**Clinical question** 

What are accurate and effective methods for assessing heel skin and tissue?

# RecommendationAssess the vascular/perfusion status of the lower limbs, heels and feet when performing a skin and tissue assessment, and as6.1part of a risk assessment.

**Option:** Assessing vascular function **Comparison:** No vascular assessment

**Background:** Due to vascular disease and tissue thinning associated with aging, and the presence of avascular fat in the heel, the heel is at risk of pressure injuries. Vascular status is particularly significant to the prevention and treatment of pressure injuries of the heel.<sup>1</sup>

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS
	What is the overall certainty of the evidence?	N/A Very low Low Moderate High	<ul> <li>In individuals in a community hospital (n=15), peripheral arterial disease was a significant factor for heel pressure injuries in a multivariable analysis (odds ratio [OR] 11. 95% confidence interval [CI] 1.99-60.57).<sup>2</sup> (<i>Level 3, moderate quality</i>)</li> <li>In people with heel pressure injuries (n=140 with 183 pressure injuries), presence of peripheral arterial disease was a significant factor for heel pressure injuries (n=140 with 183 pressure injuries), presence of peripheral arterial disease was a significant factor for heel pressure injuries (n=140 with 183 pressure injuries), presence of peripheral arterial disease was a significant factor for heel pressure injuries).</li> </ul>
BENEFITS & HARMS OF THE 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	<ul> <li>significant factor for healing (HR = 0.40, 95% CI 0.20-0.81,p=0.010).<sup>3</sup> (Level 3 prognostic, low quality)</li> <li>In individuals in acute care with hospital and community acquired pressure injuries (n=337),<sup>1</sup> diabetes mellitus, vascular disease, immobility, and an admission Braden Scale score of 18 or less were significant risk factors for heel pressure injuries in a univariate analysis. (Level 3 prognostic, moderate quality)</li> </ul>
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial I I I I I I I	
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substanital substantial substantial I	
	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, most studies have consistent outcomes and inconsistencies can be explained

	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 X	No evidence available
ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D X 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 I I I D D	No evidence available
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D D K	• A health professional requires appropriate training to conduct a vascular assessment, and skills and training in this area varies across geographic and clinical settings. ( <i>Expert opinion</i> ).
		CERNAR	

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 <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
Justification		eel. Evidence from a low quality I		e increases the risk of heel pressure at heel pressure injuries were less li	
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Evidence to Decision Framework. ©EPUAP/NPIAP/PPPIA

**Clinical question** What heel repositioning interventions are effective in preventing heel pressure injuries? What support surfaces and devices are effective in preventing heel pressure injuries?

Recommendation 6.2 For individuals at risk of heel pressure injuries and/or with Category/Stage I or II pressure injuries, elevate the heels using a specifically designed heel suspension device or a pillow/foam cushion. Offload the heel completely in such a way as to distribute the weight of the leg along the calf without placing pressure on the Achilles tendon and the popliteal vein.

**Option:** Elevating the heels with a specially designed device or a pillow **Comparison:** No heel elevation or a different method for heel suspension

**Background:** The posterior prominence of the heel sustains intense pressure, even when a pressure redistribution surface is used. Because the heel is covered with a small volume of subcutaneous tissue, mechanical loads are transmitted directly angular to the bone. Ideally, heels should be free of all pressure.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS
BENEFITS & HARMS OF THE PRACTICE	What is the overall certainty of the evidence?	No included studies Very low Low Moderate High	<ul> <li>Evidence for elevation versus no elevation</li> <li>In individuals with a hip fracture, heel elevation with a foam heel suspension boot was associated with statistically significantly fewer pressure injuries than using a pressure redistribution support surfaces without elevating the heels (0% vs 24.4%, p&lt;0.01).<sup>4</sup> (Level 1, moderate quality)</li> </ul>
	Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no No uncertainty uncertainty important important No known or or uncertainty or uncertainty undesirable variability variability variability or variability outcomes	<ul> <li>In individuals transferred to hospital via ambulance, heel elevation with a foam heel suspension boot applied in the ambulance, was associated with statistically significantly fewer heel pressure injuries compared to normal care (14.6% versus 30%, p=0.017).<sup>5</sup> (<i>Level 1, moderate quality</i>)</li> <li>In critically ill individuals, there were fewer heel pressure injuries associated with elevating heels with a foam cushion compared with no heel intervention (8.5% versus 54.2%).<sup>6</sup> (<i>Level 1, low quality</i>)</li> <li>Evidence for foam heel suspension boots</li> </ul>
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial <b>Substantial Substantial</b>	<ul> <li>In critically ill individuals (n=54), heel elevation with a foam heel suspension boot was associated with statistically significantly fewer pressure injuries than using regular pillows (0% vs 41%, p&lt;0.001).<sup>7</sup> (Level 1, high quality)</li> <li>In individuals with a hip fracture, heel elevation with a foam heel suspension boot was associated with statistically significantly fewer pressure injuries than using a pressure redistribution support surface</li> </ul>
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial substantial I I I I I I I	<ul> <li>without elevating the heels (0% vs 24.4%, p&lt;0.01).<sup>4</sup> (<i>Level 1, moderate quality</i>)</li> <li>In individuals transferred to hospital via ambulance, heel elevation with a foam heel suspension boot applied in the ambulance, there were statistically significantly fewer heel pressure injuries compared to normal care (14.6% versus 30%, p=0.017).<sup>5</sup> (<i>Level 1, moderate quality</i>)</li> <li>In individuals in orthopedic care (n=30), a foam heel suspension boot was associated with statistically significantly fewer pressure injuries than heel elevation using intravenous fluid bags (0% versus 40%, p=0.006).<sup>8</sup> (<i>Level 2, low quality</i>)</li> </ul>
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes	<ul> <li>In critically ill individuals with redenned heels (n=50), using a laminated foam boot was associated with more reddened heels improving in condition compared with gauze pads, ABD dressing and tape (92.85% vs 0%).<sup>9</sup> (<i>Level 2, low quality</i>)</li> <li>In critically ill individuals (n=53), no new pressure injuries occurred during admissions (5 days or longer) with a heel suspension boot.<sup>10</sup> (<i>Level 4, low quality</i>)</li> </ul>

CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS
	EURINAL	<ul> <li>In immobile individuals, heel elevation with a foam heel suspension boot was associated with a 43.8% reduction in heel pressure injuries in one hospital and a 67% reduction in Category/Stage III or IV heel pressure injuries in a second hospital over 12 months.<sup>11</sup> (Level 4, low quality)</li> <li>Evidence for air inflation heel suspension boots <ul> <li>In individuals in rehabilitation care (n=17), no heel pressure injuries occurred in up to 14 days follow-up when using a four celled air-filled heel suspension boot.<sup>12</sup> (Level 4, low quality)</li> </ul> </li> <li>Evidence for air low friction fabric heel suspension boots <ul> <li>In hospitalized individuals, incidence of avoidable heel pressure injuries decreased from 32% to 27.3% over 4 years.<sup>13</sup> (Level 4, low quality)</li> </ul> </li> <li>Evidence for foam cushions <ul> <li>In critically ill individuals, there were fewer heel pressure injuries associated with elevating heels with a foam cushion compared with no heel intervention (8.5% versus 54.2%).<sup>6</sup> (Level 1, low quality)</li> </ul> </li> <li>Adverse events <ul> <li>None reported</li> </ul> </li> <li>Strength of Evidence: B1 – Level 1 studies of moderate or low quality providing direct evidenc</li> </ul>

	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	<ul> <li>In hospitalized individuals, cost savings associated with heel pressure injuries was £149,912 (2015) four years after introducing a four celled air-filled heel suspension boot <sup>13</sup> (<i>Level 4, low quality</i>)</li> <li>One UK hospital reported cost savings of £68,716 over 12 months and the second hospital reported projected cost savings of £294,964 over 5 years.<sup>11</sup> (<i>Level 4, low quality</i>)</li> </ul>		
TY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D D K	<ul> <li>Evidence from individuals at risk of pressure injuries</li> <li>76% (13/17) of individuals in rehabilitation care reported a four celled air-filled heel suspension boot was comfortable, but 12% (2/17) reported the boot was too hot.<sup>12</sup> (Level 4, low quality)</li> <li>In individuals transferred to hospital via ambulance, 48% rated a foam heel suspension boot as comfortable in supine position and 25% rated it as comfortable in side-lying position. 71% described the boot as warm or sweaty and 30% rated it as itchy.<sup>5</sup> (Level 1, moderate quality)</li> <li>In individuals transferred to hospital via ambulance, pain rating were lower with a foam heel suspension boot (range 0 to 4) compared to normal care (0 to 7).<sup>5</sup> (Level 1, moderate quality)</li> <li>Evidence from health professionals</li> <li>100% of health professionals (n= not reported) reported a four celled air-filled heel suspension boot was easy to apply and remove.<sup>12</sup> (Level 4, low quality)</li> </ul>		
PRIORITY	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes	No evidence available		
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D I I I D	<ul> <li>Commercial heel suspension devices may not be available in all clinical settings and geographic settings; however, a regular pillow is accessible on most settings (<i>Expert opinion</i>).</li> <li>Elevating the heels may not be feasible for more mobile individuals, people with dementia or people with agitation, muscle spasms or other conditions that increase leg movement. (<i>Expert opinion</i>).</li> </ul>		

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 <i>clearly outweigh</i> undesirable consequences in most settings
				2 m	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	lower using both a regular foa	m cushion <sup>6</sup> and using a foam he	el suspension boot <sup>4,5</sup> than when h	eels were not elevated. As well as be	s. Incidence of pressure injuries were eing more effective than normal care igh quality Level 1 study, <sup>7</sup> and more

effective for improving condition of reddened heels in a low quality Level 2 study.<sup>9</sup> One low quality Level 4 study showed reductions in any heel pressure injuries of 43.8% and a 67% reduction in Category/Stage III or IV heel pressure injuries.<sup>11</sup> Two low quality Level 4 studies<sup>12,13</sup> provided evidence supporting air filled heel elevation boots<sup>12</sup> and low friction fabric heel elevation boots.<sup>13</sup>

G	ood Practice Statement 6.3	For individuals with a Category/Stage III or greater heel pressure injury, elevate the heels using a device specifically designed for heel suspension, offloading the heel completely in such a way as to distribute the weight of the leg along the calf without placing pressure on the Achilles tendon and the popliteal vein.

Background: The posterior prominence of the heel sustains intense pressure, even when a pressure redistribution surface is used. Because the heel is covered with a small volume of subcutaneous tissue, mechanical loads are transmitted directly angular to the bone. Ideally, heels should be free of all pressure.

What heel repositioning interventions are effective in treating heel pressure injuries?

SUPPORTING EVIDENCE, WH	HEN AVAILABLE
Evidence to support the opinion (when available)	N/A
Justification	Pressure on Category/Stage III, IV, and unstageable heel pressure injuries should be completely offloaded as much as possible. Elevation of the heel on a pillow is usually inadequate.

**Clinical guestion** 

## **Clinical question** What are effective local management strategies (e.g. skin care, prophylactic dressings) in preventing heel pressure injuries?

**Recommendation 6.4** 

Use a prophylactic dressing as an adjunct to heel offloading and other strategies to prevent heel pressure injuries.

**Option:** A prophylactic dressing applied to the heel to prevent pressure injuries **Comparison:** A different type of prophylactic dressing or standard preventive care.

Background: Prophylactic dressings appear to have a role in reducing friction and shear.

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CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS		
What is the overall certainty of the evidence of effectiveness?	included	<ul> <li>Silicone foam dressings</li> <li>Evidence for pressure injury incidence</li> <li>In critically ill individuals (n=440), multi-layer soft silicone foam dressing plus a tubular bandage was ass statistically significantly fewer heel pressure injuries compared to standard care (3.1% vs 12.5%, p=0.02) after a up of approximately 3.5 days.<sup>14</sup> (Level 1, moderate quality)</li> </ul>	a mean follow	
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 U D D T	<ul> <li>In trauma and critically ill individuals (n=302), a multi-layer soft silicone foam dressing plus a tubular bandage was as with a statistically significantly lower incidence of heel pressure injuries compared with standard care only (0% p&lt;0.001).<sup>15</sup> (<i>Level 3</i>, <i>high quality</i>)</li> <li>Other outcome measures</li> <li>In healthy volunteers (n=50) there was a statistically significantly lower interface pressure associated with a silicone foam dressing compared with no heel dressing (p&lt;0.001).<sup>16</sup> (<i>Indirect evidence</i>)</li> <li>Polyurethane foam dressings</li> <li>Evidence for pressure injury incidence</li> <li>In older adults (n=111), a polyurethane foam hydrocellular dressing was associated with statistically significantly feet pressure injuries compared to a protective bandage after 8 weeks (3.3% versus 44%, p&lt;0.001).<sup>17</sup> (<i>Level 1</i>, <i>low quality</i>)</li> <li>In individuals with orthopedic conditions requiring casting (n=156), use of a sterile polyurethane foam dressing in contact with the skin under the cast (relative risk [RR] 0.08, 95% co interval [CI] 0.02-0.33, number need to treat 3, 95% CI 3-4).<sup>18</sup> (<i>Level 3</i>, moderate quality)</li> <li>Polyurethane film</li> <li>Evidence for pressure injuries compared with standard care only (6% vs 18%, p&lt;0.001)<sup>19</sup> (<i>Level 2</i>, <i>low quality</i>)</li> <li>Heel silicone pads</li> <li>Other outcome measures</li> <li>In older adults (n=14), a silicone heel pad was associated with reduction in water content (edema) detected by a high definit ultrasound of the heel compared with non-silicone heel pad or no heel pad.<sup>20</sup> (<i>Level 2</i>, <i>low quality</i>)</li> <li>Potential adverse effects</li> <li>None reported</li> <li>Strength of Evidence: B1 – Level 1 studies of moderate or low quality providing direct evidence</li> </ul>	y (0% vs 9.2%,	
value the main       outcomes?       ₩       How substantial       are the       desirable       anticipated       HELL       effects?	Unclear Not Probably not Probably Substantial substantial substantial		<i>ality</i> ) in contact with ence compared	
How substantial are the undesirable anticipated Effects?	Unclear Not Probably not Probably Substanital substantial substantial substantial		er incidence of	
Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes D D D X D		definition	
Do the desirable effects outweigh the undesirable	No Probably Uncertain Probably Yes Varies No Yes	Other outcome measures In older adults (n=14), a silicone heel pad was associated with reduction in water content (edema) detected by a hig ultrasound of the heel compared with non-silicone heel pad or no heel pad. <sup>20</sup> ( <i>Level 2, low quality</i> ) <b>Potential adverse effects</b> None reported	зh	

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	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	<ul> <li>In aged care settings, a non-adhesive hydrocellular dressing was asse 8 weeks than a gauze pad and wrap bandage (\$88.29 CAD and \$160.</li> </ul>	
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I I I D D	No evidence available	
	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D X D	72.1% (276/383) of respondents to a patient/ informal caregiver survey v injury or being at risk of a pressure injury believed that knowing more ab caring for themselves. In the same survey, 67.2% (572/850) of informal c dressings is important or very important in caring for their family member ( <i>Level 5</i> ).	out dressings is important or very important in aregivers believed that knowing more about
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D X D	<ul> <li>Health professionals reported difficulty opening five layer foam dress particularly when wearing gloves<sup>15</sup> (<i>Level 3, high quality</i>).</li> <li>Health professionals reported requiring a tubular bandage to maintai individual was agitated<sup>15</sup> (<i>Level 3, high quality</i>).</li> <li>Prophylactic dressing may not be available in all clinical settings and g</li> </ul>	in five layer foam dressings on the heel when the
	·	center,	·	

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 <i>clearly outweigh</i> undesirable consequences in most settings
				2	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	foam dressings designed for applic	ation to the heels and one lo	ow quality Level 2 study <sup>19</sup> providin		providing evidence on two different rethane film. The different types of I with statistically significantly fewer

heel pressure injuries than standard care that included either no prophylactic dressing<sup>14,15,18</sup> or gauze padding and bandage.<sup>17</sup> In both the Level 1 studies, the heel pressure

injury incidence rate was around 3% when using either type of prophylactic foam dressing,<sup>14,17</sup> while the rate of pressure injuries using the polyurethane film was around 6%.<sup>19</sup>

#### **Clinical question** What are effective local management strategies (e.g. skin care, prophylactic dressings) in preventing heel pressure injuries?

#### 1. Vascular status

*Option:* N/A *Comparison:* N/A **Background:** The posterior prominence of the heel sustains intense pressure, even when a pressure redistribution surface is used. It is unclear if there are specific factors related to the time it takes for healing to be achieved.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
BENEFITS & HARMS OF THE PRACTICE	What is the overall certainty of the evidence?	N/A Very low Low Moderate High	<ul> <li>Factors prognostic for healing</li> <li>In people with heel pressure injuries (n=140 with 183 pressure injuries), presence of a severe (full thickness) versus less severe (partial thickness) pressure injury was a significant factor for healing (hazard ratio [HR] 0.48, 95% Cl 0.3-0.75 ,p=0.001).<sup>3</sup> (<i>Level 3 prognostic, low quality</i>)</li> <li>In people with heel pressure injuries (n=140 with 183 pressure injuries), presence of peripheral arterial disease was a significant factor for healing (HR = 0.40, 95% Cl 0.2-0.81,p=0.010).<sup>3</sup> (<i>Level 3 prognostic, low quality</i>)</li> </ul>	
	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		
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial I I I I I I I		
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial I I I I I I		
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/A No Yes D D D D X	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- stantial stantial stantial	N/A	
AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	N/A	
PRIORITY AND A	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D D D D	N/A	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes	N/A	
		CEPURY /		

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 <i>is closely balanced or</i> <i>uncertain</i>	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
			X		
Strength of recommendation	We recommend against offering this option	We suggest not offering this option	We make no suggestion o offering this option	n We suggest offering this option	We recommend offering this option
Recommendation (text)	No recommendation				
Justification	•		showed that heel pressure inju Category/Stage III or greater pr	•	en the individual had peripheral

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### **Clinical question** What factors put individuals at risk for heel pressure injury development?

1. Heel anatomy

Option: N/A Comparison: N/A **Background:** The posterior prominence of the heel sustains intense pressure, even when a pressure redistribution surface is used. It is unclear if there are specific clinical factors that increase risk of heel pressure injuries.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	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	<ul> <li>Evidence for heel anatomy as a factor associated with pressure injuries</li> <li>Finite element modeling provided evidence that the shape of the individual's calcanei influences the strain on muscles and tissue at the heel.<sup>23</sup> (<i>Indirect evidence</i>)</li> </ul>	
	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	Potential adverse effects	
	How substantial are the desirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial I I I I I I	N/A	
	How substantial are the undesirable anticipated effects?	N/A Not Probably not Probably Substantial substantial substantial		
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes N/A No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Strength of evidence C	

	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- stantial stantial stantial X	N/A	
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I II II D	N/A	
PRIORITY AND ACCEPTABILITY	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D I I I D	N/A	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D X D	N/A	
		CEPUNK		

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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	L.	
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		, 0 00	at the shape of the individual's calc dence to support this modeling.	anei influences strain on muscle and	t tissue and therefore influences

## References

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