Joyce Black, PhD, DNP, RN, CPSN, CWCN, FAPWCA  
Past President, NPUAP  
Associate Professor, University of Nebraska Medical Center

**Background**
- AHCPR guidelines 1992, 1994  
- Various Wound Groups  
  - WOCN, WHS, Medical Directors  
  - Focus was narrow, not adding to evidence  
- EPUAP on nutrition and prevention  
- Determined a need to update and expand the guidelines  
  - Multinational patient care issues of interest

**Steps**
- Meetings with EPUAP to establish potential roles  
  - Prevention by EPUAP  
  - Treatment by NPUAP  
- Development of small working groups to review literature and draft statements  
- Invitation to any interested person to respond to proposed statements  
  - Responses from 6 continents  
  - Refinement of statements based on input  
- Presentation at NPUAP meeting February 2009

**1994 Treatment Guidelines**
- 82 statements  
  - Assessment  
  - Tissue Loads  
  - Ulcer Care  
  - Infection  
  - Surgery  
  - Education

**Progress in 15 years**
- 6 categories in 1994  
  - 82 recommendations  
    - 3.5% Level A  
    - 14.5% Level B  
    - 81% Level C  
- 12 categories in 2009  
  - 296 recommendations  
    - .06% Level A  
    - 18.5% Level B  
    - 81% Level C

**296 Recommendations on**
- Staging  
- Assessment  
- Nutrition  
- Pain  
- Support Surfaces  
- Cleansing  
- Debridement  
- Dressings  
- Infection  
- Biophysical Agents  
- Surgery  
- Palliative Care
Greater majority are Level C evidence
Important to guide care even when no research is available or could even be conducted

- Level A = RCT’s with little room for error
  - N = 2
- Level B = less rigorous studies
  - N = 55
- Level C = little formal research and expert opinion
  - N = 239

9 statements
- Evidence to teach proper ulcer identification by photos
- Need to teach how to identify pressure ulcers in persons with dark skin

16 statements
- Need for complete assessment of person and ulcer
- How to monitor healing
- Need to adjust expectations of healing/closure
- Consider photographs

20 statements
- Assess adequacy of diet
- Revise and liberalize diet
- Offer vitamin and mineral supplements only when diet is poor

New section
- Assess all patients for pain
- Allow “time out” during painful procedures
- Prevent and manage persistent pain and pain with debridement or dressing changes
Support Surface Guideline

- Many new recommendations
  - Bariatric
  - OR
  - ER
  - ICU
- Wheelchair seating

Cleansing Guideline

- Same recommendations for the most part

Debridement Guideline

- New information on “water knife”

Dressings Guideline

- Specific guidelines on dressings and in which wounds they would work
  - 48 statements
- Antimicrobials
  - Honey
  - Silver
  - Iodine

Infection Guideline

- Use of antibiotics and antimicrobials
- Signs of chronic infection

Biophysical Agents Guideline

- Electrical stimulation, ultrasound
  - Level A on E stim
- NPWT with specifics on care of device and patient
Surgery Guidelines

- What to do before considering surgery
- Postoperative care to prevent flap loss

Gaps that Remain

- Guidelines based on research in pressure ulcers only
  - Could further evidence be found in other wounds?
- RCTs few and far between
  - What wound outcome measure is preferred?
  - Many studies sponsored by industry
- Pediatrics not addressed
- Homeopathic and natural remedies not addressed
- Psychosocial issues not addressed
- System issues could not addressed

Palliative Care Guidelines

- New section
- Guidance on support surface and dressing choices for patients in whom healing is not the goal
- 1 level A statement

Was collaboration helpful?

- The end user will be the final judge
- Differences in philosophies
- Differences in finances and health care systems
- Differences in preferred methods of treatment

Public Policy Needs

- Government sponsored health care prefers to:
  - Base decisions on research
  - Base payment on efficacy
  - Work with experts to understand principles of practice
- The problem with pressure ulcers
  - Few RCTs
  - Poor outcome measures
  - Industry sponsored programs
  - No formal funding in US

Impact Going Forward
Payment for Pressure Ulcers

- In US, pressure ulcers considered a "never event"
  - No payment to hospital when ulcers develop after admission
  - What conditions lead to "unavoidable" pressure ulcers?
- Can professionals determine what clinical conditions lead to unavoidable pressure ulcers?

Comparisons of Like Treatments

- Are all dressings the same?
- Are all forms of NPWT the same?
- Are all low air loss beds the same?
- What else is needed to heal an ulcer?

Education Needs

- Can nurses stage pressure ulcers accurately?
- Do nurses identify risk the same?
- Is a prevention plan based on risk?
- Education on guidelines
  - NPUAP slides almost complete!

Research Needs

- Impact of guidelines on pressure ulcer incidence
  - Levels of risk
  - Patient groups
  - Systems of care
- Improved research designs to answer the questions that can be answered by research
  - Less industry sponsored research

Dissemination of Guidelines

- How to guidelines get into the hands of care providers?
- How do systems become empowered to change usual and customary care?
  - Passive or active education?
  - "Top down" endorsement needed?
  - Nursing serving as active engagers?

Guidelines Identify Current State of the Science

Research is needed to advance the science