

Now the the Pressure Ulcer Guidelines are Written— What's Next?

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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

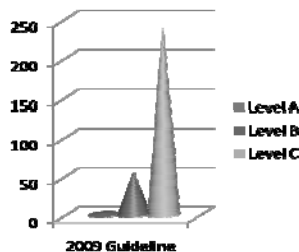
- ▶ 6 categories in 1994
 - 82 recommendations
 - 3.5 % Level A
 - 14.5 % Level B
 - 81% Level C
- ▶ 12 categories in 2009
 - 296 recommendations
 - .06% Level A
 - 18.5% Level B
 - 81% Level C

296 Recommendations on

▶ Staging	▶ Debridement
▶ Assessment	▶ Dressings
▶ Nutrition	▶ Infection
▶ Pain	▶ Biophysical Agents
▶ Support Surfaces	▶ Surgery
▶ Cleansing	▶ Palliative Care

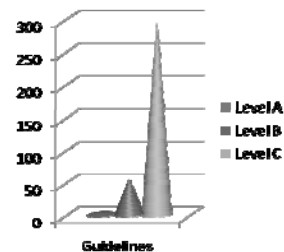
2009 Treatment Guidelines

- Greater majority are Level C evidence
- Important to guide care even when no research is available or could even be conducted



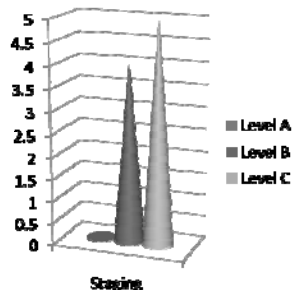
Level of Evidence

- 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



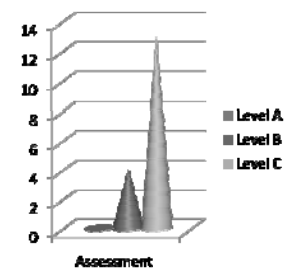
Staging Guidelines

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



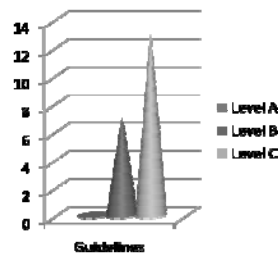
Assessment Guidelines

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



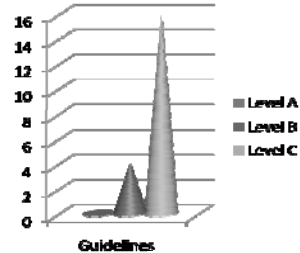
Nutrition Guidelines

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



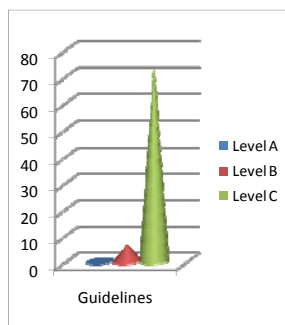
Pain Guideline

- 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



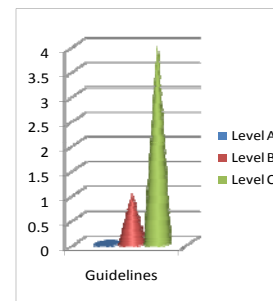
Support Surface Guideline

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



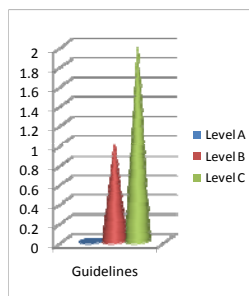
Cleansing Guideline

- ▶ Same recommendations for the most part



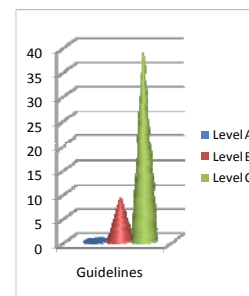
Debridement Guideline

- ▶ New information on "water knife"



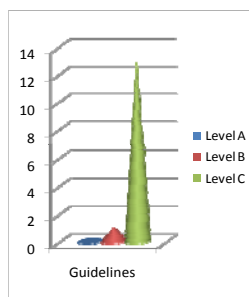
Dressings Guideline

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



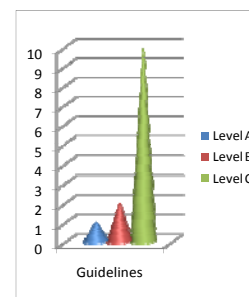
Infection Guideline

- ▶ Use of antibiotics and antimicrobials
- ▶ Signs of chronic infection



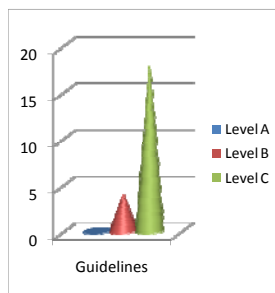
Biophysical Agents Guideline

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



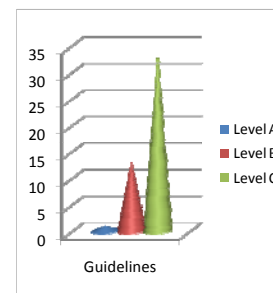
Surgery Guidelines

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



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



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

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

Impact Going Forward

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

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 do 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