Clinical question	None		
Good Practice Stat	tement 2.1	Conduct a comprehensive skin and tissue assessment for all individuals at risk of pressure injuries: • As soon as possible after admission/transfer to the healthcare service • As a part of every risk assessment • Periodically as indicated by the individual's degree of pressure injury risk • Prior to discharge from the care service	
ckground: Skin and	tissue assessr	ment is important in pressure ulcer prevention, classification, diagnosis, and treatment	
SUPPORTING EVIDE	NCE, WHEN		

Evidence	N/A
Justification	Skin and tissue assessment is important in pressure ulcer prevention, classification, diagnosis, and treatment. The condition of skin and underlying tissue is an indicator of early signs of pressure damage, ¹ therefore routine skin and tissue assessments provide an opportunity for early identification and treatment of skin alterations, including pressure injuries.



Clinical question What are effective methods of assessing erythema?

Recommendation 2.2 Inspect the skin of individuals at risk of pressure injuries to identify presence of erythema.

Option: Visual inspection to identify presence of erythema *Background:* Pressure-induced erythema, can be identified visually by conducting a skin assessment. Visual evaluation is conducted with a focus on bony prominences.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS
	What is the overall certainty of the evidence of effectiveness?	N/A Very low Low Moderate High	 Non-blanching erythema/Category/Stage I pressure injury as a predictor of Category/Stage II or greater pressure injuries In people in acute care (n=109), there was a significantly increased odds of Category/Stage II pressure injury when assessed as having non-blanching erythema (odds ratio [OR] 7.98, 95% CI 2.36 to 39.97, p=0.002).² (Level 1 prognostic, high quality) In community hospitals and centers (n=634), there was a significantly increased odds of Category/Stage II pressure injury when assessed as having non-blanching erythema (OR 3.25, 95% CI 2.17 to 4.86, p<0.001).³ (Level 1 prognostic, high quality)
BENEFITS & HARMS OF THE RECOMMENDED PRACTICE	Is there important uncertainty about how much people value the main outcomes?	Possibly No Important important Probably no important uncertainty uncertainty important uncertainty or or uncertainty or variability variability or variability variability N/A	 In people in acute care (n=280), there was a significantly increased odds of developing a Category/Stage it pressure injury when assessed as having non-blanching erythema (OR 7.5, 95% Cl 1.0 to 59.1, p=0.05).⁴ (<i>Level 1 prognostic, low quality</i>) In individuals in a chronic care hospital (n=2,771), there was a significantly increased odds of developing a Category/Stage II pressure injury or greater when assessed as having a Category/Stage I pressure injury (OR 3.1, 95% Cl 2.4 to 4.1, p<0.001).⁵ (<i>Level 3 prognostic, high quality</i>) In individuals in acute and aged care settings (n=610), there was a significantly increased odds of Category/Stage II pressure injury when assessed as having non-blanching erythema (OR 5.36, 95% Cl 2.40 to 11.99, p<0.001).⁶ (<i>Level 2 prognostic, low quality</i>)
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial IXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	 Blanchable erythema as a predictor of Category/Stage II or greater pressure injuries In individuals in acute care, critical care and non-surgical care (n=698), there was a significantly increased odds of Category/Stage II or greater pressure injury when assessed as having reddened skin (OR 2.305, p = not reported).⁷ (Level 3 prognostic, low quality) In aged care settings (n=91), there was a significantly increased odds of Category/Stage I or greater pressure injury based on severity of blanchable erythema (OR not reported).⁸ (Level 3 prognostic, low quality)
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial	 In individuals in acute care, critical care and surgical care (n=161), there was a significantly increased odds of Category/Stage II or greater pressure injury when assessed as having reddened skin (OR not reported).⁹ (<i>Level 3 prognostic, low quality</i>) In individuals in acute care, critical care and non-surgical care (n=698), there was no significant relationship between pressure injuries and having hyperemic skin (OR not reported).⁷ (<i>Level 3 prognostic, low quality</i>) Interrater reliability of using visualization alone to differentiate blanching and non-blanching erythema There was moderate to good interrater reliability between two independent assessors evaluating 78 older adults with hip
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/ <u>A</u> No Yes D D D D X	Tractures (ranged from κ=0.67, 95% CI 0.5 to 0.82 to κ = 0.76, 95% CI 0.61 to 0.91 across time points. ¹⁰ (Level 3, low quality) Potential adverse effects No identified adverse effects Strength of Evidence for visual inspection: A - More than one high quality Level I study providing direct evidence

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS	
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- clear stantial not sub- sub- stanital stantial stantial X	There are no economic analyses on the associated costs and potential cidentify erythema.	ost effectiveness of inspecting skin to	
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I II II D	No evidence available.		
PRIORITY AND ACC	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D I X D D	72.5% (278/383) of respondents to a patient/ informal caregiver survey pressure injury or being at risk of a pressure injury believed that knowin very important in caring for themselves. In the same survey, 67.5% (57 knowing more about skin assessment is important or very important in or at risk of a pressure injury. ^{11,12} (<i>Indirect evidence</i>)	who identified as having experienced a ng more skin assessment is important or 4/850) of informal caregivers believed that caring for their family member/friend with	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes	The finger pressure method for differentiating blanching and non-blanc administer and is feasible to perform in any clinical setting.	hing erythema takes only seconds to	

Sr.

Balance of consequences	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings	Undesirable consequences probably outweigh desirable consequences in most settings	The balance between desirable and undesirable consequences is closely balanced or uncertain	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
					X
Strength of recommendation	Strong negative recommendation: Definitely don't it	Weak negative recommendation: Probably don't do it	No specific recommendation	Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
Justification	Ongoing skin assessment is nec	essary to detect early signs of press	sure injury. Evidence from three L	evel 1 studies, one Level 2 study and	d a Level 3 study indicates that the

presence of non-blanching erythema, a Category/Stage I pressure injury is predictive of development of a Category/Stage II or greater pressure injury.²⁻⁶ Evidence from three Level 3 studies⁷⁻⁹ indicates that the presence of reddened skin other than blanchable erythema is associated with Stage/Category II pressure injury development. Identifying presence of erythema alerts health professionals to the need for further assessment and potential development of a pressure injury prevention and/or treatment plan. Identification of erythema is a component of a skin inspection.

What are effective methods of assessing erythema? **Clinical question**

Recommendation	Differentiate blanchable from non-blanchable erythema using either finger pressure or the transparent disk method and evaluate the
2.3	extent of erythema.

non blanchable from blanchable erythema **Option:** Using the transparent disk method to differentiate erythema Comparison: Using other methods to differentiate erythema

Option: Using the finger pressure method to differentiate Background: Pressure induced erythema, can be examined utilizing blanching techniques and visualization. The finger pressure method can be used to differentiate non blanchable from blanchable pressure-related erythema by pressing on the erythema for three seconds and assessing blanching following removal of the finger. Using the disk method, a transparent disk is used to apply pressure equally over an area of erythema and blanching is observed underneath the disk during its application. Blanching is a normal response and is indicative of an intact capillary bed. Blanchable erythema many be part of a normal reactive hyperemic response. Non-blanching indicates inflammatory changes in the capillary bed and possible pressure-induced damage despite intact skin (i.e. Category/Stage I pressure injury).

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
RACTICE	What is the overall certainty of the evidence of effectiveness?	N/A Very low Low Moderate High	 Accuracy of the finger pressure method for differentiate blanching and non-blanching e Finger pressure method in people in acute care had sensitivity ranging from 65.3% (he locations), and specificity ranging from 93.9% (sacrum) to 95.8% (heels) and 95.5% (al differentiating blanching and non-blanching erythema.¹³ (Level 1 prognostic, high que the differentiation of the following method in people in acute care had be defined and the following method. 	erythema eels) to 73.1% (all body l body locations) for hity)
BENEFITS & HARMS OF THE RECOMMENDED PF	Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no No uncertainty uncertainty important important or or uncertainty or uncertainty variability variability variability or variability N/A	 Used in hospitalized adults (n=265) finger pressure method had the following propert of researcher observation): sensitivity 73.1%, specificity 95.5%, positive predictive val predictive value 95.1%.¹⁴ (<i>Level 2 diagnostic, high quality</i>) Across 68 nursing homes and hospitals (n=9752) the likelihood of reddened skin being I pressure injury when using the finger pressure method increased by 80% compared (OR 1.80, 5% Cl 1.49 to 2.18, p<0.001).¹⁵ (<i>Level 4 diagnostic, low quality</i>) 	les (compared to the standard ue 75%, and negative gidentified as a Category/Stage to the transparent disk method
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial I I I I I I I	 Interrater reliability of finger pressure for differentiate blanching and non-blanching e There was low to moderate interrater reliability between two independent assessors hip fractures (ranged from κ=0.44, 95% Cl 0.21 to 0.67 to κ = 0.20, 95% Cl -0.06 to 0.4 <i>3, low quality</i>) Interrater reliability was good for finger pressure for assessing hospitalized adults (n= κ=0.72 depending on experience of nurses.¹⁴ (<i>Level 2 diagnostic, high quality</i>) 	er ythema evaluating 78 older adults with 6 across time points). ¹⁰ <i>(Level</i> 265) (ranged from κ=0.62 to
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial	 Accuracy of the transparent disk method Used in hospitalized adults (n=265) to classify non-blanching erythema, the transpare following properties (compared to the standard of researcher observation): sensitivity positive predictive value 79.5% and negative predictive value 94.2%.¹⁴ (Level 2 diagnostic) 	nt disk method had the v 74.5%; specificity 95.6%; stic, high quality)

CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Do the desirable effects outweigh the undesirable effects?	N/A Probably Uncertain Probably Yes Varies No Yes IX IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	 Interrater reliability of transparent disk method for differentiate blanching and non-b There was excellent interrater reliability between researcher and nursing staff (K=0.8, 0.87 to 0.92) and between study nurses and nursing staff (K = 0.88, Cl 0.85 to 0.91) w method on all anatomical locations.¹³ (<i>Level 1 prognostic, high quality</i>) Interrater reliability was good for transparent disk for assessing hospitalized adults (n κ=0.76 depending on experience of nurses.¹⁴ (<i>Level 2 diagnostic, high quality</i>) Potential adverse effects No identified adverse effects Strength of Evidence: B1 - Level 2 studies of high or moderate quality providing direct consistent outcomes and inconsistencies can be explained 	lanching erythema 9, 95% confidence interval [CI] hen using the transparent disk =265) (ranged from κ=0.68 to ct evidence, most studies have

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS	
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- clear stantial not sub- sub- stanital stantial stantial X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	There is no evidence on the resource requirements for using the finger p and non-blanching erythema. No equipment is required and the assess assessment so labor resources are minimal.	pressure method to differentiate blanching ment is conducted during a full skin	
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I I I D D	No evidence available		
PRIORITY AND ACC	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D X D	72.5% (278/383) of respondents to a patient/ informal caregiver survey pressure injury or being at risk of a pressure injury believed that knowin very important in caring for themselves. In the same survey, 67.5% (574 knowing more about skin assessment is important or very important in or at risk of a pressure injury. ^{11,12} (<i>Indirect evidence</i>)	who identified as having experienced a g more skin assessment is important or I/850) of informal caregivers believed that caring for their family member/friend with	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes	The finger pressure method for differentiating blanching and non-blancl administer and is feasible to perform in any clinical setting.	ning erythema takes only seconds to	
·i					

Sr.

Balance of consequences	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings	Undesirable consequences probably outweigh desirable consequences in most settings	The balance between desirable and undesirable consequences is closely balanced or uncertain	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
					X
Strength of recommendation	Strong negative recommendation: Definitely don't it	Weak negative recommendation: Probably don't do it	No specific recommendation	Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
			•		X
Justification	Evidence from a high quality Lev Evidence from high quality Level blanching erythema. ¹³⁻¹⁵ A low q	el 1 study indicates that presend 2 and 3 studies indicated that t uality Level 4 study indicated th	ce of non-blanching erythema is pred he finger pressure method has stron at using the finger pressure method	dictive of development of a Categor g psychometric properties for differ may be more reliable than the tran	y/Stage II pressure injury. ²⁻⁶ rentiating blanching and non- sparent disk method. ¹⁵

Clinical question

Is evaluation of skin and tissue temperature an effective method of assessing the skin and soft tissue?

Recommendation 2.4 Assess the temperature of skin and soft tissue.

Option: Measuring skin and soft tissue temperature using palpation, infrared thermometer or infrared thermographic imaging *Comparison:* Not conducting a skin temperature assessment, or using a different

method of assessing skin and soft tissue temperature

Background: Skin temperature is proposed as an objective measure that can be used to assess the risk of a pressure injury by identifying changes in the tissue before they are identifiable in a visual assessment.¹⁶ Skin temperature is influenced by level of perfusion of underlying tissues, with lower temperatures indicative of poorer perfusion and higher temperatures indicative of inflammation.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS
	What is the overall certainty of the evidence of effectiveness?	N/A Very low Low Moderate High	 Evidence for predicting pressure injuries using thermography In people recruited in acute care (n=85), skin temperature at the site of a pressure-related intact area of discolored skin measured with infrared thermographic device was predictive of progression to skin necrosis at the site of a pressure with infrared thermographic device was predictive of progression to skin necrosis at the site of a pressure with infrared thermographic device was predictive of progression to skin necrosis at the site of a pressure with infrared thermographic device was predictive of progression to skin necrosis at the site of a pressure of the site of a pressur
NEFITS & HARMS OF THE RECOMMENDED PRACTICE	Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no No uncertainty uncertainty important important or or uncertainty or uncertainty variability variability variability or variability N/A	 addy seven of rolling up, with cooler skin temperature constructions interve to projects to increasing (call ratio [OR] 31.8, 95% confidence interval [CI] 3.8 to 263.1, p=0.001).¹⁶ (<i>Level 3 prognostic, moderate quality</i>) In primarily Caucasian adults (n=67), cooler skin temperatures (measured with an infrared thermographic device at the center of the discolored area of intact skin as compared to the adjacent skin was more likely to develop necrosis by day 7 (OR 18.8, 95% CI 1.04 to 342.44).¹⁷ (<i>Level 1 prognostic, high quality</i>) Evidence for accuracy of infrared thermal imaging for predicting pressure injuries There was significantly higher likelihood than an adult (n=100) identified with infrared thermal imaging as being at high risk of a pressure injury would also be assessed at high risk using the Braden scale. The OR ranged from 6.8 (95% CI 4.3 to 10.8, p<0.0001) to 2.2 (95% CI 1.5 to 3.1, p<0.0001) depending on the health professional applying the evaluations.¹⁸ (<i>Level 3, low quality</i>) Evidence for accuracy of inferred thermometer for measuring temperature change In healthy volunteers who were positioned for 60 minutes in supine position, temperature measured by infrared thermometer showed a significant increase between baseline and 60 minutes (p<0.001).¹⁹ (<i>Indirect evidence</i>) Potential adverse effects No evidence available
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial IXI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial I	
BEN	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/A No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Strength of Evidence: B1 - Level 1 studies of moderate or low quality providing direct evidence, most studies have consistent outcomes and inconsistencies can be explained

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS		
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- clear stantial not sub- sub- stanital stantial stantial X	There were no economic analyses relevant to this topic.	50		
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I II II D	In one study, 70% of health professionals involved in using infrared the believe it could be implemented in clinical practice. ¹⁷ (<i>Level 1 prognosti</i>	rmography to assess discolored skin did not c, high quality)		
PRIORITY AND A	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D I X D	72.5% (278/383) of respondents to a patient/ informal caregiver survey pressure injury or being at risk of a pressure injury believed that knowin very important in caring for themselves. In the same survey, 67.5% (57 knowing more about skin assessment is important or very important in or at risk of a pressure injury. ^{11,12} (<i>Indirect evidence</i>)	who identified as having experienced a ng more skin assessment is important or 4/850) of informal caregivers believed that caring for their family member/friend with		
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D X D D	 Average time to measure temperature of skin and tissue using infrare (<i>Level 1 prognostic, high quality</i>) In one study, 70% of health professionals involved in using thermogratic could be implemented in clinical practice.¹⁷ (<i>Level 1 prognostic, hig</i>) Access to appropriate equipment may be limited in some geographic 	ed thermography was 3 to 5 minutes. ¹⁷ aphy to assess skin and tissue did not believe <i>h quality</i>) areas. (<i>Expert opinion</i>)		
widenc	dence to Decision Framework. ©EPUAP/NPIAP/PPPIA 10					

	clearly outweigh desirable consequences in most settings	probably outweigh desirable consequences in most settings	desirable and undesirable consequences is closely balanced or uncertain	probably outweigh undesirable consequences in most settings	<i>clearly outweigh</i> undesirable consequences in most settings
				X	
Strength of recommendation	Strong negative recommendation: Definitely don't it	Weak negative recommendation: Probably don't do it	No specific recommendation	Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
			x (X	

Evidence from a high quality Level 1 study¹⁷ indicated that cooler temperature in the center of an area of skin discoloration was predictive of pressure injury development. A moderate quality Level 3 study¹⁶ supported this finding. The research was primarily conducted in Caucasian women.¹⁷ The evidence on feasibility and acceptability of implementing routine skin and soft tissue temperature assessment was mixed. Evidence on resource requirements for various methods of skin temperature measurement in different clinical settings is also lacking.



Clinical question Is evaluation of skin and tissue moisture an effective method of assessing the skin and soft tissue?

Good Practice	Assess edema and assess for change in tissue consistency in relation to surrounding tissues.
Statement	с , с
25	

Background: Skin and tissue assessment is important in pressure ulcer prevention, classification, diagnosis, and treatment.

	SUPPORTING EVIDENCE, WHEN AVAILABLE	
Evidence to support opinion	rt N/A	
Justification	Skin and tissue assessment is important in pressure ulcer prevention, classification, dia surrounding tissue (e.g., induration/hardness) have all been identified as warning signs fo	ignosis, and treatment. Localized heat, edema and change in tissue consistency in relation to pressure ulcer development. ^{14,20-22}

Clinical question Is evaluation of skin and tissue moisture an effective method of assessing the skin and soft tissue?

Recommendation Consider using a sub-epidermal moisture/edema measurement device as an adjunct to routine clinical skin assessment. 2.6

Option: sub-epidermal moisture measurement devices **Comparison:** clinical visual assessment

Background: A subepidermal moisture measurement (SEM) device is a medical device that measures capacitance, providing a relative measure of water in sub-epidermal tissues that is essentially a measure of soft tissue edema and potentially a marker for inflammation.²³

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATION
BENEFITS & HARMS OF THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence of effectiveness?	N/A Very low Low Moderate High	Evidence for predicting erythema (moderate or severe skin discoloration with blanching)/Category/Stage I pressure injuries In older adults (n=31), a SEM measurement device predicted incidence of erythema and/or Category/Stage I pressure injuries identified one week later, when adjusting for concurrent SEM and Braden scale risk status (odds ratio [OR 1 003] 95% confidence interval [CI] 1 000 to 1 006. OR 1 32 per 100 dermal phase	r The studies used three different SEM scanners. However, SEM measurements were highly correlated between devices in a study that trialed three different models (r>0.80). ³⁰ (<i>Indirect</i> <i>evidence</i>)
	Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no No uncertainty uncertainty important important or or uncertainty or uncertainty variability variability variability N/A	 units [DPU]).²⁴ (<i>Level 3 prognostic, moderate quality</i>) In older adults with light skin (n=55), SEM measurements predicted incidence of erythema and Category/Stage pressure injuries (OR 2.11 per 300 DPU, 95% Cl 1.06 to 4.20, p<0.05).²³ (<i>Level 3 prognostic, moderate quality</i>) In older adults with dark skin (n=11), SEM measurements predicted incidence of erythema and Category/Stage pressure injuries (OR 5.31 per 50 DPU, 95% Cl 1.87 to 15.11, p<0.05).²³ (<i>Level 3 prognostic, moderate quality</i>) In older adults (n=29), SEM measurements increased with the higher stage of skin damage (normal skin 216.3 vs blanching erythema 232.3 vs Category/Stage pressure injury 387.6, p=0.013; blanching erythema OR = 1.003, p=0.047; erythema OR = 1.004, p=0.011).²⁵ <i>Level 3 prognostic, low quality</i>) In adults with jaundice (n=22), SEM measurements increased with the higher stage of skin damage (normal skin 115.9±32.6 vs blanching erythema OR = 1.016, p<0.001).²⁶ <i>Level 3 prognostic, low quality</i>) In older adults (n=31), SEM measurements predicted development of Category/Stage II or greater pressure injury 208.7±76.5, <0.001; blanching erythema OR = 1.016, p<0.001).²⁶ <i>Level 3 prognostic, low quality</i>) Evidence for predicting Category/Stage II or greater pressure injuries identified by visual skin assessment within one week of the SEM reading (OR 1.32 per 100 DPU).²⁴ (<i>Level 3 prognostic, moderate quality</i>) In older adults with light skin (n=55), SEM measurements predicted development of Category/Stage II or greater pressure injuries identified visually within one week of the SEM reading (OR 4.30 per 300 DPU, 95% Cl 1.42 to 13.0, p<0.05).²³ (<i>Level 3 prognostic, moderate quality</i>) In older adults with dark skin tone (n=11), SEM measurements predicted development of Category/Stage II or greater pressure injuries identified visually within one week of the SEM reading (OR 8.51 per 50 DPU, 95% Cl 1.42 to 13.0, p<0.05).²³ (<i>Level 3 p</i>	
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial Substantial		
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial		
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/A No Yes I I I I I I X		

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CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATION
		 Evidence for psychometric properties In adults considered at risk of pressure injury (n=47), correlation between visual skin assessment and SEM measurements was strong for sacrum (r=0.65) and moderate to low for heels (r=0.43 to r=0.23).²⁷ (<i>Level 2 diagnostic, high quality</i>) In adults considered at risk of pressure injury (n=47), sensitivity was 100% (95% CI 83.89% to 100%) and specificity was 83.33% (95% CI 75.44% to 89.51%) for a SEM measurement device.²⁷ (<i>Level 2 diagnostic, high quality</i>) In people with spinal cord injury (SCI), relative error in short term repeat measures by SEM measurement device was 2.5% (95% CI 2.0 to 2.9%). First readings using SEM were higher in 85% of repeat readings, suggesting repeated measures were not independent.²⁸ (<i>Level 3, low quality</i>) In healthy volunteers (N=13), interrater reliability for two pairs of raters was very high (<i>r</i>=0.92 and <i>r</i>=0.86).²⁹ (<i>Level 4, moderate quality</i>) In healthy volunteers (n=31), interoperator (4 operators) and inter-device reliability (3 devices) were all above 0.80 for four anatomical sites.³⁰ (<i>Indirect evidence</i>) Potential adverse effects No adverse events were reported in the available literature Strength of Evidence: B2 – Level 3 or 4 studies (regardless of quality) providing direct evidence 	
	RING		

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- clear stantial not sub- sub- stanital stantial stantial X	 One study suggested that using a SEM scanner on individuals assesse would be associated with cost savings of £29,000 for a surgical ward, alternating pressure support surfaces and reduced need for antibioti place appropriate pressure injury prevention plans based on SEM dat In the same study, there was an estimated saving of 1,420 nursing he £53,000 based on bed admissions saved from putting in place appropriate appropriate appropriate appr	d as having a high pressure injury risk achieved in reducing over-prescription of cs and wound dressings from putting in ta (UK pounds in 2017). ³¹ ours and estimated revenue increase of oriate pressure injury prevention plans
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I I I D	No evidence available	
	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDXD	72.5% (278/383) of respondents to a patient/ informal caregiver survey pressure injury or being at risk of a pressure injury believed that knowing very important in caring for themselves. In the same survey, 67.5% (574 knowing more about skin assessment is important or very important in cor at risk of a pressure injury. ^{11,12} (<i>Indirect evidence</i>)	who identified as having experienced a g more skin assessment is important or /850) of informal caregivers believed that aring for their family member/friend with
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes	 Access to SEM scanners is likely to be limited in many geographic loc SEM scanners were feasible to use in inpatient clinical settings when measurement took on average eight seconds.³² (<i>Level 4, moderate q</i>. 	ations and clinical settings. taking daily or weekly. Taking a SEM <i>uality</i>)
<u>.</u>		RIL S		

Balance of consequences	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings	Undesirable consequences probably outweigh desirable consequences in most settings	The balance between desirable and undesirable consequences is closely balanced or uncertain	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
				X	
Strength of recommendation	Strong negative recommendation: Definitely don't it	Weak negative recommendation: Probably don't do it	No specific recommendation	Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
			x v		
Justification	Evidence from a high quality Le	vel 2 study, ²⁷ moderate and lo	ow quality Level 3 studies ^{23-26,28} and	d a moderate quality Level 4 stud	y ³² indicated that a sub-epidermal

Evidence from a high quality Level 2 study,²⁷ moderate and low quality Level 3 studies^{23-26,28} and a moderate quality Level 4 study³² indicated that a sub-epidermal moisture (SEM) measurement can be used as a measure for tissue edema. In a high quality Level 2 study,²⁷ SEM measurements strongly correlated to a visual skin assessment at the sacrum, but measures taken at the heel had a moderate to low correlations with the visual assessment. Some evidence from moderate quality Level 3 studies^{23,24} suggested that SEM measurements are predictive of Category/Stage I or greater pressure injuries occurring within one week. Studies showed high sensitivity and specificity, and high interrater reliability for SEM measurements, ^{30,32} but low quality and indirect evidence on repeat-measure reliability was conflicting.^{28,30} There was no evidence on the correlation between SEM measurements and palpation.

Clinical question What methods are effective for assessing skin and soft tissue in individuals with darkly pigmented skin?

Recommendation When assessing darkly pigmented skin, consider assessment of skin temperature and sub-epidermal moisture as important adjunct assessment strategies.

Option: Subepidermal moisture (SEM) to predict skin injury **Option:** Thermography

Comparison: Comparing individuals with light and dark skin tones

Background: Visual assessment to detect early pressure injury is difficult in darker tone skin tones. Individuals with dark skin tones have been shown to have a higher rate of pressure injuries than those with light skin tones.³³ A handheld dermal phase meter to measure subdermal moisture may have clinical value in darker skin.

Skin temperature is proposed as an objective measure that can be used to assess the risk of a pressure injury by identifying changes in the tissue before they are identifiable in a visual assessment.¹⁶.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS
BENEFITS & HARMS OF THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence of effectiveness?	N/A Very low Low Moderate High	 Evidence for predicting pressure injuries with SEM measurement Among individuals with darker skin tones (n=11), SEM values predicted the incidence of Category/Stage I pressure injuries occurring one week later (odds ratio [OR] 1.88 per 100 dermal phase unit [DPU] change, p<0.005).²³ (Level 3 prognostic, moderate quality)
	Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no No uncertainty uncertainty important important or or uncertainty or uncertainty variability variability variability N/A	 Among individuals with darker skin tones (n=11), selv values detected the incidence of Category/stage if of greater pressure injuries occurring one week later (OR 1.02 per 1 DPU, 95% confidence interval [Cl] 1.001 to 1.02; OR 1.15 per 100 DPU, p<0.005).²³ (Level 3 prognostic, moderate quality) Evidence for preventing pressure injuries with skin temperature evaluation In aged care, health professional education on skin assessment using the hand to identify changes in skin temperature was associated with a significant reduction in Category/Stage I to IV pressure injuries for residents with dark skin temperature and its prognostic and the average of the second second
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial Substantial	 Evidence for predicting pressure injuries with skin temperature evaluation In people recruited in acute care (n = 85), individuals dark toned skin were 3.8 times higher likelihood than white toned skin of developing skin necrosis
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial I	 Within seven days of a skin temperature measurement that identified cooler skin indicative of suspected deep tissue injury.¹⁶ (<i>Level 3 prognostic, moderate quality</i>) Potential adverse effects No evidence available
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/A No Yes D D D D D D D	Strength of Evidence: B2 - Level 3 or 4 studies (regardless of quality) providing direct evidence

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- clear stantial not sub- sub- stanital stantial stantial X	No economic analysis identified	
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes I I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	No evidence available	
PRIORITY AND A	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDIXD	72.5% (278/383) of respondents to a patient/ informal caregiver survey of pressure injury or being at risk of a pressure injury believed that knowing very important in caring for themselves. In the same survey, 67.5% (574 knowing more about skin assessment is important or very important in cor at risk of a pressure injury. ^{11,12} (<i>Indirect evidence</i>)	who identified as having experienced a more skin assessment is important or /850) of informal caregivers believed that aring for their family member/friend with
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D D X	Access to may be limited in some geographic regions and clinical settings	(<u>Expert opinion</u>).
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Balance of consequences	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings	Undesirable consequences probably outweigh desirable consequences in most settings	The balance between desirable and undesirable consequences is closely balanced or uncertain	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
				X	
Strength of recommendation	Strong negative recommendation: Definitely don't it	Weak negative recommendation: Probably don't do it	No specific recommendation	Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
Justification	One small, moderate quality Lev	el 3 study ¹⁶ identified that cool	er pressure injury related intact sk	in was more likely to develop into sl	kin necrosis within seven days; and

One small, moderate quality Level 3 study¹⁶ identified that cooler pressure injury related intact skin was more likely to develop into skin necrosis within seven days; and darker skinned individuals had 3.8 times higher likelihood of developing skin necrosis.¹⁶ One moderate quality Level 2 study³⁴ identified that an intervention focused on educating health professionals in conducting a comprehensive skin assessment that included using touch to identify changes in skin temperature was associated with a significant reduction in pressure injuries in dark skinned individuals.

There is evidence from one, small, moderate quality Level 3 study²³ indicating that SEM measurements are able to identify tissue edema one week prior to pressure injury development in individuals with dark skin tone. No evidence was available on the resource requirements for implementing SEM scanning for all dark-skinned individuals.

Clinical question What methods are effective for assessing skin and soft tissue in individuals with darkly pigmented skin?

Recommendation Evaluate the relevance of performing an objective assessment of skin tone using a color chart when conducting a skin assessment.

Option: The Munsell System of Color Notation (Munsell Chart) to objectively assess skin tone. *Background:* Darker skin tones are reported to have high rates of pressure injuries, possibly due to difficulty observing skin changes. The 5YR Munsell Color Chart can be used to classify skin tones from a variety of ethnic/racial groups and might be used to evaluate pressure injury risk.

Comparison: Categorizing skin as dark/light or classifying skin tone skin based on ethnicity.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
HE PRACTICE	What is the overall certainty of the evidence?	N/A Very low Low Moderate High	 Evidence for predictive properties In older adults from a range of ethnic backgrounds (n=417), skin tone categorization using Munsell ratings predicted the incidence of Category/Stage I pressure injuries (p=0.003).³⁵ (<i>Level 3 prognostic, moderate quality</i>) 	Consistency of skin color ratings across anatomical sites (arms versus buttocks) was
	Is there important uncertainty about how much people value the main outcomes?	Possibly No Important important Probably no important uncertainty uncertainty important uncertainty or or uncertainty or or variability variability variability N/A	 In older adults from a range of ethnic backgrounds (n=417), skin tone categorization using Munsell ratings were not predictive of incidence of Category/Stage II or greater pressure injuries (p>0.05).³⁵ (<i>Level 3 prognostic, moderate quality</i>) eliability For all ethnic groups, interrater reliability for Munsell ratings at the buttocks at baseline was high (interclass coefficient [ICC] r=0.97, K=0.84, p<0.001).³⁵ (<i>Level 3 prognostic,</i> 	(African-American, ICC r=0.83, p<0.001). ³⁵ (<i>Level 3 prognostic,</i> moderate quality)
& HARMS OF TI	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial substantial	 moderate quality) Interrater reliability was highest when rating African Americans (r=0.93, p<0.001) and lowest for Caucasians (r=0.91, p<0.001). (<i>Level 3 prognostic, moderate quality</i>) For all ethnic groups, intrarater reliability for Munsell ratings was consistent from baseline to 16 weeks for arms (r=0.85 from baseline to 16 weeks), and buttocks (r=0.91 from baseline to 16 weeks) ³⁵ (<i>Level 3 prognostic, moderate quality</i>) 	
BENEFITS &	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial	Adverse events No evidence available	
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/A No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Strength of Evidence: B2 - Level 3 or 4 studies (regardless of quality) providing direct evidence	

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS				
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- clear stantial not sub- sub- stanital stantial stantial	No economic analyses were identified. Use of a skin color chart was reported to take only one minute of nursing time to administer, suggesting limited economic impact of performing this assessment. ³⁵ (<i>Level 3 prognostic, moderate quality</i>)				
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I II II D	No evidence available				
PRIORITY AND A	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D I I I D	72.5% (278/383) of respondents to a patient/ informal caregiver survey who identified as having experienced a pressure injury or being at risk of a pressure injury believed that knowing more skin assessment is important or very important in caring for themselves. In the same survey, 67.5% (574/850) of informal caregivers believed that knowing more about skin assessment is important or very important in caring for their family member/friend with or at risk of a pressure injury. ^{11,12} (<i>Indirect evidence</i>)				
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes	A skin tone color chart can be administered quickly (less than one minute) and staff require minimal training (15 minutes) to achieve high inter-rater reliability. ³⁵ (<i>Level 3 prognostic, moderate quality</i>)				
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Balance of consequences	Undesirable consequences clearly outweigh desirable consequences in most settings	Undesirable consequences probably outweigh desirable consequences in most settings	The balance between desirable and undesirable consequences is closely balanced or uncertain	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
				X	
Strength of recommendation	Strong negative recommendation: Definitely don't it	Weak negative recommendation: Probably don't do it	No specific recommendation	Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
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Evidence from a logistic regression reported in a moderate quality Level 3 study showed that skin tone classification on a Munsell color chart was a significant predictor of Category/Stage I pressure injuries (but not more severe pressure injuries). Ethnicity/race was not a significant predictor of pressure injuries. Interrater and intrarater reliability was high for Munsell-based skin tone classifications, especially in individuals with dark skin tones.³⁵



Clinical question What additional technologies are accurate and effective methods of assessing skin and soft tissue?

Measurements of skin assessment using non-invasive optical instruments (e.g. transcutaneous oxygenation monitoring; laser doppler, and photoplethysmography)

Option: Using a noninvasive optical instrument to assess skin and soft tissue *Comparison:* Another measure of skin and soft tissue assessment

Background: Optical instruments can measure blood flow at different tissue depths depending on wavelength used. These instruments may have the potential to provide a noninvasive method for assessing signs of tissue ischemia due to pressure.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS	
F THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence of effectiveness?	N/A Very low Low Moderate High	 Evidence for assessing skin and soft tissue by using tissue oxygenation monitoring In individuals recruited from a university hospital (n=46), assessment of skin and tissue using tissue oxygenation did not identify any significant differences in mean sacral oxygenation during a four hour measurement period in supine position on a pressure redistribution support surface.³⁶ (Level 4, moderate quality) In healthy volunteers (n=20), there was a significant increase in transcutaneous tissue oxygenation between heading and 15 minutes at the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation and strain and the summer set of the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between heading and 15 minutes at the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between heading and 15 minutes at the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between heading and 15 minutes at the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between heading and 15 minutes at the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between heading and 15 minutes at the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between heading and 15 minutes at the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation between the sacrum (n=0.05) and the increase in transcutaneous tissue oxygenation (n=0.05)	
	Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no No uncertainty uncertainty important important or or uncertainty or uncertainty variability variability variability or variability N/A	 In healthy volunteers (n=20), there was no significant differences in transcutaneous tissue oxygenation between baseline and 15 minutes in a sitting position.³⁷ (Indirect evidence) Evidence for assessing skin and soft tissue using Laser Doppler and photoplethysmography In healthy volunteers (n=11) both laser Doppler flowmetry and photoplethysmography (PPG), were able to 	
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial substantial	 measures changes in blood flow in situations without pressure present.³⁸ (<i>Indirect evidence</i>) In healthy volunteers (n=20) both laser Doppler flowmetry and PPG were able to measure significant increable blood flow from baseline to 60 minutes measured at the back and sides in supine position.³⁹ (<i>Indirect evide</i>) 	
IS C			Potential adverse effects	
BENEFITS & HARMS	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Strength of Evidence: C - Level 5 studies (indirect evidence) e.g., studies in normal human subjects, humans with other types of chronic wounds, animal models	
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/A No Yes D D D D D X		

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- clear stantial not sub- sub- stanital stantial stantial X	There were no economic analyses relevant to this topic.	
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I I I D		
PRIORITY AND ACC	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I I I D	The equipment has primarily been used by researchers.	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes No X	These measurement methods have been used for research, but there i available in health care.	s currently no user-friendly product
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Balance of consequences	Undesirable consequences clearly outweigh desirable consequences in most settings	Undesirable consequences probably outweigh desirable consequences in most settings	The balance between desirable and undesirable consequences is closely balanced or uncertain	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
			X		
Strength of recommendation	Strong negative recommendation: Definitely don't it	Weak negative recommendation: Probably don't do it	No specific recommendation	Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
Recommendation (text)	No recommendation				
Justification	N/A		10.		
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Clinical question Is ultrasound an effective method for assessing the skin and soft tissue?

Using ultrasound to diagnose or predict development of pressure injuries

Option: Using ultrasound

Comparison: Using another diagnostic tool

Background: Ultrasound is sound waves with frequencies higher than the upper audible limit of human hearing. Ultrasonic devices are used to detect objects and measure distances. Ultrasound imaging or sonography is often used in medicine.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE
BENEFITS & HARMS OF THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence of effectiveness?	N/A Very low Low Moderate High	 Diagnostic accuracy for deep tissue injury compared to daily visual skin assessment Low frequency ultrasound of tissues compared to daily visual skin assessment by a wound ostomy nurse for 7 days had 100.0% sensitivity (95% confidence interval [CI] 47.8% to 100%), 74.8% specificity (95% CI 69.5% to 70.7%) and 75.2% accuracy in identifying doep tissue injury. The ultrasound transducer concerted a range of
	Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no uncertainty uncertainty important No known or or uncertainty undesirable variability variability or variability outcomes N/A	 79.7%) and 73.3% accuracy in identifying deep tissue injuly. The utrasound transducer generated a range of transmission frequencies (2.5 to 12 MHz) and the frequency was selected based on the individual's body mass index (BMI).⁴⁰ (<i>Level 1 diagnostic, high quality</i>) Abnormal high-frequency ultrasound scans at the heels showed low correlation to visual assessment and application of Braden scale friction/shear sub-scales (<i>r</i>=0.22 to r=0.337 across left/right heels and across four different measurement times, some of which were significant).⁴¹ (<i>Level 3 prognostic, high quality</i>)
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial I I I I I I I	 Reliability When applied to people with spinal cord injury (SCI) at risk of pressure injuries, interrater reliability ranged from interclass coefficient (ICC) 0.75 to 0.97 for ultrasound identification of deformation in unloaded and loaded sitting for measures of muscle, total, tendon/muscle and skin/fat.⁴² (<i>Indirect evidence</i>) For people with SCI at risk of pressure injuries, interrater reliability was low for identification of deformation in unloaded sitting for measures of fat and skin ⁴² (<i>Indirect evidence</i>)
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial I I I I I I I I I I I I I I I I I I I	Potential adverse effects No reported adverse effects.
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/A No Yes D D D D D X	Strength of Evidence: C—A body of evidence with inconsistencies that cannot be explained, reflecting genuine uncertainty surrounding the topic

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- clear stantial not sub- sub- stanital stantial stantial X	No evidence available.	
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I I I D	No evidence available.	
	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I I I I D	In an international survey of patient consumers and their informal carege identified knowing more about strategies to check that skin is healthy as (574/850) informal caregivers identified this topic was important or very explore perceptions of ultrasound assessment of the skin. ^{11,12} (<i>Indirect e</i>	ivers, 46.5% (178/383) of patients s important or very important. 67.5% y important. The survey did not specifically vidence)
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D D X	Feasibility of implementation is dependent on access to equipment and in many geographic regions and healthcare settings. (<i>Expert opinion</i>)	staff training and this is likely to be limited
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Balance of consequences	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings	Undesirable consequences probably outweigh desirable consequences in most settings	The balance between desirable and undesirable consequences is closely balanced or uncertain	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
			X		
Strength of recommendation	Strong negative recommendation: Definitely don't it	Weak negative recommendation: Probably don't do it	No specific recommendation	Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
Recommendation (text)	No recommendation				

There is one high quality Level 1 diagnostic study⁴⁰ in which use of low frequency ultrasound showed good sensitivity, specificity and accuracy in diagnosing deep tissue injury, confirmed with visual assessment and pressure injury staging by a clinician conducted up to 7 days after the ultrasound. One high quality Level 3 study demonstrated low to moderate correlation between an abnormal high frequency ultrasound result and being classified as having a pressure injury risk based on visual assessment and application of the Braden friction/shear subscales. The study had insufficient pressure injury vents to evaluate the ability of ultrasound to predict a pressure injury developing.⁴¹ Indirect evidence suggests that tissue deformation associated with pressure injury is identifiable, with interrater reliability reported as high for identifying deformation in muscle, tendon/muscle and skin/fat layers but low for measures in the fat and skin layers.⁴²

Justification

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