPG for the prevention and treatment of pressure injuries (PIs) (National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel, 2009). The Pan Pacific Pressure Injury Alliance (PPPIA) joined this collaboration and all three organisations published the first update in 2014 (National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance, 2014; Haesler et al, 2017). The summary version of this CPG (Quick Reference Guide) is available for free (http://www.internationalguideline.com/) and it has been translated into 13 languages (http://www.epuap.org/).

The ‘Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline’ published in 2014 (National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and Pan Pacific Pressure Injury Alliance) is due for revision in 2019. The three organisations —EPUAP, NPUAP and PPPIA — agreed to collaborate and update this third edition together. A guideline governance group (GGG) was formed in 2017, consisting of four representatives of each organisation. With the assistance of the methodologist, Emily Haesler, this group is responsible for overseeing the CPG revision process.

The overall objective of the GGG, on behalf of EPUAP, NPUAP and PPPIA, is to develop a high-quality and trustworthy PI guideline and to improve PI care worldwide. Fifteen international associate organisations that share the mission of the GGG support the work and share expertise and perspectives to complement EPUAP, NPUAP or PPPIA. The full guideline development protocol for the third edition of the CPG was finalised in June 2018 (EPUAP, NPUAP, and PPPIA, 2018) and it can be accessed from the International PI CPG website (http://www.internationalguideline.com/).

The guideline will briefly summarise the state-of-the-science of PI aetiology, prevention and treatment and will provide evidence-based recommendations and good clinical practice statements covering PI prevention and treatment, for all age groups, in all healthcare settings, irrespective of the medical diagnoses, comorbidities and/or other health characteristics. The CPG is intended to be used by healthcare professionals and will provide guidance for caregivers and individuals at PI risk and those with existing PI. In addition to the general recommendations, the unique needs of specific populations, such as infants and children, individuals with spinal cord injuries and individuals with obesity will be addressed. Additional special populations and healthcare settings include individuals in the following settings: operating room, palliative care, critical care and community care settings.

Small Working Groups (SWGs) were formed to review the evidence, and to review and draft recommendations and guideline content. In accordance with international standards, consumers (patients, informal caregivers and representatives) are invited to engage in the guideline development process and consumers will be recruited to complete a consumer survey, participate in a consumer SWG and/or register as a stakeholder. Systematic evidence searches are conducted covering the period from July 2013 through August 2018, to add to the previous literature included in the 2009 and 2014 CPG editions.

The risk of bias of all eligible evidence sources is evaluated using a structured approach and ‘levels of evidence’ are assigned. The SWGs will formulate conclusions about the body of available evidence, based on the evidence.
overall quality of evidence. The SWGs are also drafting guideline recommendations. Each recommendation will be supported by a ‘strength of evidence’ rating; that is the strength of the cumulative body of evidence supporting each recommendation, and a ‘strength of recommendation’ rating; that is the extent to which a healthcare professional can be confident that adherence to the recommendation will do more good than harm. The ‘strength of recommendation’ grades will be achieved via a formal consensus process involving the GGG and all SWG members. Based on the previous experiences and latest methodological developments, the GGG and the methodologist has improved the CPG development methods as briefly described. This will result in an enhanced quality CPG, which is expected to be implemented more widely than previously, and will improve the quality of PI prevention and treatment worldwide.

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References