Evidence to Decision Frameworks: Device-related Pressure Injuries

Clinical question

What factors should be considered when selecting medical device?

Recommendation 8.1

To reduce the risk of medical device related pressure injuries, review and select medical devices with consideration to:

- The device's ability to minimize tissue damage
- Correct sizing/shape of the device for the individual
- Ability to correctly apply the device according to manufacturer's instructions
- Ability to correctly secure the device.

Option: Selecting a device specifically for the individual base on a review of the device characteristics and the individual's needs.

Comparison: Different medical devices, usually a standard stock of device in the facility.

Background: Medical device related pressure injuries (MDRPIs) develop due to prolonged, unrelieved pressure on the skin or mucous membranes from a medical device. Incorrectly positioned or fitted devices, incorrect device use and improperly positioned fixation devices can contribute to MDRPIs, ¹ as can the design of the medical device.²

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	
'HE	What is the overall certainty of the evidence of effectiveness?	No included studies Very low Low Moderate High	Evidence for device designs being associated with MDRPI incidence Oxygen delivery devices with lower tissue/device interface surface area were associated with fewer Category/Stage I MDRPIs in children (facial mask, 75% versus helmet, 0%; p=0.002), without compromising gas exchange. ³ (Level 2, moderate quality)	
ITS & HARMS OF TI MMENDED PRACTIC	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	 An extended tracheostomy tube design, implemented in conjunction with a multifaceted intervention, was associated with a lower rate of MDRPIs in children than a standard tracheostomy tube design (mean rate over 12 months 0.3% versus 2.6%, p=0.007). The alternate device design was also associated with fewer days with a MDRPI when one occurred (p<0.0001).⁴ (<i>Level 2, moderate quality</i>) Changing the endotracheal (ET) tube type was associated with a reduction in mucosal membrane pressure injuries (2 MDRPIs in 7592 ventilator days versus 19 MDRPIs in 7175 ventilator days).⁵ (<i>Level 2, low quality</i>) Type of tracheostomy tube predicted MDRPI complications in children (likelihood ration 4.9, p=0.03).⁶ (<i>Level 4, low quality</i>) 	
BENE	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial	 quality) Making an early change from a regular oxygen mask for non-invasive ventilation to a total face mask was associated with significantly fewer MDRPIs than making the change later in the individual's management (24% versus 87%, p=0.0002).⁷ (Level 4, moderate quality) 	

CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE
How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial substantial	 Evidence for device sizing being associated with MDRPIs Incidence of MDRPIs associated with helmet therapy was higher in children with brachycephaly compared with all children receiving therapy (21.9% versus 10.5%) due to an increased tissue/device interface pressure from devices incorrectly sized to the child's head.⁸ (Level 4, modeate quality) Incidence of MDRPIs associated with facial oxygen masks was higher in individuals with cranio-facial abnormalities due to masks being positioning over body regions.⁹ (Level 3, low quality) Evidence for securement methods being associated with MDRPI Application of commercial tube securement for nasogastric tubes was associated with a reduced incidence of MDRPI compared to conventional adhesive tape (4% versus 23%, p<0.001).¹⁰ (Level 2, low quality) Application of a commercial ET tube securement device was associated with an increase in oral pressure injuries compared to a cloth securement (incident rate ratio 2.03, 95% CI 1.17 to 3.51, p=0.02).¹¹ (Level 2, low quality)
Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes X	Strength of Evidence: B2 – Level 2 studies of low quality, 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 formal cost effectiveness analysis on selecting medical devices was available. One study reported that the per unit cost of an extended-style tracheostomy tube associated with lower MDRPIs was approximately double the cost of a standard tracheostomy tube. Potential cost savings associated with fewer MDRPI were not measured. ⁴ (<i>Level 2, moderate quality</i>)
ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes	The appearance of medical devices might influence the acceptability of alternative medical devices by individuals at risk of MDRPI and their caregivers. (Level 2, moderate quality)
PRIORITY AND ACC	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes	66.8% (256/383) 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 about medical device related pressure injuries and their prevention is important or very important in caring for themselves. In the same survey, 65.2% (554/850) of informal caregivers believed that knowing more about medical device related pressure injuries and their prevention is important or very important in caring for their family member/friend with or at risk of a pressure injury. (Indrect evidence)
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes	It may not be possible to select the most appropriately fitted device if the facility does not maintain a wide range of medical devices. (Expert opinion)

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
				50, -	図
Justification There is direct evidence that medical device design, shape and sizing are associated with MDRPIs. The evidence studies reported that adjusting the type of device or securements used is associated with reduction in MDRPI in Level 3 and 4 studies indicated that devices that were incorrectly sized or shaped were associated with increase that individuals and their informal caregivers consider information on prevention and treatment of MDRPIs to be		in MDRPI incidence. ^{3-7,11,14} Evidence vith increased MDRPIs in adults and c	from moderate and low quality		

Clinical question

What local management strategies are effective in preventing device related pressure injuries (DRPIs)?

Recommendation 8.2

Regularly monitor the tension of medical device securements and where possible seek the individual's self-assessment of comfort.

Option: Reducing tension on securements **Comparison:** Differing securement devices or tensions

Background: Medical devices often require some form of securement to the body. The tension of the securement can cause pressure injuries resulting in pain and reduced quality of life for the individual. Ensuring optimal tension of securement devices may reduce the risk of pressure injury.

CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE
What is the overall certainty of the evidence of effectiveness?	No included studies Very low Low Moderate High □ ☑ □ □	Evidence for reduction in interface pressure In healthy volunteers, increasing oxygen mask strap tension by 5mm and greater was significantly and positively associated with interface pressure (p<0.01). (Level 5, indirect evidence) In healthy volunteers, interface pressure from cervical collars increased significantly when the tension from straps was at the highest level (p<0.01) (Level 5, indirect evidence)
Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no important uncertainty uncertainty important uncertainty or or uncertainty or undesirable variability variability or variability variability	 Evidence for reduction in temperature and humidity (microclimate) In healthy volunteers, reducing the tension of oxygen mask straps had no significant impact on either skin temperature or humidity values (p>0.05).¹⁵ (Level 5, indirect evidence) Evidence for reduction in cytokine concentrations (inflammatory markers) In healthy volunteers, an increase in tension of oxygen mask straps was associated with an increase in IL-1α concentrations measured using Sebutabe at the nose bridge (median ratio of 1.34 at higheststrap tension, p <
How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial Substantial	 0.05).¹⁵ (Level 5, indirect evidence) In healthy volunteers, there was inconsistent trends in changes in IL-1β, IL-8, IL-2, IL-6, IL-10 and IFN-γ associated with changes in tension of oxygen mask straps.¹⁵ (Level 5, indirect evidence) Evidence for reduction in discomfort In healthy volunteers, an increase in oxygen mask strap tension by 5mm and greater was associated with greater
How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial Substantial	 discomfort ratings on an unreported subjective scale (p<0.05).¹⁵ (Level 5, indirect evidence) In healthy volunteers, an increase in cervical collar strap tension was associated with a significant increase in discofomrt (p<0.005).¹⁶ (Level 5, indirect evidence) Adverse events There was no evidence reported on potential adverse events of reducing the tension of medical device securements in healthy volunteers.
Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes \[\begin{array}{c c c c c c c c c c c c c c c c c c c	Strength of Evidence: C – Level 5 studies (indirect evidence).

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE AND ADDITIONAL CONSIDERATIONS
RESOURCE USE	How substantial are the resource requirements?	Not Not sub- Probably Probably Sub- Varies clear stantial not sub- sub- stanital stantial	There was no evidence available on the resource requirements for reducing tension on medical device securements.
ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes \[\begin{array}{c c c c c c c c c c c c c c c c c c c	No evidence available
PRIORITY AND AC	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes □ □ □ ☑ □	66.8% (256/383) 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 about medical device related pressure injuries and their prevention is important or very important in caring for themselves. In the same survey, 65.2% (554/850) of informal caregivers believed that knowing more about medical device related pressure injuries and their prevention is important or very important in caring for their family member/friend with or at risk of a pressure injury. Preventing pressure injuries was rated as a care goal for over 70% of patients and informal caregivers. (Indirect evidence)
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes X	No evidence available

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
				X	
Justification There is currently no evidence that reducing the tension in medical device securements decreases pressure injuries. However healthy volunteers that show that increasing the tension of medical device securements is associated with unfavorable including increased interface pressure, 16,17 increases in some markers of inflammatory response 17 and increased discompatient consumers and their informal caregivers consider information on prevention and treatment of MDRPIs to be an important process.		s associated with unfavorable chang ponse ¹⁷ and increased discomfort. ¹	ges in indirect outcome measures, 6,17 Recent research indicates that		

Clinical question	What local management strategies are effective in preventing device related pressure injuries (DRPIs)?
Clinical question	What local management strategies are effective in preventing device related pressure injuries (DRPIS)

Good	practice	statement
Q 2		

Assess the skin under and around medical devices for signs of pressure related injury as part of routine skin assessment.

Background: Conducting frequent skin assessments is considered best practice, although there is no high quality scientific evidence to support this practice. Regular assessment of the skin allows prompt detection of pressure related injury. By identifying risks early, strategies to redistribute pressure can be implemented.

SUPPORTING EVIDENCE (WHEN AVAILABLE)

Evidence to support the opinion (when available)

There is no direct or indirect scientific evidence to support the intervention.

Evidence from consensus recommendations

One consensus document providing expert opoinion recommendations on wound dressings to prevent MDRPIs suggests that clinicians should continue to lift/move the medical device and examine the skin.¹

Justification

Conducting frequent skin assessments is considered best practice, although there is no high quality scientific evidence to support this practice in preventing MDRPIs. Regular assessment of the skin allows prompt detection of pressure related injury. By identifying risks early, strategies to redistribute pressure can be implemented.

Clinical question	W
Good practice staten	nent

8.4

What local management strategies are effective in preventing device related pressure injuries (DRPIs)?

Reduce and/or redistribute pressure at the skin-device interface by:

- Regularly rotating or repositioning the medical device and/or the individual
- Providing physical support for medical devices in order to minimize pressure and shear
- Removing medical devices as soon as medically feasible.

Background: Pressure injuries associated with medical devices can occur due to poor positioning of the device, or increased pressure and shear on the tissues caused by the device. Regular pressure redistribution might reduce the risk of MDRPIs.

	SUPPORTING EVIDENCE, WHEN AVAILABLE	
Evidence to support the opinion (when available)	There is no direct or indirect scientific evidence to support the intervention.	
Evidence from consensus recommendations		
	One consensus document providing expert opinion recommendations on wound dressings to prevent MDRPIs suggests that clinicians should remove hard collars and replace with	
	a soft collar as soon as possible and rotate ET tubes every shift or more often.	
Justification	Pressure injuries associated with medical devices can occur due to poor positioning of the device, or increased pressure and shear on the tissues caused by the device. Regular pressure redistribution might reduce the risk of MDRPIs.	

Clinical question

Is a prophylactic dressing effective for preventing medical device-related pressure injuries (MDRPIs)? If so, what factors should be considered when selecting a prophylactic dressing?

Recommendation 8.5

Use a prophylactic dressing beneath a medical device to reduce the risk of medical device related pressure injuries.

Option: Prophylactic dressing

Comparison: No prophylactic dressing, or different prophylactic

dressing types

Background: Prophylatic dressings are designed to provide a soft interface between the skin and a medical device. They conform to the skin and device to redistribute pressure and increase comfort. These dressing are used in a range of patient populations, from neonates to the elderly.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE
NEFITS & HARMS OF THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence of effectiveness?	No included studies Very low Low Moderate High	 Evidence for reducing incidence of MDRPI with hydrocolloid dressing for adults and children Significant reduction in MPDRPIs compared to no intervention when a tracheostomy protocol that included applying hydrocolloid dressing for 7 days followed by polyurethane foam dressing after sutures were removed (1.29% versus 10.93%, p=0.0003).¹⁸ (Level 2, high quality) Significant reduction in Stage I pressure injuries associated with oxygen masks compared to no dressing associated with applying hydrocolloid dressing on nasal bridge (40%% versus 96.7%, p<0.01).¹⁹ (Level 2, moderate quality)
	Is there important uncertainty about how much people value the main outcomes?	Possibly Important important Probably no important uncertainty uncertainty important uncertainty or or or uncertainty or variability variability	 Evidence for reducing incidence of MDRPI with silicone gel sheeting for adults and children Children were about 3.5 times less likely to experience nasal pressure injuries associated with ventilation when a thick silicone gel sheeting was applied compared with no dressing (4.3% versus 14.9%, odds ration [OR] 3.43, 95%confidence interval [CI] 1.1 to 10.1, p<0.05).²⁰ (Level 1, moderate quality) Significant reduction in MPDRPIs when silicone pressure reducing strips were applied under twill ties of endotracheal (ET) tubes compared to no intervention under twill ties (21% versus 5%, p=0.032).²¹ (Level 3, low quality)
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial Substantial X	 Evidence for reducing incidence of MDRPI with polyurethane foam dressing for adults and children Significant reduction in Category/Stage I MDRPIs when using polyurethane foam dressing under plaster casts compared with no under cast dressing (3.6% versus 42.9%, p<0.0005).²² (Level 2, moderate quality) Significant reduction in MDRPIs compared to no intervention after implementation of a tracheostomy protocol that included applying polyurethane foam dressing (3.4% versus 0%, p=0.007).⁴ (Level 2, moderate quality)
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial Substantial	 Evidence for reducing incidence of MDRPI with transparent film dressing for adults and children Significant reduction in Categroy/Stage I MDRPIs associated with oxygen masks compared to no dressing associated with appying transparent film on nasal bridge (53.3% versus 96.7%, p<0.01).¹⁹ (Level 2, moderate quality) Evidence comparing different prophylactic dressings for reducing incidence of MDRPI in adults and children No significant difference was found between a hydrocolloid dressing and a transparent film when used on nasal bridge with an oxygen mask.¹⁹ (Level 2, moderate quality)
BEN	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes X	Adverse events No studies reported adverse events associated with applying a prophylactic dressing for adults or children. Strength of evidence: B1 – Level 1 studies of moderate or low quality providing direct evidence and/or Level 2 studies of high or moderate 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	No evidence on resources associated with using prophylactic of	dressings to prevent MDRPIs is available.
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes I I I I I I I	No evidence available	
	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes	66.8% (256/383) of respondents to a patient/ informal caregive injury or being at risk of a pressure injury believed that knowing and their prevention is important or very important in caring for informal caregivers believed that knowing more about medical important or very important in caring for their family member/fevidence)	more about medical device related pressure injuries r themselves. In the same survey, 65.2% (554/850) of device related pressure injuries and their prevention is
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes X	Accessibility to prophylactic dressings varies between clinical se	ttings and geographic locations (Expert opinion).

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
				×	
Justification	desirable effects of prophyla The evidence included effect prongs and masks, 19,20 and u foam dressings, 4,18,22,23 silico	actic dressings used in conjunctiveness in reducing pressure under casts. ²² A range of difference gel sheeting ²⁰ and transpaint research indicates that paties	tion with medical device application injury incidence when prophylaction rent types of prophylactic dressings rent films. 19 No cost effectiveness	n is supported by several Level 1, 2 c dressings were used with trached were evaluated in the literature, in studies for prophylactic dressings u	aces the incidence of MDRPIs. The and 3 studies of moderate quality. estomies, 4.18 ET tubes, 21 ventilation including hydrocolloid dressings, 18,19 used in conjunction with a medical revention and treatment of MDRPIs

Clinical question What local management strategies are effective in preventing device related pressure injuries (DRPIs)? Recommendation 8.6 If appropriate and safe, alternate the oxygen delivery device between correctly fitting mask and nasal prongs to reduce the severity of nasal and facial pressure injuries for neonates receiving oxygen therapy.

Option: Alternating between a range of different nasal interfaces to provide neonatal CPAP.

Comparison: Using the same nasal interface to provide neonate CPAP.

Background: Nasal continuous positive airway pressure (CPAP) is the standard for care of preterm infants with respiratory distress syndrome. Nasal CPAP devices have been associated with pressure injuries in neonates. Alternating the type of device used to deliver CPAP could reduce the risk of pressure injuries by changing the tissue/device interface regularly.²⁴

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE
BENEFITS & HARMS OF THE RECOMMENDED PRACTICE	What is the overall certainty of the evidence of effectiveness?	No included studies Very low Low Moderate High	Evidence for improvement in nasal and facial "skin excoriation" scores • In low birthweight neonates, rotating the oxygen therapy delivery option (changing between mask and nasal prongs) is associated with significantly lower scores for "skin excoriation" on the Neonatal Skin Condition Scale (NSCS, scale of 1 to 3) than receiving oxygen therapy by the same device (1.10 [alternating regimen] versus 1.18 [prongs alone] versus 1.19 [mask alone], p=0.007). ²⁴ (Level 1, high quality)
	Is there important uncertainty about how much people value the main outcomes?	Possibly No Important important Probably no important uncertainty uncertainty important uncertainty No known or or uncertainty or undesirable variability variability or variability variability outcomes	 Evidence for improvement in nasal and facial erythema scores In low birthweight neonates, rotating the oxygen therapy delivery option (changing between mask and nasal prongs) was associated with significantly lower erythema scores on the NSCS than using the same oxygen delivery device (1.18 [alternating regimen] versus 1.12 [prongs alone] versus 1.31 [mask alone], p=0.007).²⁴ (Level 1, high quality) Adverse events
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial	 No adverse events were reported from alternating the oxygen therapy device. Although not specifically reported as a concern in the studies reviewed, oxygen saturation levels may vary depending on the type of device in some individuals.
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial substantial \(\textbf{X} \) \qquad \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	
Ш	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes	Strength of Evidence: B1 – Level 1 studies of moderate or low 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 evidence of the resource requirements, or a cost effectiveness analysis on alternating devices was available.
ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes	No evidence available.
PRIORITY AND A	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 🔲 🔲 🛣	Feasibility may be limited by the range of oxygen delivery devices available within the facility (<i>Expert opinion</i>).

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
Justification	(described I the study as exc	oriation and erythema). The ev	vidence for effectiveness of alternat	nsal prongs every four hours reduced ing oxygen delivery methods for red d a cost analysis was not undertaken	ducing MDRPI was conducted in

Clinical question

What local management strategies are effective in preventing device related pressure injuries (DRPIs)?

Good practice statement 8.7

If appropriate and safe, alternate the oxygen delivery between correctly-fitting mask(s) and nasal prongs to reduce the severity of nasal and facial pressure injuries for older children and adults receiving oxygen therapy.

Background: Oxygen delivery devices are associated with more MDRPIs than any other type of medical device. ^{25,26} Rotating the anatomical location in contact with a medical device by using different delivery systems might reduce pressure injury risk.

SUPPORTING EVIDENCE, WHEN AVAILABLE

Evidence to support the opinion (when available)

- In a study comparing oxygen delivery to babies (aged 3 to 11 months) a helmet oxygen delivery system was as effective in attaining adequate oxygen saturation levels as a facial or nasal mask, while being associated with lower MDRPI incidence due to the smaller skin-device interface.³ (Level 2, moderate quality) This study did not explore rotating between different delivery systems.
- In a study comparing a standard face mask to a total face mask for delivering oxygen to adults in critical care, individuals who changed to the total face mask early in the course of treatment experienced significantly fewer facial pressure injuries (24% versus 87%, p =0.0002).²⁷ (Level 4, moderate quality) This study did not explore rotating between different delivery systems.

Justification

Although there is no direct evidence on the influence on MDRPI incidence of rotating oxygen delivery systems in older children and adults, evidence can be extrapolated from the studies in neonates, a Level 2 study comparing different oxygen delivery systems conducted in babies,³ and a Level 4 study comparing different oxygen delivery systems in adults.²⁷ Alternating the type of oxygen delivery device can rotate the anatomical areas in contact with a medical device, providing skin and soft tissue with intermittent pressure relief.

Clinical question	What are the unique pressure injury prevention strategies for individuals with spinal cord injury
Recommendation 8.8	In consultation with a qualified health professional, replace an extrication cervical collar with an acute care rigid collar as soon as feasible and remove cervical collars as soon as possible as indicate by clinical condition.

Option: Extrication cervical collar

Comparison: Acute care rigid cervical collar, soft cervical collar or no

cervical collar

Background: Extrication collars are applied to individuals with suspected spinal cord injury (SCI) for reducing spinal range of motion in the acute phase of injury prior to hospitalization.^{28,29}

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
	What is the overall certainty of the evidence?	No included studies Very low Low Moderate High	 Evidence for reduction in pressure injury incidence In trauma patients (n=342) the incidence of pressure injuries after removal of a extrication collar was 78.4% (95% CI 73.6-82.6%)²⁸ (Level 4, high quality). In trauma patients (n=254), 28.3% experienced a pressure injury, of which 	
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 uncertainty or undesirable variability variability or variability or uncertainty or uncertainty or undesirable outcomes	 90.7% were device related (MDRPI). Of these, approximately 55% were related to cervical collars²⁹ (<i>Level 4, high quality</i>). In trauma patients who had extrication collar replaced by an acute care collar within 8 hours of admission (n=484), 6.8% developed a pressure injury.³⁰ (<i>Level 4, moderate quality</i>). 	
HARMS OF THE	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial	• In healthy individuals (n=45), four different acute rigid cervical collars had similar profiles with respect to interface pressure at the occiput and anterior mandible. One type of collar was associated with statistically significantly lower interface pressure, but the difference was deemed to have minimal clinical significance. ³¹ (Indirect evidence)	
BENEFITS &	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial Substantial	Strength of Evidence: C - Level 5 studies (indirect evidence) e.g., studies in norma human subjects, humans with other types of chronic wounds, animal models	
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes		

	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 evidence available
ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes I I I II II	In one observational study (n=342), 38.5% of individuals reported severe pain (7 to 10 on a 10 point scale) associated with an extrication collar ²⁸ (<i>Level 4, high quality</i>).
PRIORITY AND A	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 X	Access to a qualified health professional to assess appropriateness of transfer off a spine board for an individual with suspected spinal cord injury varies (<i>Expert opinion</i>).

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
			×		
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 Evidence from high ^{28,29} and moderate ³⁰ quality Level 4 studies indicates that incidence of pressure injuries reporting an incidence rate of over 75%. ²⁸ In an observational study in which an extrication collar was replace incidence was around 7%. ³⁰ There were no comparative studies demonstrating effect of removing an extricati significant differences in interface pressure between different models of acute care cervical collars. ³¹		was replaced with an acute care co an extrication cervical collar. Indire	llar within eight hours, pressure injury		

Clinical quest	

What local management strategies are effective in preventing device related pressure injuries (DRPIs)?

Skin moisturizing

Option: Application of a skin moisturizer underneath a medical device

Comparison: No intervention or prophylactic dressing.

Background: Facial pressure injuries are common sequelae from use of oro-nasal/facial oxygen delivery devices. Protecting the skin with a skin moisturizer might be effective in reducing MDRPIs without the risk of skin trauma that might occur from applying a prophylactic dressing.³² However, mechanisms by which this intervention is effective are not consistent with current knowledge.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE
ICE	What is the overall certainty of the evidence of effectiveness?	No included studies Very low Low Moderate High	 Reduction in MDRPIs Applying a hyperoxygenated fatty acid (HOFA) to the skin beneath a non-invasive oxygen mask was associated with significantly fewer facial pressure injuries compared to no intervention (p=0.055) and compared to applying a polyurethane prophylactic dressing under the mask (p=0.03) and compared to applying a 2-layered prophylactic foam dressing under the mask (p<0.001). Number needed to treat (NNT) to avoid a facial pressure injury by applying HOFA was 2.04.³² (Level 1, low quality)
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 undesirable variability variability or variability	Adverse events There was no evidence reported on potential adverse events of applying skin moisturizer under a medical device.
ОF ТНЕ	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial	
BENEFITS & HARMS	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial Substantial	
Ш	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes \[\begin{array}{c c c c c c c c c c c c c c c c c c c	Strength of Evidence: B1 – Level 1 studies of moderate or low 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	There was no evidence available on the resource requirements for applying skin moisturizer underneath an oro-nasal/facial medical device.	
ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes	N/A	
PRIORITY AND A	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes □ □ □ □ □	N/A	
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes □ □ □ □	N/A	

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
I				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
				60, -	
Recommendation (text)	No recommendation				
Justification	There is Level 1 evidence of low quality supporting the use of skin moisturizer to protect the skin underneath facial medical devices. However, the mechanism through which this intervention could be efficacious in preventing pressure injuries is unclear and not consistent with what is currently known regarding physiology and pressure injury etiology. In the Level 1 study, other components of the intervention (e.g. removing the medical device) may have been responsible for the favorable outcomes. Therefore, no recommendation has been made on using skin moisturizers to protect the skin under medical devices.				

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