Clinical question	What wound dressings are effective for supporting healing of partial thickness pressure injuries?
Good practice statement 14.1	 Select the most appropriate wound dressing based on clinical assessment and characteristics of the wound, and the goals and self-care abilities of the individual and/or their informal caregiver. Clinical assessment includes: Diameter, shape and depth of the pressure injury Need to address bacterial bioburden Ability to keep the wound bed moist Nature and volume of wound exudate Condition of the tissue in the wound bed Condition of the peri-wound skin Presence of tunneling and/or undermining Pain

5

Background: When the pressure ulcer is clean and granulating, maintenance of a moist wound bed is an important factor in promoting healing or closure. A dressing that remains in contact with the wound bed or a skin barrier product keeps the periwound dry and prevents maceration. As the ulcer either heals or deteriorates over time, the type of wound dressing most appropriate for promotion of healing may change.

SUPPORTING EVIDENCE, WHEN AVAILABLE

Evidence to support opinion

Justification

Different wound dressings have differing methods of action. Selecting the right wound dressing for a specific pressure injury requires a comprehensive evaluation of the pressure injury, the individual and the environment each time the wound dressing is changed. There is no wound dressing that is superior to others.

Clinical question	Which wound dressings are the most cost-effective for healing pressure injuries?
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Good Practice Statement	Evaluate the cost effectiveness of wound dressings at a local level, with consideration to direct and indirect costs to the health
14.2	care system and to the individual with a pressure injury. Advanced wound dressings that promote moist wound healing are
	more likely to be cost-effective due to faster healing times and less frequent dressing changes.

Background: Wound dressings are a significant burden on the health care system and on individuals with pressure injuries.

SUPPORTING EVIDENCE, WHEN AVAILABLE

Evidence to support the opinion (when available)	 Direct cost of performing a wound dressing In a teaching hospital in USA in 2016, the following costs of performing a wound dressing were calculated: Category/Stage I pressure injury — \$19.18±11.80 USD, Category/Stage II pressure injury — \$6.50±7.68 USD, Category/Stage III pressure injury — \$12.34±11.24 USD, Category/Stage IV pressure injury — \$5.84±7.02 USD, Uncategorizable pressure injury — \$ 9.52±8.60 USD and suspected deep tissue injury — \$3.76±2.46 USD.¹ (Low quality) In an intensive care unit (ICU) in Brazil in 2015, mean cost of performing a wound dressing per pressure injury was calculated as \$11.9±7.4 USD (range 5.2 to 27.7).² (<i>Moderate quality</i>) In an outpatient clinic in Thailand in 2009-2010, mean costs of caring for a Category/Stage III or IV pressure injury were calculated as: dressing unit cost (staffing and silver dressing products) — \$8.06 USD and debridement — \$16.13 USD.³ (<i>Moderate quality</i>) In a home care setting in Greece in 2016, total average treatment cost (including labor and equipment) until pressure injury healing was achieved was lower for moist wound dressings compared with gauze dressing (€1.351 vs €3.888).⁴ (Low quality) In an outpatient clinic in Thailand in 2009-2010, treatment with silver zinc sulfadiazine cream was significantly more expensive than with an alginate silver dressing \$467.74 USD versus \$377.17 USD, p=<0.001).³ (<i>Moderate quality</i>) Factors that influence cost: wound healing time For Category/Stage III or IV pressure injuries managed in a home care setting, moist wound healing dressings (foam dressing, silver foam dressing, silver sulfadiazine dressing iburprofenze pleasing foam dressing were associated with significantly faster wound healing compared to a cause dressing (85 56+52 1 days versus)
Justification	 121.4±52.2 days, p = 0.0001).⁴ (Low quality) Factors that influence cost: wound dressing change frequency For Category/Stage III or IV pressure injuries, moist wound healing dressings (foam dressings, silver foam dressing, silver sulfadiazine dressing, ibuprofen-releasing foam dressings) required significantly fewer wound dressing changes compared to gauze dressing (49.5±29.6 vs 222.6±101.9, p<0.0001).⁴ (Low quality) Evidence of cost effectiveness of wound dressing for healing pressure injuries is reported in low to moderate quality cost analyses and/or low quality clinical studies.¹⁻⁴ The evidence suggests that moist wound dressings are associated with faster healing times and lower costs than gauze dressing.⁴ Lower costs relate to less frequent dressing changes and faster healing rates.⁴ However, there were inconsistent findings regarding direct costs related to the severity of pressure injury.¹ and costs may have large variations between geographic locations. To meaningfully inform local clinical practice and choice of individuals, comparative costs should accurately reflect the local setting.⁵

Which wound dressings are effective for supporting healing of partial thickness pressure injuries?

Recommendation 14.3 Use hydrocolloid dressings for non-infected Category/Stage II pressure injuries.

Option: Applying a hydrocolloid dressing

Comparison: Applying a different type of wound dressing, or comparisons between different hydrocolloid dressings

Background: Hydrocolloids are absorbent dressings containing gel forming agents that are held within an adhesive compound laminated in place on a foam or film. Hydrocolloids are either fully occlusive or semi-permeable and some includes features to promote adherence and reduce edge roll.⁶

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
VEFITS & 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 complete wound healing In older adults (n=72) who wore a hydrocolloid dressing for a maximum of 56 days, 59.5% of superficial pressure injuries reached completed closure. This was not significantly different to a transparent, absorbent acrylic dressing (60%, p=0.963).⁶ (<i>Level 1, low quality</i>) 	
	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 variability or undesirable	 In older adults (n=65) primarily with Category/Stage II pressure injuries, treatment with a hydrocolloid dressing for eight weeks led to50% of pressure injuries being healed. This was not significantly different to topical collagen (51%, p=0.893).⁷ (<i>Level 1, low quality</i>) In older adults (n=61) with Category/Stage II (79%) or III (21%) pressure injuries, fewer pressure injuries healed when using a hydrocolloid dressing compared to a polyurethane foam dressing (16% versus 24%, significance not reported).⁸ (<i>Level 1, low quality</i>) Evidence for other measures of wound healing In older adults (n=72) using wound dressings for a maximum of eight weeks, mean linear healing rate with a hydrocolloid dressing was 0.12±0.136cm/week. This was not significantly different from a transparent, absorbent acrylic dressing 0.10±0.205cm/week, p=0.6520).⁶ (<i>Level 1, low quality</i>) In older adults (n=65) who wore a hydrocolloid dressing for eight weeks, healing rate was 	
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial substantial		
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial	 6±16mm²/day for surface area, and 3±4mm for linear healing rate of wound edge. This was not significantly different to topical collagen (6±19mm²/day, p=0.942), and 3±5mm, p=0.757).⁷ (<i>Level 1, high quality</i>) Potential adverse effects In older adults with pressure injuries (n=72), individuals receiving a hydrocolloid dressing with a law faithing a state base state base state base states are added by the state state of the states are added by the states are faither and the states are added by the state	
BEI	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes I I I I I I I	than individuals receiving a ceramide dressing (16.67% vs 4.17%). ⁹ (<i>Level 2, low quality</i>) 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- stantial stantial stantial	 Considering dressing materials, ancillary supplies and labor costs, hy that topical collagen for eight weeks (average per patient cost hydro dollars in 2003).⁷ (<i>Low quality economic analysis</i>) Hydrocolloid required less frequent dressing changes than the collage to lower labor costs.⁷ (<i>Low quality economic analysis</i>) 	drocolloid dressing was more cost-effective colloid \$222 versus collagen \$627) (US gen dressing (2/week vs 7/week), which led
TY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D D I III	 Evidence for acceptability to people with pressure injuries Individuals rated a hydrocolloid dressing as inferior to a transparent comfort (p<0.001) and for comfort during removal of the wound dressing as inferior to a transparent comfort (p<0.001) and for comfort during removal of the wound dressing as inferior to a transparent comfort during removal of the wound dressing as inferior to a transparent composed of the professionals Health professionals rated a hydrocolloid dressing as inferior to a transparent for ability to assess the wound after application of the wound dressing application (p<0.001), ease of removal (p<0.001) and residue left or (p=0.016).⁶ (<i>Level 1, low quality</i>) Hydrocolloid dressings were rated as awkward to apply to Category (24/131) of wound dressing changes, particularly when applying to less often rated as good for conforming to the body compared to a (<i>Level 1, low quality</i>) 	, absorbent, acrylic dressing for overall assing (p<0.001). ⁶ (<i>Level 1, low quality</i>) ansparent, absorbent, acrylic film dressing ing (p<0.001), conformability after the wound (p=0.002) and peri-skin /Stage II and III pressure injuries for 18% heels. Hydrocolloid dressing was significantly polyurethane foam dressing (p=0.018). ⁸
PRIORITY	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D D D D	72.1% (276/383) of respondents to a patient/ informal caregiver survey pressure injury or being at risk of a pressure injury believed that knowir or very important in caring for themselves. In the same survey, 67.3% (! that knowing more about wound dressings is important or very importat with or at risk of a pressure injury. ^{10,11} (<i>Level 4</i>)	who identified as having experienced a ng more about wound dressings is important 572/850) of informal caregivers believed ant in caring for their family member/friend
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D D X	Hydrocolloid dressings may not be accessible in all geographic locations	(Expert opinion).

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
			1		
Justification	Evidence supports the use of di quality Level 1 studies ⁶⁻⁸ sugges	fferent types of advanced wour	nd dressings for Category/Stage II v	wound dressings based on the wound	l bed condition. Evidence from low ure iniuries do not differ

significantly from healing rates when other contemporary wound dressings are used. There is limited information on current costs for using a hydrocolloid dressing. Although there is evidence to suggest that hydrocolloid dressings are acceptable options for health professionals, with a favorable profile for ease of removability, residue and conformability, individuals with pressure injuries tended to rate hydrocolloids lower than other wound dressings with respect to comfort during wear and during removal,⁶ and higher rates of erythema have been reported.⁹

Which wound dressings are effective for supporting healing of partial thickness pressure injuries?

Recommendation 14.4 Use hydrogel dressings for non-infected Category/Stage II pressure injuries.

Option: Applying a hydrogel dressing

Comparison: Applying a different type of wound dressing, or comparisons between different hydrogel dressings

Background: Hydrogels contain hydrated hydrophilic polymers that promotes moist wound healing and autolytic debridement.¹² Hydrogels may be a sheet dressing or an amorphous gel that is covered by a secondary dressing (e.g. a film, foam or hydrocolloid).

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
CE	What is the overall certainty of the evidence of effectiveness?	No included studies Very low Low Moderate High	 Evidence for complete wound healing In individuals with spinal cord injury (SCI, n=27 with n=49 pressure injuries) and with non-infected Category/Stage I and II pressure injuries, significantly more wounds healed when treated with a hydrogel dressing compared with a povidone iodine dressing (84% vs 54.2%, p=0.04).¹³ (<i>Level 1, low quality</i>) In older adults (n=30) with Category/Stage II to IV pressure injuries (47% were partial thickness), healing rates was not significantly different between an aloe vera hydrogel dressing and a saline gauze dressing (63% vs 64%, odds ratio [OR] 0.93, 85% confidence interval [CI] 0.16 to 5.2, p=0.92).¹⁴ (<i>Level 1, low quality</i>) Evidence for wound healing rate In individuals with SCI and with Category/Stage I and II pressure injuries, the mean healing rate when using a hydrogel dressing was not significantly different (0.12±0.16cm²/day) than with a povidone-iodine gauze dressing (0.09±0.05cm²/day, p=0.97) but there was no difference in time to complete healing (p=0.06).¹³ (<i>Level 1, low quality</i>) Potential adverse effects No evidence on potential adverse events was reported in the reviewed studies. 	The studies investigated different hydrogel products, which may explain the inconsistencies in the evidence.
MMENDED PRACTI	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 X		
S OF THE RECON	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial substantial		
ENEFITS & HARMS	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial		
<u> </u>	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes I I I I I I	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- stantial stantial stantial	 In older adults in aged care facilities, one study reported that alor which was the same regimen as for a moist saline gauze dressing. In another study, hydrogel dressings were changed every four day occlusive), while a povidone-iodine soaked gauze dressing require 	e vera hydrogel dressing was changed daily, ¹⁴ ys (unless they became contaminated or non- ed daily changing. ¹³
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes I I I I I I	 Evidence for acceptability to people with pressure injuries In studies on full thickness pressure injuries, people rated a hydrograding saline-soaked gauze dressing on a 1-4 scale (4.0 versus 3.0).¹² (Level 	el dressing as more comfortable than a I 1, low quality)
PRIORITY AND A	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDI	72.1% (276/383) of respondents to a patient/ informal caregiver survey pressure injury or being at risk of a pressure injury believed that knowi or very important in caring for themselves. In the same survey, 67.3% (that knowing more about wound dressings is important or very import with or at risk of a pressure injury ^{10,11} (<i>Indirect evidence</i>).	y who identified as having experienced a ng more about wound dressings is important 572/850) of informal caregivers believed ant in caring for their family member/friend
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes IXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Hydrogel dressings may not be available in all geographic and clinical lo	ocations (<i>Expert opinion</i>)
		1 CEPUAL		

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 X	
Justification	Evidence supports the use of different types of advanced wound dressings for Category/Stage II wound dressings based on the wound bed condition. There is evide quality Level 1 study that Category/Stage II pressure injuries are more likely to heal with a hydrogel dressing compared to a standard moist gauze dressing, although may not be substantially faster. ¹³ A second study had conflicting results. ¹⁴ Inconsistencies in the findings may relate to the severity of the pressure injuries (e.g., on included full thickness pressure injuries), differing regiments, or different active components in the dressings (e.g., one study!4 used an alog year based preduct). Based full thickness pressure injuries are more likely to the severity of the pressure injuries (e.g., one study!4 used an alog year based preduct).		d condition. There is evidence from a low st gauze dressing, although healing rates pressure injuries (e.g., one study ¹⁴		

L conflic. regimens, or dir. ogel dressing is a comfor. included full thickness pressure injuries), differing regimens, or different active components in the dressings (e.g., one study¹⁴ used an aloe vera-based product). Ratings from people with pressure injuries suggested a hydrogel dressing is a comfortable wound dressing choice¹² and wound dressing changes may be performed less frequently than with a

Which wound dressings are effective for supporting healing of partial thickness pressure injuries?

Recommendation 14.5 Use polymeric dressings for non-infected Category/Stage II pressure injuries.

Option: Polymeric membrane dressings

Comparison: Applying a different type of wound dressing

Background: Polymeric dressings are a hydrophilic, polyurethane matrix contain wound cleanser, glycerin and absorbent polymer. The wound dressing is designed to manage moisture, inflammation and edema.¹⁵

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
BENEFITS & HARMS OF THE PRACTICE	What is the overall certainty of the evidence?	No included studies Very low Low Moderate High	 Evidence for effectiveness for healing of Category/Stage I and II pressure injuries In older adults who received a polymeric membrane dressing, 67% (2/3) of Category/Stage I pressure injuries healed in between 5 and 19 days and 67% (6/9) of Category/Stage II pressure injuries healed in between 8 and 61 days.¹⁶ (Level 4, low auglity) 	
	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 variability variability or variability variability undesirable	vidence for effectiveness in improving PUSH scores In older adults (n=44) with Category/Stage II pressure injuries, a polymeric dressing was associated with significantly greater improvements in PUSH scores compared to antibiotic ointment plus a dry dressing (mean improvement score 3.238±2.32 vs 1.6087±1.61637, p<0.0001). ¹⁷ (Level 1, low quality)	
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial substantial	 Evidence for effectiveness in managing exudate In laboratory studies, a polymeric dressing was able to absorb an 83% increase in its weight over 24 hours, suggesting the wound dressing has qualities conducive to exudate absorption.¹⁸ (Level 5, indirect evidence) 	
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial IX I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Potential adverse effects Adverse events were not reported.	
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes No X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	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- stantial stantial stantial X	There was no evidence identified on the resource requirements for using polymeric membrane dressings for managing Category/Stage II pressure injuries.
CCEPTABILITY	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 A	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	72.1% (276/383) 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 wound dressings is important or very important in caring for themselves. In the same survey, 67.3% (572/850) of informal caregivers believed that knowing more about wound dressings is important or very important in caring for their family member/friend with or at risk of a pressure injury. ^{10,11} (<i>Indirect evidence</i>)
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D D K	Polymeric membrane dressings may not be available in all geographic and clinical locations (<i>Expert opinion</i>)
		CLENN,	

Balance of consequences	Undesirable consequences U <i>clearly outweigh</i> desirable consequences in most settings	Indesirable 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
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 supports the use of differ	ent types of advanced wound	dressings for Category/Stage II wou	nd dressings based on the wound l	ped condition. There is evidence from

Evidence supports the use of different types of advanced wound dressings for Category/Stage II wound dressings based on the wound bed condition. There is evidence from very small, low quality Level 1 studies^{16,17} showing that polymeric membrane dressing is associated with improvements in some measures of wound healing, including PUSH scores. The low level evidence indicated that a Category/Stage I pressure injury could heal within 19 days with a polymeric dressing, and a Category/Stage II pressure injury could heal within 19 days with a polymeric dressing, and a Category/Stage II pressure injury could heal within 19 days with a polymeric dressing, and a Category/Stage II pressure injury could heal within 19 days with a polymeric dressing, and a Category/Stage II pressure injury could heal within 19 days with a polymeric dressing, and a Category/Stage II pressure injury could heal within 19 days with a polymeric dressing, and a Category/Stage II pressure injury could heal within 19 days with a polymeric dressing, and a Category/Stage II pressure injury could heal within 61 days.¹⁷ Indirect evidence from a laboratory study provided support for the capacity of a polymeric membrane to absorb exudate.¹⁸ There was no evidence available on potential adverse effects or resource requirements.

Which wound dressings are effective for supporting healing of full thickness pressure injuries?

Recommendation 14.6

Use a hydrogel dressing for non-infected Category/Stage III and IV pressure injuries with minimal exudate.

Option: Applying a hydrogel dressing

Comparison: Applying a different type of wound dressing, or comparisons between different hydrogel dressings

Background: Hydrogels contain hydrated hydrophilic polymers that promotes moist wound healing and autolytic debridement.¹² Hydrogels may be a sheet dressing or an amorphous gel that is covered by a secondary dressing (e.g. a film, foam or hydrocolloid).

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
CE	What is the overall certainty of the evidence of effectiveness?	No included studies Very low Low Moderate High	 Evidence for effectiveness in reducing pressure injury size In people with Category/Stage III and IV pressure injuries (n=32), treatment with an amorphous hydrogel was associated with significantly lower wound volumes after 12 weeks compared with wet saline gauze (26±20% versus 64±16%, p<0.02).¹² (Level 1, low quality) 	
ENEFITS & HARMS OF THE RECOMMENDED PRACTI	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 variability or undesirable Image: Contract of the state of	 Evidence for promoting wound debridement Fewer Category/Stage III and IV pressure injuries (n=32) treated with an amorphous hydrogel required weekly debridement compare with pressure injuries treated with wet saline gauze (21% versus 7%, p<0.03).¹² (<i>Level 1, low quality</i>) In wounds of mixed etiology (n=67), mean wound surface area covered with slough reduced from 63% to 34% after three dressing changes when treated with a hydrogel dressing.¹⁹ (<i>Indirect evidence</i>) 	
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial I I I I I I		
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial I		
B	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	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- stantial stantial stantial X	 In people with Category/Stage III and IV pressure injuries, dressings saline gauze dressing, but the difference was not significant (hydrogr day, range 0.5 to 1 day).¹² (Level 1, low quality) 	changes were required less frequently than a wet el mean 1 day, range 1 to 7 days; gauze mean 1
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D X D	 Evidence for acceptability to people with pressure injuries People with Category II and IV pressure injuries rated a hydrogel dress gauze dressing on a 1-4 scale (4.0 versus 3.0).¹² (<i>Level 1, low quality</i>) People with Category II and IV pressure injuries rated wounds treated pain levels (1-4 scale) as though treated with a wet saline gauze dress 	sing as more comfortable than a saline-soaked d with a hydrogel dressing as having the same sing (2.0 for both). ¹² (<i>Level 1, low quality</i>)
	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D D X D	72.1% (276/383) of respondents to a patient/ informal caregiver survey of injury or being at risk of a pressure injury believed that knowing more ab important in caring for themselves. Some respondents specifically identifi survey, 67.2% (572/850) of informal caregivers believed that knowing more important in caring for their family member/friend with or at risk of a pre-	who identified as having experienced a pressure out wound dressings is important or very fied managing exudate as a priority. In the same ore about wound dressings is important or very essure injury. ^{10,11}
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D D X	Access to hydrogel dressings various across clinical and geographic settin	gs (Expert opinion).
<u></u>			·	

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 one low qual	ity Level 1 study suggests that c	over 12 weeks a Category/Stage III	or IV pressure injury treated with a h	ydrogel is more likely to have

Evidence from one low quality Level 1 study suggests that over 12 weeks a Category/Stage III or IV pressure injury treated with a hydrogel is more likely to have reduction in depth and less likely to require regular weekly debridement than a pressure injury treated with standard wet saline gauze.¹² Ratings from individuals with pressure injuries suggested a hydrogel dressing is a comfortable wound dressing choice and wound dressing changes might be required less frequently than with a moistened gauze dressing.¹²

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Which wound dressings are effective for supporting healing of full thickness pressure injuries?

Recommendation 14.7

Use calcium alginate dressings for Category/Stage III and IV pressure injuries with moderate exudate.

Option: Calcium Alginate

Comparison: Applying a different type of wound dressing

Background: Calcium alginate is a highly absorbent, biodegradable alginate dressing derived from seaweed. Alginate dressings maintain a physiologically moist microenvironment that promotes healing and the formation of granulation tissue.

	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 depth and surface area People with Category III or IV pressure injuries treated with sequential calcium alginate-hydroid eight weeks had significantly greater reduction in mean surface area compared to hydrocol mean difference in area reduction was 26.5%, 95% confidence interval [CI] 10.62 to 4 mean treated by the second seco	drocolloid dressing for lloid dressing only. The 12.38). ²⁰ (<i>Level 1, low</i>
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 No known or or uncertainty or variability variability or variability variability U D D X	 quality) In older adults, significantly more Category/Stage II and IV pressure injuries treated with a calc dressing achieved at least 40% reduction in wound surface area compared to dextranomer paste 42%, p=0.002).²¹ (<i>Level 1, moderate quality</i>) In people with spina bifida and Category III or IV pressure injuries, wounds treated with a calc dressing had significant reductions in mean surface area compared to baseline (3.7±5.2cm² versus p<0.001). 75% of individuals had a greater than 50% reduction in mean surface area by week 12.²² 	
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial Unclear	Evidence for increase in pressure injury healing rate In older adults, Category/Stage II and IV pressure injuries treated with a calcium alginate dress faster healing rate compared to dextranomer paste (2.39±3.54cm ² /week vs 0.27±3.21cm ² /wee 1, moderate quality)	sing had a significantly ek, p=0.0001). ²¹ (<i>Level</i>
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial	 Potential adverse effects: In one study, a very small number of participants experienced minor adverse local events in maceration and bleeding. Hypergranulation occurred less often than with a hydrocolloid dra quality) 	ncluding erythema, essing. ²⁰ (<i>Level 1, low</i>
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes No X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	 In one study, fewer participants receiving a calcium alginate dressing experienced an advers dextranomer paste (8% versus 33%).²¹ (Level 1, moderate quality) Strength of Evidence: B1—Level 1 studies of moderate or low quality providing direct evidence 	se event compared to

	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- stantial stantial stantial X	Evidence on resource requirements for calcium alginate dressings is lacking.
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D D I II II	 Evidence of acceptability to individuals with pressure injuries Pain during removal of the dressing was recorded as being significantly less likely with a calcium alginate dressing compared to a hydrocolloid dressing (p=0.03).²⁰ (<i>Level 1, low quality</i>) Evidence of acceptability to health professionals In one study, health professionals rated ease of removal for a calcium alginate dressing as equivalent to a hydrocolloid dressing (p=0.11).²⁰ (<i>Level 1, low quality</i>)
	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	72.1% (276/383) 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 wound dressings is important or very important in caring for themselves. Some respondents specifically identified managing exudate as a priority. In the same survey, 67.2% (572/850) of informal caregivers believed that knowing more about wound dressings is important or very important in caring for their family member/friend with or at risk of a pressure injury. ^{10,11} (<i>Indirect evidence</i>)
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D X	Access to hydrogel dressings various across clinical and geographic settings (<i>Expert opinion</i>).
		CLP.	

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	There is evidence from low an	d moderate quality Level 1 stu	dies ^{20,21} plus additional lower level e	vidence ²² indicating that full thick	ness pressure injuries treated with

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There is evidence from low and moderate quality Level 1 studies^{20,21} plus additional lower level evidence²² indicating that full thickness pressure injuries treated with an alginate dressing will have greater reduction in surface area and depth compared with some other contemporary wound dressings. After eight weeks of treatment using a sequential calcium alginate/hydrocolloid dressing regimen, reduction in wound surface area could be about 26% greater than using a hydrocolloid dressing alone.²⁰ Individuals with pressure injuries rated alginate dressings as less painful to remove than a hydrocolloid dressing.²⁰

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What wound dressings are effective for pressure injuries with higher levels of exudate?

Recommendation 14.8 Use foam dressings (including hydropolymers) for Category/Stage II and greater pressure injuries with moderate/heavy exudate.

Option: Using a foam wound dressing **Comparison:** using a different type of wound

dressing, or a different type of foam wound dressing

Background: Foam dressings (including hydropolymers) absorb wound exudate from the wound bed. Simple foam dressings wick exudate from the wound bed and translocate it to the surface of the wound dressing. Complex foam dressings absorb wound exudate by dispersing it throughout the wound dressing for retention away from the skin. Gelling foam dressings manage excess wound exudate and protect surrounding skin from prolonged exposure to wound or body fluids. Foam dressings also promote moisture evaporation, thereby allowing more drainage to be wicked away from the wound bed and surrounding skin.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
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 effectiveness for complete wound healing or improved healing rates In people with Category/Stage II or III pressure injuries, there was no significant difference in percent of pressure injuries completely healed within 30 days between a foam dressing and a hydrocolloid dressing (foam 24% versus hydrocolloid 16%, p=not reported).⁸ (Level 1, low quality) In people with Category/Stage III and IV pressure injuries, 74% of which had moderate or greater 	In some trials people were excluded if pressure injuries showed clinical signs of local wound infection ⁸ or if they had systemic infection. ⁴ In another trial, local wound infection was treated with topical antiseptics. ²³
	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 variability variability or variability variability IND X ID ID ID	 exudate levels, treatment with a hydropolymer foam dressing for 12 weeks achieved complete healing in 57.8% of the pressure injuries.²³ (<i>Level 4, low quality</i>) In older adults with Category/Stage III or IV pressure injuries, wounds treated with moist wound healing dressings (mainly foams) healed significantly faster than those treated with plain gauze dressings (85.56±52.1 days versus 121.4±52.1 days, p= 0.0001).⁴ (<i>Level 1, low quality</i>) Effectiveness for effectiveness in reducing peri-skin damage 	
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial	 In people with Category/Stage II pressure injuries ≥ 2cm², or with Category/Stage III or IV pressure injuries with moderate or heavy exudate levels, treatment with a gelling foam dressing was associated with 65% improvement in healing of the peri-skin.²⁴ (<i>Level 4, low quality</i>) Evidence in effectiveness in managing exudate For Category/Stage II or III pressure injuries of ≤11cm diameter, patients were more likely to rate a foam dressing as having 'good' absorbency compared to a hydrocolloid dressing (81% versus 26%, p<0.001).⁸ (<i>Level 1, low quality</i>) In people with Category/Stage III and IV pressure injuries treated with a foam dressing for 12 weeks, only 3.8% of wounds had moderate or large exudate at the end of the trial, compared to 42.4% having moderate or strong exudate at trial commencement.²³ (<i>Level 4, low quality</i>) 	
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial substantial		

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes	Potential adverse effects 4.5% of participants treated with a hydropolymer foam dressing, were withdrawn due to low efficacy of dressing, intolerance and worsening of the pressure injury. 2.9% experienced pain, intolerance and itching. ²³ (<i>Level 4, low quality</i>)	
	enects:		Strength of Evidence: B1— Level 1 studies of moderate/ low quality providing direct evidence	
		CHERNARIA	RIPPIANOTOTERI REPRIA	
Evia	lence to Decision Framework	. ©EPUAP/NPIAP/PPPIA		19

	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	 Pressure injuries treated with foam dressings required significantly fewer gauze (49.5±29.6 versus 222.6 ± 101.9, p<0.0001). This was related to a until healing being lower for Category/Stage III or IV pressure injuries troplain gauze (€1,351 v €3,888, trial performed in Greece).⁴ (Low quality e A systematic review on cost-effectiveness of foam dressings for healing injuries concluded there is limited evidence on clinical costs of foam drescost effectiveness compared with other types of dressings.²⁵ (High quality) 	er dressing changes compared to plain n average treatment cost per individual eated with foam dressings compared to conomic analysis) Category/Stage II and above pressure issings and no conclusions can be made on ity systematic review)
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes D D X D	 Evidence for acceptability to individuals with pressure injuries People with Category/Stage II or III pressure injuries were more likely to conforming to the body' compared to a hydrocolloid dressing (p=0.018) Foam dressings were rated as significantly easier to remove that a hydro Evidence for acceptability to health professionals Physicians rated a hydropolymer dressing used to treat pressure injuries dressings for 62.5% of individuals.²³ (Level 4, low quality) 	e rate a foam dressing as 'good for ⁸ (<i>Level 1, low quality</i>) ocolloid dressings. ⁸ (<i>Level 1, low quality</i>) s as 'much better' than other wound
	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	72.1% (276/383) of respondents to a patient/ informal caregiver survey wh pressure injury or being at risk of a pressure injury believed that knowing m very important in caring for themselves. Some respondents specifically ider the same survey, 67.2% (572/850) of informal caregivers believed that know important or very important in caring for their family member/friend with o evidence)	o identified as having experienced a nore about wound dressings is important or ntified managing exudate as a priority. In wing more about wound dressings is or at risk of a pressure injury. ^{10,11} (Indirect
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes	Foam dressings may not be accessible in all geographic locations (<i>Expert op</i>	inion).
		CCF	·	

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	There is evidence from a lo	ow quality Level 1 study ⁸ and	a number of low quality Level 4	4 studies ^{4,23,24} suggesting that foam of	dressings offer an improvement in

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There is evidence from a low quality Level 1 study⁸ and a number of low quality Level 4 studies⁴, suggesting that foam dressings offer an improvement in measures of pressure injury healing,^{4,8,23} management of peri-wound skin²⁴ and reduction in wound exudate^{8,23} in pressure injuries with high levels of exudate. Adverse effects appear to be minimal. Ratings from both individuals with pressure injuries⁸ and health professionals²³ indicate that foam dressings are likely to be an acceptable wound dressing choice.

What wound dressings are effective for pressure injuries with higher levels of exudate?

Recommendation 14.9

Use super-absorbent wound dressings with a high capacity for absorption to manage heavily exuding pressure injuries.

Option: Using a 'super-absorbent' dressing *Comparison:* Using another type of wound dressing

Background: Super-absorbent dressings are complex multilayer dressings that provide either a semi-adherent quality or a non-adherent layer, combined with highly absorptive fibre layers comprised of cellulose, cotton, or rayon. Designed to minimise adherence to the wound and manage exudate.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
BENEFITS & HARMS OF THE PRACTICE	What is the overall certainty of the evidence? Is there important uncertainty about how much people value the main outcomes?	No included studies Very low Low Moderate High Important Important Important Important No Important Possibly No No Important important Probably no Important or or or or Variability variability variability or	Evidence for measure of pressure injury healing In older adults, heavily exuding category/stage III and IV pressure injuries demonstrated a reduction in mean PUSH score from 11.05 at baseline to 5.0 after eight weeks of treatment with a super-absorbent wound dressing. A reduction in wound surface area was also reported, reducing from 15.27 cm ² to 7.63 cm ² . No statistical analysis was provided. ²⁶ (<i>Level 4, moderate</i> <i>quality</i>) Strength of Evidence: B2—Level 3 or 4 studies (regardless of quality) providing direct evidence	
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial Substantial		
	How substantial are the undesirable anticipated effects?	Unclear 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		
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		

	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	There is no evidence available on resource requirements for super-absorbent wound dressings.
PRIORITY AND ACCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDIXD	 Evidence of acceptability for people with pressure injuries The percentage of individuals rating their pressure injury as having a negative effect on quality of life fell from 54.5% to 18.1% at eight weeks following treatment with a superabsorbent dressing.²⁶ (<i>Level 4, moderate quality</i>) A reduction in pressure injury pain scores measured on an 11-point visual analogue scale from 3.69 to 0.67 at week eight was reported by individuals with a pressure injury treated with a superabsorbent dressing.²⁶ (<i>Level 4, moderate quality</i>)
	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDDDT	72.1% (276/383) 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 wound dressings is important or very important in caring for themselves. Some respondents specifically identified managing exudate as a priority. In the same survey, 67.2% (572/850) of informal caregivers believed that knowing more about wound dressings is important or very important in caring for their family member/friend with or at risk of a pressure injury ^{10,11} (<i>Indirect evidence</i>).
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes	Super-absorbent dressings may not be accessible in all geographic locations (<i>Expert opinion</i>).
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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 <i>clearly outweigh</i> 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 recommendati	ion Weak positive recommendation: Probably do it	Strong positive recommendation: Definitely do it
			, PO	X	
Justification	There is low level evidence fro	om one moderate quality Level	4 study ²⁶ suggesting that a supe	erabsorbent dressing is associated with	healing of heavily exuding

There is low level evidence from one moderate quality Level 4 study²⁶ suggesting that a superabsorbent dressing is associated with healing of heavily exuding pressure injuries. Individuals with pressure injuries reported improvements in quality of life and reduction of pain by approximately three points on an 11-point scale when a superabsorbent dressing is used. There is no evidence on possible adverse events or the resource requirements for his wound dressing.

Evidence to Decision Framework. ©EPUAP/NPIAP/PPPIA

What wound dressings are effective for supporting healing of partial thickness pressure injuries?

Recommendation 14.10 Use moist gauze dressings to maintain an appropriately moist wound environment when advanced wound dressings are not an option.

Option: Applying gauze dressing

Comparison: Applying a different type of wound dressing

Background: Gauze dressings are made of cotton or synthetic fabric that is absorptive and permeable to water, water vapor and oxygen. These dressings are generally considered a basic choice when access to contemporary wound dressings is limited.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS	
ICE	What is the overall certainty of the evidence of effectiveness?	No included studies Very Iow Low Moderate High	 Evidence for complete wound healing In older adults (n=30) with Category/Stage II to IV pressure injuries (47% were partial thickness), complete healing was not significantly different between a saline gauze dressing and an aloe vera hydrogel dressing and a (64% vs 63%, odds ratio [OR] 0.93, 85% confidence interval [CI] 0.16 to 5.2, p=0.92).¹⁴ (Level 1, low quality) 	 Evidence for complete wound healing In older adults (n=30) with Category/Stage II to IV pressure injuries (47% were partial thickness), complete healing was not significantly different between a saline gauze dressing and an aloe vera hydrogel dressing and a (64% vs 63%, odds ratio [OR] 0.93, 85% confidence interval [CI] 0.16 to 5.2, p=0.92).¹⁴ (Level 1, low quality) 	Conflicting findings are likely to relate to the comparison being made and the low quality study designs.
MMENDED PRACT	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 other measures of wound healing In older adults with Category/Stage III or IV pressure injuries, wounds treated with moist gauze dressings healed significantly slower than those treated with moist wound healing dressings (mainly foams) (121.4±52.1 days versus 85.56±52.1 days, p= 0.0001).⁴ (Level 1, low quality) In older adults with Category/Stage III or IV pressure injuries, wounds treated with moist 		
OF THE RECOM	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial I I I I I I	gauze dressings required debridement on a weekly basis for a longer duration compared to those treated with hydrogel (21% versus 7%, p<0.03). ¹² (<i>Level 1,low quality</i>) Potential adverse effects rain associated with a moist gauze dressing was higher than with a advanced wound		
SENEFITS & HARMS	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial	dressing ¹² (<i>Level 1, low quality</i>)		
8	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Strength of Evidence: B1		

	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 I I I I I I I	 Pressure injuries treated with plain gauze required signific dressings (222.6 ± 101.9 versus 49.5±29.6, p<0.0001). Thi individual until healing being higher for Category/Stage III compared to foam dressings (€3,888 vs €1,351, trial perfo 	antly more dressing changes compared to foam s was related to an average treatment cost per or IV pressure injuries treated with plain gauze rmed in Greece). ⁴ (<i>Low quality economic analysis</i>)
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes IXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	 Evidence for acceptability to people with pressure injuries In studies on full thickness pressure injuries, people rated a hydrogel dressing on a 1-4 scale (3.0 versus 4.0).¹² (Level) 	saline-soaked gauze dressing as less comfortable than 1 1, low quality)
PRIORITY AND ACC	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDIE	72.1% (276/383) of respondents to a patient/ informal caregin pressure injury or being at risk of a pressure injury believed th or very important in caring for themselves. In the same survey that knowing more about wound dressings is important or very with or at risk of a pressure injury. ^{10,11} (<i>Indirect evidence</i>)	ver survey who identified as having experienced a nat knowing more about wound dressings is important y, 67.3% (572/850) of informal caregivers believed ry important in caring for their family member/friend
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D E K	Moist gauze is available in most geographic and clinical setting	gs (Expert opinion).
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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
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

Two low quality Level 1 studies^{4,12} indicated that moist gauze dressings are associated with complete pressure injury healing, although healing took approximately 30% longer than compared to more modern wound dressings (e.g., hydrocolloids and foams).⁴ A low quality Level 1 study reported no significant difference in healing with a moist gauze dressing compared to a hydrogel, with healing rates of about 66% over 10 weeks in both groups.¹⁴ Therefore, moist wound dressings can achieve healing in the absence of an advanced wound dressing option. Moist gauze dressings were rated by individuals with pressure injuries as less comfortable than more advanced dressings¹² and a low quality economic analysis suggested that the requirement for more frequent dressing changes was associated with increased costs for using a moist gauze dressing.⁴

What wound dressings are effective for supporting healing of partial thickness pressure injuries?

Recommendation 14.11

Use a transparent film dressing as a secondary dressing when advanced wound dressings are not an option.

Option: Applying gauze dressing

Comparison: Applying a different type of wound dressing

Background: Gauze dressings are made of cotton or synthetic fabric that is absorptive and permeable to water, water vapor and oxygen. These dressings are generally considered a basic choice when access to contemporary wound dressings is limited.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
ICE	What is the overall certainty of the evidence of effectiveness?	No included studies Very low Low Moderate High	 Evidence for complete wound healing In older adults (n=72) with Category II pressure injuries treated with either a film dressing or a hydrocolloid dressing for a maximum of 56 days, there was no significant difference in pressure injuries reaching complete wound healing (hydrocolloid 60% versus film 59.5%p=0.963).⁶ (Level 1, low quality) 	
MMENDED PRACT	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 F or or uncertainty or undesirable outcomes Important Important<	Potential adverse effects No data available	
IS OF THE RECOMM	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial X D D D		
SENEFITS & HARMS	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial		
Ξ	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes — — — — — — — — — — — — — — — — — — —	Strength of Evidence: B1	

	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	No data available	
CCEPTABILITY	Is the option acceptable to key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	 Individuals rated a film dressing as superior to a hydrocolloid dressing comfort during removal of the wound dressing (p<0.001).⁶ (Level 1, lo Health professionals rated an acrylic film dressing as superior to a hydrocolloid dressing (p<0.001), conformab removal (p<0.001) and residue left on the wound (p=0.002) and perior 	for overall comfort (p<0.001) and for w quality) Irocolloid dressing for ability to assess the lity after application (p<0.001), ease of yound skin (p=0.016). ⁶ (Level 1, low quality)
PRIORITY AND ACC	Is the option a priority for key stakeholders?	No Probably Uncertain Probably Yes Varies No Yes DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	72.1% (276/383) of respondents to a patient/ informal caregiver survey pressure injury or being at risk of a pressure injury believed that knowing or very important in caring for themselves. In the same survey, 67.3% (5 that knowing more about wound dressings is important or very important with or at risk of a pressure injury. ^{10,11} (<i>Level 4</i>)	who identified as having experienced a g more about wound dressings is important 72/850) of informal caregivers believed at in caring for their family member/friend
FEASIBILITY	Is the option feasible to implement?	No Probably Uncertain Probably Yes Varies No Yes D D D D X	Transparent film is available in most geographic and clinical settings (<i>Exp</i>	ert opinion).
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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 <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: 9 Probably do it	Strong positive recommendation: Definitely do it
			X	o??`□	
Justification One low quality Level 1 study ⁶ provided evidence that healing rates of Category/Stage II pressure injuries with a transparent film secondary dressing were not significantly different to those when a hydrocolloid dressing was used. Subjective ratings from individual with pressure injuries and health professionals showed film dressings are preferable to some other wound dressings for comfort, conformability, ease of removal, residue and ability to assess the wound. Transparent film dress are considered a low-cost option for treating pressure injuries that are an appropriate choice in some clinical situations				ary dressing were not professionals showed film pund. Transparent film dressings	
			<i>. h</i> ₀ <i>.</i>		
nical question What wo	ound dressings are effective for sup	porting healing of partial thickr	ness pressure injuries?		
Good Practice Statement 4.12	Consider the available geographic regions with	e evidence and guidar I limited access to reso	nce on using local resou urces.	arce wound dressings whe	n selecting dressings in
ckground: A large range of bot	anical and other natural products	are used in wound care in geog	raphic areas without access to cont	emporary wound products.	
	SUPPORTING EVIDENCE, WH	IEN AVAILABLE			
Evidence to support the opinion (when available)	Evidence to support the Evidence for efficacy in wounds of different etiologies is available for local resource wound dressings (e.g. banana leaf dressing, ²⁷ potato peel dressing ²⁸ etc.) and could b extrapolated to pressure injuries.				
Justification	Access to contemporary wound dressing products is limited in many geographic regions. Health professionals practising in resource limited areas need to evaluate the availability of products and review the efficacy and potential risks of the options available to make choices with patient consumers and their informal caregivers regard most appropriate wound management. ²⁹			ed areas need to evaluate the heir informal caregivers regarding t	
	(C)r.				

Clinical What local pressure injury treatments are effective for supporting healing (i.e. cleansing, debridement, topical agents, wound dressings, etc.)? question

Applying a topical agent to promote healing

Option: Topical agent *Comparison* No topical agent

Background: Topical agents are applied to the wound bed to promote healing. Different products purport to have a range of different actions, for example increasing vascular flow to the wound bed or reducing inflammation.

	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 topical sildenafil In Category/Stage I and II pressure injuries (n=122), topical sildenafil applied daily was associated with a significantly greater reduction in area of injury after 14 days compared to placebo cream for (p=0.007).³⁰ (Level 1, low quality)
	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 outcomes	 Strength of evidence: B1 - Level 1 studies of moderate or low quality providing direct evidence Evidence for topical atorvastatin In Category/Stage I and II pressure injuries (n=104), topical 1% atorvastatin applied daily for 14 days was associated with a significant reduction in area of injury compared to a placebo cream (p<0.01).³¹ (Level 1, high quality)
	How substantial are the desirable anticipated effects?	Unclear Not Probably not Probably Substantial substantial substantial substantial	 Strength of evidence: B1 - Level 1 studies of moderate or low quality providing direct evidence Evidence for topical insulin In Category/Stage II and III pressure injuries (n=70), topical insulin spray applied twice daily for seven days was
	How substantial are the undesirable anticipated effects?	Unclear Not Probably not Probably Substanital substantial substantial	associated with a significant improvement in PUSH scores compared with saline soaked gauze. (p=0.03). ³² (Level 1, low quality) Strength of evidence: B1 - Level 1 studies of moderate or low quality providing direct evidence
	Do the desirable effects outweigh the undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	 In Category/Stage II or greater pressure injuries (n=58), topical nitric oxide cream containing sodium nitrite 6% and citric acid 9% applied for three weeks was associated with significant improvements over time in mean wound size (p<0.01) but this was not statistically significantly different compared to placebo cream (p<0.05).³³ (Level 2, low quality)

CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	
		Strength of evidence: B2 – Level 2, 3 and 4 studies of providing direct evidence	
		 Evidence for topical phenytoin In older adults (n=19), pressure injuries treated with topical phenytoin powder (5 mg/L dissolved in a saline solution) plus saline soaked gauze healed significantly faster compared with saline soaked gauze only (19.36±3 days versus 28.75±2.43 days, p<0.001).³⁴ (Level 1, low quality) 	
		Strength of evidence: B1 - Level 1 studies of moderate or low quality providing direct evidence	
		 Evidence for topical hemoglobin spray In individuals with Category/Stage II or greater pressure injuries (n=18), wounds treated with hemoglobin spra (pure hemoglobin in water, dose not reported) combined with a range of different wound dressings, showed si of improvement after 4 weeks, including 100% having reduction in slough, reduction in size and depth and incr in granulation tissue.³⁵ (Level 4, low quality) 	
		Strength of evidence: B2 – Level 2, 3 and 4 studies of providing direct evidence	
		Evidence for topical byaluropate cream	
		 Evidence for topical hyaluronate cream In Category/Stage II and greater pressure injuries (n=50), treatment with topical lysine hyaluronate cream applied daily for 15 days was associated with faster reduction in size than sodium hyaluronate (p<0.05), suggesting no difference between different formulations of hyaluronate cream.³⁶ (Level 1, low quality) 	
		Strength of evidence: B1 - Level 1 studies of moderate or low quality providing direct evidence	
		 Evidence for topical herbal preparations/Chinese medicine products In Category/Stage II and III pressure injuries (n=32), Ligutrazine transdermal patch (extracted from the plant Ligusticum chuanxiong Hort) applied daily was associated with faster healing time than clotrimozole cream (9.33 days versus 24.26 days).³⁷ (Level 1, low quality) 	
		 In Category/Stage IV pressure injuries (n=41), 100% of small pressure injuries and 58% of large pressure injuries treated with topical spray based on Calendula officinalis flower extracts applied twice daily healed by 30 weeks.³⁸ (<i>Level 4, low quality</i>) 	
	CON.	 In Category/Stage IV pressure injuries (n=35), treatment with cure rot and flat sore ointment (CRFSO) was associated with more pressure injuries achieving a high rate of healing compared with arnebia root oil plus gentamicin (85% vs 45.45%).³⁹ (<i>Level 3, low quality</i>) In Category/Stage III and IV pressure injuries (n=72) moist exposed burn ointment (MEBO) applied every six bour 	
		 for two months was not significantly different to receiving placebo cream for decreasing wound surface area (mean difference -6.0, 95% CI -8.8 to -3.3, p <0.1).⁴⁰ (<i>Level 1, low quality</i>) In Category/Stage II or greater pressure injuries (n=22) resin salve applied every 1 to 3 days was associated with a 	
		higher rate of complete healing at 6 months compared to a hydrocolloid dressing (92% versus 44%, p=0.003). ⁴¹	

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE
			(Level 1, low quality)
			Strength of evidence: B1 - Level 1 studies of moderate or low quality providing direct evidence
			Evidence for intradermal collagen
			 In Category/Stage II and III pressure injuries (n=24) intradermal injection of a collagen-based preparation for three weeks was not associated with any significant difference in percent reduction in wound diameters (58.52% vs 45.51%. p>0.05).⁴²(Level 1, low quality)
			Strength of evidence: B1 - Level 1 studies of moderate or low quality providing direct evidence
		CHERNARIA	RPPANOT S
Eviden	ce to Decision Framework. ©E	Ρυαρ/Νρυαρ/Ρρρια	33

	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 D X 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	• Accessibility to products is limited in most geographic regions. (<i>Exper</i>	't opinion)
		CLENNA,		

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	•			
Justification	There is a small body of evidence on a range of different topical products applied to the wound bed to promote healing (e.g. through promoting				

There is a small body of evidence on a range of different topical products applied to the wound bed to promote healing (e.g. through promoting blood flow to the wound bed, reducing inflammation etc.). The studies are small, and few studies make a comparison to contemporary wound care practices. No single product is reported in more than one study, head-to-head comparisons of different topical agents are lacking and most studies of low quality, therefore evaluation of clinical efficacy and comparative effectiveness of topical products is not possible.

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