

Evidence to Decision Frameworks: Pressure Injury Assessment and Monitoring

Clinical question What are accurate and effective strategies for evaluating/assessing pressure injuries?

Good Practice Statement 10.1 Conduct a comprehensive initial assessment of the individual with a pressure injury.

Background: An assessment of the individual includes identification and assessment of comorbidities and other intrinsic factors that could contribute to the individual's ability to heal. This should include medications, nutritional status, vascular status, mobility and activity, posture, continence status and psychosocial status.

SUPPORTING EVIDENCE, WHEN AVAILABLE

Evidence to support the opinion (when available) None

Justification An assessment of the individual includes identification and assessment of comorbidities and other intrinsic factors that could contribute to the individual's ability to heal.

Clinical question None

Good Practice Statement 10.2 Set treatment goals consistent with the value and goals of the individual, with input from the individual's informal caregivers, and develop a treatment plan that supports these values and goals

Background: If consistent with the individual's wishes, healing the pressure injury can be a care goal, particularly in the palliative care stages. If the pressure injury cannot be healed or treatment does not lead to closure/healing, focus on goals to enhance quality of life.

SUPPORTING EVIDENCE, WHEN AVAILABLE

Evidence to support the opinion (when available) None

Justification Determining the wishes, goals and concerns of the individual and their informal caregiver is an important part of the patient assessment.¹⁻⁹

Clinical question What are accurate and effective strategies for monitoring healing over time?

Recommendation 10.3

Conduct a comprehensive reassessment of the individual if the pressure injury does not show some signs of healing within two weeks despite appropriate local wound care, pressure redistribution, and nutrition.

Option: Using two weeks as a time frame to achieve improvement with appropriate treatment

Comparison: N/A

Background: General signs of healing include decreased length, width, and depth of the pressure injury; progressively less exudate; and changes in tissue type from less devitalized tissues (e.g., eschar and slough) to healthy regenerative tissues (e.g., granulation tissue and epithelialization).

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS										
BENEFITS & HARMS OF THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence of effectiveness?	<table border="0"> <tr> <td>Not applicable</td> <td>Very low</td> <td>Low</td> <td>Moderate</td> <td>High</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not applicable	Very low	Low	Moderate	High	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Evidence on time to healing</p> <ul style="list-style-type: none"> In individuals in with Category/Stage III and IV pressure injuries (n=119 with 152 pressure injuries), pressure injuries without 45% healing at two weeks were less likely to heal completely within 15 months¹⁰ (<i>Level 3 prognostic, low quality</i>). In individuals with Category/Stage III and IV pressure injuries (n = 48 individuals with 56 pressure injuries) the percent reduction in pressure injury surface area at two weeks of treatment was statistically significantly associated with likelihood of reaching complete healing (hazard ration [HR] = 7.67, 95% CI 2.271 to 25.96. p = 0.01)¹¹ (<i>Level 3 prognositic, low quality</i>). <p>Possible adverse effects N/A</p> <p>Strength of Evidence: B2 —Level 3 and 4 studies of any quality providing direct evidence , most studies have consistent outcomes and inconsistencies can be explained</p>	
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PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	<table border="0"> <tr> <td><i>No</i></td> <td><i>Probably No</i></td> <td><i>Uncertain</i></td> <td><i>Probably Yes</i></td> <td><i>Yes</i></td> <td><i>Varies</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<i>No</i>	<i>Probably No</i>	<i>Uncertain</i>	<i>Probably Yes</i>	<i>Yes</i>	<i>Varies</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No evidence available.	
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Strength of recommendation	Strong negative recommendation: Definitely don't it <input type="checkbox"/>	Weak negative recommendation: Probably don't do it <input type="checkbox"/>	No specific recommendation <input type="checkbox"/>	Weak positive recommendation: Probably do it <input type="checkbox"/>	Strong positive recommendation: Definitely do it <input checked="" type="checkbox"/>
Justification	There is evidence from two Level 3 studies ^{10,11} that pressure injuries receiving appropriate care will demonstrate signs of healing within two weeks. One study ¹⁰ indicated that Category III and IV pressure injuries demonstrate as much as 45% reduction in size within the first two weeks of treatment.				

Clinical question What are accurate and effective strategies for evaluating/assessing pressure injuries?

Good Practice Statement 10.4 **Assess the pressure injury initially and re-assess at least weekly to monitor progress toward healing.**

Background: If consistent with the individual's wishes, healing the pressure injury can be a care goal, particularly in the palliative care stages. If the pressure injury cannot be healed or treatment does not lead to closure/healing, focus on goals to enhance quality of life.

SUPPORTING EVIDENCE, WHEN AVAILABLE

Evidence to support the opinion (when available) None

Justification A two-week period is recommended for evaluating progress toward healing. However, weekly assessments or more frequently if clinically indicated, provide an opportunity for the health professional to assess the pressure injury more regularly, detect complications as early as possible, and adjust the treatment plan accordingly.

Clinical question What are accurate and effective strategies for monitoring healing over time?

Recommendation 10.5 **Select a uniform, consistent method for measuring pressure injury size and surface area to facilitate meaningful comparisons of wound measurements across time.**

Option: Different measurement methods
Comparison: N/A

Background: Commonly used pressure injury measurement techniques include manually measuring the length and width of the wound (ruler method), tracing the circumference of the wound onto transparent acetate film, taking a digital photograph of the wound and tracing the wound circumference.

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Justification	Evidence from two Level 4 studies of moderate ¹³ and low ¹⁴ quality indicated that wound tracing methods achieve similar results to ruler methods for calculating a pressure injury size. Evidence from a low quality Level 4 study ¹⁵ showed that two different methods of tracing the wound circumference and calculating the wound surface area achieved significantly different results for the wound surface area; however, both methods were equally effective in monitoring change in wound size over time. These studies suggest that various wound measurement methods are acceptable but using the same technique for repeated measures is important.				

Clinical question What are accurate and effective strategies for evaluating/assessing pressure injuries?

Good Practice Statement 10.6 **Assess the physical characteristics of the wound bed and the surrounding skin and soft tissue at each pressure injury assessment.**

Background: The assessment of the physical characteristics of the pressure injury can identify signs of wound deterioration (e.g., due to infection) that requires re-evaluation of the treatment plan or signs of progress toward healing.

SUPPORTING EVIDENCE, WHEN AVAILABLE

Evidence to support the opinion (when available) None

Justification Clinical judgment is used to assess physical characteristics of the pressure injury. These characteristics provide an indication of the pressure injury condition and its progress towards healing.

Clinical question What are accurate and effective strategies for monitoring healing over time?

Good Practice Statement 10.7 **Monitor the pressure injury healing progress.**

Background: Pressure injury assessment tools/scales have been designed to aid in assessing the progress of pressure injury healing.

SUPPORTING EVIDENCE, WHEN AVAILABLE

Evidence to support the opinion (when available) None

Justification Monitoring a wound provides an indication of the pressure injury condition and its progress towards healing.

Clinical question What are the most commonly recognized and used pressure injury assessment/monitoring tools/scales and how do they relate to one another?
Which pressure injury monitoring tools are most responsive to change over time and most accurately describe the healing trajectory of the wound (i.e., healing, deteriorating, and stalled)?

Recommendation 10.8 Consider using a validated tool to monitor pressure injury healing.

Option: Monitoring healing using a tool
Comparison: Not using a specific tool for monitoring healing

Background: Pressure injury assessment tools/scales have been designed to aid in assessing the progress of pressure injury healing and to evaluate change in the pressure injury condition over time.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE
BENEFITS & HARMS OF THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence?	N/A <input checked="" type="checkbox"/> Very low <input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>	<p>Effectiveness for monitoring pressure injury healing progress with a tool versus not monitoring healing with a tool</p> <ul style="list-style-type: none"> In individuals with a pressure injury (n = 48), there was poor correlation between clinical judgment and PUSH© scores ($\kappa = 0.11$ to 0.32^{16} (Level 4, moderate quality)). In individuals with acute and chronic wounds (not pressure injuries, n=541), there was high correlation between clinical judgment and PUSH© scores ($\kappa = 0.97^{17}$ (Indirect evidence)).
	Is there important uncertainty about how much people value the main outcomes?	Important uncertainty or variability <input type="checkbox"/> Possibly important uncertainty or variability <input type="checkbox"/> Probably no important uncertainty or variability <input type="checkbox"/> No important uncertainty or variability <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	<p>Accuracy of PUSH as a monitoring tool for pressure injuries</p> <ul style="list-style-type: none"> In a retrospective cohort study (n = 269), PUSH variables of surface area, exudate amount and tissue type accounted for between 39% and 57% of variation in pressure injuries over time¹⁸ (Level 3 prognostic, low quality) In a retrospective cohort study, total PUSH score accounted for 31% of variation in pressure injuries over time¹⁸ (Level 3 prognostic, low quality) In individuals with Category/Stage II to IV pressure injuries (n=23 wounds), the baseline PUSH score was not statistically significantly (p=0.10) different between pressure injuries that closed and those that did not close over six months. However, total PUSH scores decreased significantly over the first five weeks of healing in pressure injuries that healed versus those that did not heal.¹⁹ (Level 3, low quality)
	How substantial are the desirable anticipated effects?	N/A <input checked="" type="checkbox"/> Not substantial <input type="checkbox"/> Probably not substantial <input type="checkbox"/> Probably substantial <input type="checkbox"/> Substantial <input type="checkbox"/>	<ul style="list-style-type: none"> In individuals with Category/Stage II to IV pressure injuries (n=23 wounds), there was a significant (p<0.01) good to strong correlation between PUSH and the Pressure Sore Severity Tool over five weeks (r = 0.72 to r=0.95).¹⁹ (Level 3, low quality) In individuals with Category/Stage II to IV pressure injuries (n=23 wounds), there was a significant (p<0.01) good to strong correlation between PUSH and surface area calculated by wound tracings over five weeks (r = 0.72 to r=0.83).¹⁹ (Level 3, low quality)
	How substantial are the undesirable anticipated effects?	N/A <input checked="" type="checkbox"/> Not substantial <input type="checkbox"/> Probably not substantial <input type="checkbox"/> Probably substantial <input type="checkbox"/> Substantial <input type="checkbox"/>	<p>Accuracy of DESIGN/DESIGN-R as a monitoring tool for pressure injuries</p> <ul style="list-style-type: none"> In individuals with pressure injuries (n = 411), a positive change of at least one point in DESIGN-R score was significantly associated with complete wound healing within 30 days (hazard ration 1.16 to 1.33 for Category/Stage II pressure injuries and HR 1.21 to 1.27 for Category/Stage III and IV pressure injuries over four weeks)²⁰ (Level 3, moderate quality). In photograph assessments evaluated by eight nurses, interrater reliability for DESIGN was high (r=0.98) and interrater assessment was also high for evaluation of real-life wounds (r=0.91)²¹ (Level 4, moderate quality).
	Do the desirable effects outweigh the undesirable effects?	No <input type="checkbox"/> Probably No <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<ul style="list-style-type: none"> photograph assessments evaluated by nurses and doctors with varying levels of experience, interrater reliability of the total DEISGN-R tool score was high (intraclass coefficient [ICC] 0.960), with each scale also having moderate to high interrater reliability (0.532 to 0.794).²² <p>Accuracy of BWAT (PSST) as a monitoring tool for pressure injuries</p> <ul style="list-style-type: none"> When used by experienced healthcare practitioners, the interrater reliability of was 0.78 and intrarater reliability was 0.89.²³

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE												
			<p>(Level 4, low quality)</p> <ul style="list-style-type: none"> When used by enterostomal nurses to assess 20 pressure injuries, interrater reliability was 0.91 and intrarrater reliability was 0.96 (p<0.01).²⁴ (Level 4, low quality) <p>Adverse events There is no evidence for any undesirable outcomes associated with monitoring healing.</p> <p>Strength of Evidence: B2 (Level 3 and 4 studies)</p>												
RESOURCE USE	How substantial are the resource requirements?	<table border="0"> <tr> <td>Not clear</td> <td>Not substantial</td> <td>Probably not substantial</td> <td>Probably substantial</td> <td>Substantial</td> <td>Varies</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not clear	Not substantial	Probably not substantial	Probably substantial	Substantial	Varies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No evidence available
Not clear	Not substantial	Probably not substantial	Probably substantial	Substantial	Varies										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No evidence available
	No	Probably No	Uncertain	Probably Yes	Yes	Varies									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Is the option a priority for key stakeholders?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No evidence available	
No	Probably No	Uncertain	Probably Yes	Yes	Varies										
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
FEASIBILITY	Is the option feasible to implement?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conducting regular pressure injury assessments to monitor healing should be feasible (<i>Expert opinion</i>)
No	Probably No	Uncertain	Probably Yes	Yes	Varies										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

Balance of consequences	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings <input type="checkbox"/>	Undesirable consequences <i>probably outweigh</i> desirable consequences in most settings <input type="checkbox"/>	The balance between desirable and undesirable consequences <i>is closely balanced or uncertain</i> <input type="checkbox"/>	Desirable consequences <i>probably outweigh</i> undesirable consequences in most settings <input type="checkbox"/>	Desirable consequences <i>clearly outweigh</i> undesirable consequences in most settings <input checked="" type="checkbox"/>
Strength of recommendation	Strong negative recommendation: Definitely don't it <input type="checkbox"/>	Weak negative recommendation: Probably don't do it <input type="checkbox"/>	No specific recommendation <input type="checkbox"/>	Weak positive recommendation: Probably do it <input checked="" type="checkbox"/>	Strong positive recommendation: Definitely do it <input type="checkbox"/>
Justification	Evidence from a moderate quality Level 4 study ¹⁶ showed that assessment of a pressure injury made using a monitoring tool had only low correlation with clinical judgment. However, another study ¹⁷ provided indirect evidence showing a high correlation between the same tool and clinical judgment when assessing acute and chronic wounds. One moderate quality ²⁰ and two low quality ^{18,19} Level 3 studies showed that the score on a pressure injury monitoring tool is associated with whether the pressure injury eventually heals or otherwise. Score in weeks 0 to 5 appear to be more indicative of eventual healing. Level 4 studies ²¹⁻²⁴ provided evidence for the interrater and intrarater reliability of various pressure injury monitoring tools.				

Clinical question

What are the most commonly recognized and used pressure injury assessment/monitoring tools/scales and how do they relate to one another?
Which pressure injury monitoring tools are most responsive to change over time and most accurately describe the healing trajectory of the wound (i.e., healing, deteriorating, and stalled)?

Tools for assessing deep tissue injury

Option: Assessing deep tissue injury using the HSDTISS
Comparison: Assessing Deep tissue injury by other methods

Background: Honaker Suspected Deep Tissue Injury Scale (HSDTISS is designed to evaluate the severity and progression of the suspected deep tissue injury (SDTI). The HSDTISS is a 3-item scale (total surface area, skin integrity and wound color/tissue assessment) that produces a cumulative score ranging from 3 – normal skin to 18 – Category/Stage IV pressure injury.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS				
BENEFITS & HARMS OF THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence of effectiveness?	<p>No included studies</p> <input type="checkbox"/>	<p>Very low</p> <input checked="" type="checkbox"/>	<p>Low</p> <input type="checkbox"/>	<p>Moderate</p> <input type="checkbox"/>	<p>High</p> <input type="checkbox"/>	<p>Evidence for reliability of Honaker Suspected Deep Tissue Injury Scale</p> <ul style="list-style-type: none"> When the HSDTISS was used to assess photos of suspected deep tissue injury (n=6), there was a high interrater reliability between clinical experts (n=21) ($r = 0.997$, $p < 0.001$).²⁵ (<i>Indirect evidence</i>) <p>Evidence for validity of the Honaker Suspected Deep Tissue Injury Scale</p> <ul style="list-style-type: none"> There was 100 percent agreement among staff nurses (n=15) that the instrument was clear, concise, easy to use and reflected the clinical presentations of STD1.²⁵ (<i>Indirect evidence</i>) 	
	Is there important uncertainty about how much people value the main outcomes?	<p>Important uncertainty or variability</p> <input type="checkbox"/>	<p>Possibly important uncertainty or variability</p> <input checked="" type="checkbox"/>	<p>Probably no important uncertainty or variability</p> <input type="checkbox"/>	<p>No important uncertainty or variability</p> <input type="checkbox"/>	<p>No known undesirable outcomes</p> <input type="checkbox"/>		
	How substantial are the desirable anticipated effects?	<p>Unclear</p> <input checked="" type="checkbox"/>	<p>Not substantial</p> <input type="checkbox"/>	<p>Probably not substantial</p> <input type="checkbox"/>	<p>Probably substantial</p> <input type="checkbox"/>	<p>Substantial</p> <input type="checkbox"/>		
	How substantial are the undesirable anticipated effects?	<p>Unclear</p> <input type="checkbox"/>	<p>Not substantial</p> <input type="checkbox"/>	<p>Probably not substantial</p> <input checked="" type="checkbox"/>	<p>Probably substantial</p> <input type="checkbox"/>	<p>Substantial</p> <input type="checkbox"/>		

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
	Do the desirable effects outweigh the undesirable effects?	<p> <i>No</i> <i>Probably No</i> <i>Uncertain</i> <i>Probably Yes</i> <i>Yes</i> <i>Varies</i> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	Strength of Evidence: C- Indirect evidence	

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS												
RESOURCE USE	How substantial are the resource requirements?	<table border="0"> <tr> <td><i>Not clear</i></td> <td><i>Not substantial</i></td> <td><i>Probably not substantial</i></td> <td><i>Probably substantial</i></td> <td><i>Substantial</i></td> <td><i>Varies</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Not clear</i>	<i>Not substantial</i>	<i>Probably not substantial</i>	<i>Probably substantial</i>	<i>Substantial</i>	<i>Varies</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence on resource requirements to use the HSDTISS, but they are unlikely to be substantial.	
<i>Not clear</i>	<i>Not substantial</i>	<i>Probably not substantial</i>	<i>Probably substantial</i>	<i>Substantial</i>	<i>Varies</i>											
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	<table border="0"> <tr> <td><i>No</i></td> <td><i>Probably No</i></td> <td><i>Uncertain</i></td> <td><i>Probably Yes</i></td> <td><i>Yes</i></td> <td><i>Varies</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<i>No</i>	<i>Probably No</i>	<i>Uncertain</i>	<i>Probably Yes</i>	<i>Yes</i>	<i>Varies</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<i>No</i>	<i>Probably No</i>	<i>Uncertain</i>	<i>Probably Yes</i>	<i>Yes</i>	<i>Varies</i>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	Is the option a priority for key stakeholders?	<table border="0"> <tr> <td><i>No</i></td> <td><i>Probably No</i></td> <td><i>Uncertain</i></td> <td><i>Probably Yes</i></td> <td><i>Yes</i></td> <td><i>Varies</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<i>No</i>	<i>Probably No</i>	<i>Uncertain</i>	<i>Probably Yes</i>	<i>Yes</i>	<i>Varies</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In an international survey of patient consumers and their informal caregivers, 46.5% (178/383) of patients identified knowing more about strategies to check that skin is healthy as important or very important. 67.5% (574/850) informal caregivers identified this topic was important or very important. The survey did not specifically explore using the HSDTISS.	
<i>No</i>	<i>Probably No</i>	<i>Uncertain</i>	<i>Probably Yes</i>	<i>Yes</i>	<i>Varies</i>											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
FEASIBILITY	Is the option feasible to implement?	<table border="0"> <tr> <td><i>No</i></td> <td><i>Probably No</i></td> <td><i>Uncertain</i></td> <td><i>Probably Yes</i></td> <td><i>Yes</i></td> <td><i>Varies</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<i>No</i>	<i>Probably No</i>	<i>Uncertain</i>	<i>Probably Yes</i>	<i>Yes</i>	<i>Varies</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The time to assess and score the six photographs using the HSDTISS was 8.2 minutes (\pm 2.3 minutes).²⁵ (<i>Indirect evidence</i>)</p> <p>It may require additional time to assess skin and tissues in clinical settings, and health professionals would require training in the use of the tool.</p>	
<i>No</i>	<i>Probably No</i>	<i>Uncertain</i>	<i>Probably Yes</i>	<i>Yes</i>	<i>Varies</i>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Balance of consequences	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings <input type="checkbox"/>	Undesirable consequences <i>probably outweigh</i> desirable consequences in most settings <input type="checkbox"/>	The balance between desirable and undesirable consequences <i>is closely balanced or uncertain</i> <input checked="" type="checkbox"/>	Desirable consequences <i>probably outweigh</i> undesirable consequences in most settings <input type="checkbox"/>	Desirable consequences <i>clearly outweigh</i> undesirable consequences in most settings <input type="checkbox"/>
Strength of recommendation	Strong negative recommendation: Definitely don't it <input type="checkbox"/>	Weak negative recommendation: Probably don't do it <input type="checkbox"/>	No specific recommendation <input type="checkbox"/>	Weak positive recommendation: Probably do it <input type="checkbox"/>	Strong positive recommendation: Definitely do it <input type="checkbox"/>
Recommendation (text)	No recommendation				
Justification	There is indirect evidence indicating that the Honaker Suspected Deep Tissue Injury Scale (HSDTISS) may be beneficial in assessing SDTI, ²⁵ and evidence that the tool has good face validity. Current evidence is limited to use in a small sample size of health professionals evaluating a small number of photographs. The evidence was insufficient to make a recommendation.				

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