Registered Nurses' Association of Ontario

Pressure injury management: Risk assessment prevention, assessment and management

Fourth edition

November 2024

Comparing Risk Assessment and Prevention of Pressure Ulcers, Second edition (2011) Best Practice Guideline (BPG) and the Assessment and Management of Pressure Injuries for the Interprofessional Team, Third edition (2016) BPG to the current Pressure injury management: Risk assessment prevention and treatment, Fourth edition (2024) BPG.

This document summarizes how the good practice statements, recommendations and indicators from the Best Practice Guidelines (BPG): *Pressure injury management: Risk Assessment, Prevention and Treatment of Pressure Injuries Practice, Fourth edition* (2024) compare to *Risk Assessment & Prevention of Pressure Ulcers, Second edition* (2011), and to *Assessment and Management of Pressure Injuries for the Interprofessional Team, Third edition* (2016). This document will support the integration of new evidence that aligns with previously implemented recommendations, as well as track their progress by comparing new indicators in the previous editions of the BPG.

The methodology for developing the current 2024 BPG has changed since the previous editions. In accordance with GRADE (Grading of Recommendations, Assessment, Development and Evaluation) methods, the BPG addresses specific research questions posed by the expert panel, as well as additional good practice statements. As a result, not all recommendations were carried forward from the previous editions of the BPGs to the 2024 edition.

Table 1, 2 and 3 summarize how the practice, education, system, organization, and policy recommendations from the 2011 BPG are compared to those in the current BPG.
Table 4, 5 and 6 summarize how the practice, education, and system, organization, and policy recommendations from the 2016 BPG compares to those in the current BPG.
While recommendations from the previous editions of the BPG are addressed in 2024 of the current edition BPG, the recommendations may be phrased differently or appear in different aspects of the BPG (e.g. implementation tips).
Table 7, 8, and 9 summarize how structure, process and outcome indicators from the 2011 BPG and the 2016 BPG compares to those in the current BPG.

As champions of evidence-based practice, sustaining best practices is essential for achieving optimal outcomes. With the publication of a new edition of a BPG, implementation teams are strongly encouraged to take proactive steps to support clinical staff and interprofessional teams to integrate the new knowledge and strategies (e.g., tools) into daily practice. This approach emphasizes the importance of sustaining knowledge through tailored implementation strategies, ongoing monitoring, and evaluation as key components of effective knowledge translation.

The 2024 BPG includes several new areas not addressed in the 2011 BPG, such as infrared thermography, subepidermal moisture detection, negative pressure wound therapy, and electrical stimulation. Additionally, infrared thermography was introduced in the 2024 BPG but was not included in the 2016 BPG.

Comparing *Risk Assessment and Prevention of Pressure Ulcer, Second edition* (2011) with *Pressure injury management: Risk Assessment, Prevention and Treatment of Pressure Injuries Practice, Fourth edition* (2024)

Table 1: Practice Recommendations

Relevant information in *Pressure Injury management: Risk assessment, prevention and treatment* (2024)	***Prevention of Pressure Ulcers* (2011)**
Good practice statement 4.0 It is good practice for health providers in collaboration with persons and their essential caregivers to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries. ***Implementation tips*** • Components of a multicomponent approach **Table 5**	**Recommendation 1.1** A comprehensive head-to-toe skin assessment should be carried out with all clients at admission, and daily thereafter for those identified at risk for skin breakdown. Particular attention should be paid to vulnerable areas, especially over bony prominence and skin adjacent to external devices.
Good practice statement 4.0 It is good practice for health providers in collaboration with persons and their essential caregivers to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries. ***Appendix*** • **Appendix G:** Risk assessment tools	**Recommendation 1.2a** The client's risk for pressure ulcer development is determined by the combination of clinical judgment and the use of a valid reliable risk assessment tool. The use of a structured tool that has been tested for validity and reliability, such as the Braden Scale for Predicting Pressure Sore Risk, the Norton Pressure Sore Risk Assessment Scale and the Waterlow Pressure Ulcer Risk Assessment Tool are recommended.
Good practice statement 4.0 It is good practice for health providers in collaboration with persons and their essential caregivers to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries. ***Implementation tips*** • Components of a multicomponent approach, Table 5	**Recommendation 1.2b** Assess for intrinsic/extrinsic risk factors that are associated with the development of pressure ulcers.
Good practice statement 4.0	**Recommendation 1.3**

It is good practice for health providers in collaboration with persons and their essential caregivers to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries. ***Appendix*** • **Appendix G:** Risk assessment tools	Assessment scales to assess and re-assess risk for skin breakdown and overall skin condition specific to vulnerable populations such as the elderly, palliative patients, the neonate/the child, spinal cord injured patients, and bariatric patients should be considered.
Not addressed in the 2024 version	**Recommendation 1.4** Assessment and documentation of skin changes amongst palliative patients at the end of life should be conducted as recommended by the consensus statement Skin Changes At Life's End (SCALE).
Not addressed in the 2024 version	**Recommendation 1.5** All sectors of the health care system, programs, and services should conduct risk assessments and re-assessments to plan prevention strategies that will minimize the risk of pressure ulcer development.
Good practice statement 5.0 It is good practice for health providers to classify a pressure injury using a validated classification system. This classification system should not be used for monitoring pressure injury healing. ***Appendix*** • **Appendix H:** Example classification system	**Recommendation 1.6a** All pressure ulcers should be identified and described using standardized systems and language (e.g. National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel pressure ulcer classification system).
Not addressed in the 2024 version	**Recommendation 1.6b** If pressure ulcers are identified, utilization of the RNAO best practice guideline Assessment and Management of Stage I to IV Pressure Ulcers along with other related guidelines is recommended.

Good practice statement 3.0, *Implementation tips* • "Assessment of pressure injuries is to be clearly documented". Include the following: pain, refusal of care or nonadherence to the treatment plans, interventions used to promote healing, conditions that negatively affect healing, anticipated wound outcome"	**Recommendation 1.7** All findings should be documented at the time of assessment and reassessment.

Good practice statement 3.0, *Supporting resources* • Documentation in wound care **Good practice statement 4.0, *Implementation tips*** • "Multi component risk assessment is to be documented".	
2.0 Planning	
Good practice statement 1.0 It is good practice for organizations to implement an interprofessional approach for the assessment, prevention and treatment of pressure injuries. This approach includes shared decision making with persons at risk of or living with pressure injuries and their essential caregivers. ***Implementation tips*** • "Involve persons and/or essential caregivers in care planning, including the assessment, prevention and treatment of pressure injuries". **Good Practice Statement 4.0**, It is good practice for health providers in collaboration with persons and their essential caregivers to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries. ***Implementation tips*** (all)	**Recommendation 2.1** An individualized plan-of-care should be developed in collaboration with the client, significant others and an interdisciplinary team, including consulting health care providers as appropriate. The team uses assessment and reassessment data in combination with clinical judgment to identify risk factors and to recommend the plan of care. Client-centered care aligns with the recommendations and the client's choice of goals.
3.0 Interventions	
Recommendation 2.0, *Implementation tips* • Factors to consider when planning repositioning, Table 9 **Good practice statement 6.0** It is good practice for nurses and health providers to select an appropriate support surface, in collaboration with the person and their essential caregivers, by considering the following: individual risk factors, contextual factors, person's preferences; and comfort.	**Recommendation 3.1a** Clients identified to be at risk for developing a pressure ulcer should be resting on a pressure management surface such as a high-specification foam pressure redistribution mattress.
Recommendation 2.0	**Recommendation 3.1b** A re-positioning schedule of at least every two hours should be promptly implemented when using

The expert panel suggests that nurses and health providers reposition persons at risk of pressure injuries every 2-4 hours.	a standardized mattress, emergency stretcher or operating table surface. When using a pressure management surface (re-distribution mattress or cushion) use a re-positioning schedule of at least every four hours or as required by the patient's condition. Consider other patient factors such as the development of redness to increase the frequency of repositioning.
Not addressed in the 2024 version.	**Recommendation 3.2** Heels must be completely offloaded in all positions. If not feasible, reason(s) must be documented, the heels must be monitored, and other prevention strategies implemented.
Good practice statement 1.0, *Implementation tips* • Consult/collaborate with occupational therapist for activities, such as pressure redistribution, mobility, activities-of-daily-living assessments, expertise in wheelchair seating prescription, shear prevention and management. • Consult with physiotherapists for activities, such as pressure redistribution, mobility, adjunctive therapies, expertise in wheelchair seating prescription, shear and prevention management. **Recommendation 2.0, *Implementation tips*** • Factors to consider when planning repositioning, Table 9.	**Recommendation 3.3** Use proper positioning, transferring and turning techniques. Consult an Occupational or Physical Therapist (OT/PT) regarding transfer and positioning techniques and strategies, as well as devices to reduce pressure friction and shear in all positions, and how to optimize client independence.
Good practice statement 3.0, *Implementation tips* • "A systematic approach to management of pressure injuries is to include management of pain". • "Assessment of pressure injuries is to be clearly documented. Include the following: pain (including location, causative factors, intensity, duration, etc.). **Good practice statement 3.0, *Supporting resources*** • Holistic management of wound-related pain: An overview of the evidence and recommendations for clinical practice. ***Appendix*** • **Appendix K:** Summary of EWMA guidance on wholistic management of wound-related pain.	**Recommendation 3.4** Assess, document and effectively manage pain to enable implementation of the most appropriate plan of care for pressure ulcer prevention without compromising comfort and quality of life.
	Recommendation 3.5

Not addressed in the 2024 version.	Massaging over bony prominences and reddened areas should be avoided
Not addressed in the 2024 version.	**Recommendation 3.6** Implementation of intraoperative pressure management devices is recommended for surgical procedures lasting more than 90 minutes.
Not addressed in the 2024 version	**Recommendation 3.7 a** Before implementing localized pressure management devices (e.g. heel boots, wedges, etc.) consider: 1. Potential for increased pressure over surrounding areas of the skin by the device; 2. Caregiver training and education to ensure correct use of the device; and/or 3. Factors that enable client adherence.
Not addressed in the 2024 version	**Recommendation 3.7b** Complete bed rest is not recommended for the prevention and healing of pressure ulcers. Determine the rationale for bed rest and focus on getting the client up into an appropriate wheelchair for part of the day, as appropriate.
Good practice statement 3.0 It is good practice for health providers, in collaboration with persons and their essential caregivers, to use a systematic approach in the management of pressure injuries, which includes assessment, prevention and treatment. ***Implementation tips*** • Assessment of pressure injuries is to be clearly documented, include the following: pain, any person refusal of care or nonadherence, interventions to promote healing, conditions that negatively affect healing, anticipated wound outcomes.	**Recommendation 3.8** Protect skin from excessive moisture and incontinence to maintain skin integrity: 1.0 Monitor fluid intake to ensure adequate hydration; 2.0 Use a pH balanced, non-sensitizing skin cleanser with warm water for cleansing; 3.0 Minimizing force and friction during care (e.g. use a soft wipe or spray cleanser); 4.0 Maintain skin hydration by applying moisturizing agents that are non-sensitizing, pH balanced, fragrance free and/or alcohol free;

Good practice statement 4.0, *Implementation tips* • Component of multicomponent approach, Table 5. ***Appendices*** • **Appendix C:** RNAO guidelines and other resources • **Appendix F:** SSKIN bundle	5.0 Use topical protective barriers to protect skin from moisture. Avoid ingredients and excess application of products that may compromise the absorptive capacity of the incontinent brief; 6.0 Use protective barriers (e.g. liquid barrier films, transparent films, hydrocolloids) or protective padding to reduce friction injuries; 7.0 If skin irritation persists due to moisture, consult with advanced practice nurses and/or with the appropriate interdisciplinary team for evaluation and topical treatment; and/or 8.0 Establish a bowel and bladder program.
Good Practice Statement 1, ***Expert panel justification of good practice statement,*** p. 30 and ***Implementation tips from the expert panel***, p. 31. ***Appendices:*** • **Appendix F:** Figure 5: SSKIN bundle, p. 93. • **Appendix J:** Figure 8, Canadian Nutrition Screening Tool, (CNST), p.100.	**Recommendation 3.9** A nutrition and hydration assessment with appropriate interventions should be implemented on entry to any healthcare setting and when the client's condition changes. If nutritional deficit and/or dehydration is suspected: 1. Consult with a registered dietitian; 2. Investigate factors that compromise an apparently well- nourished individual's dietary intake (especially protein or calories) and/or fluid intake and offer the individual support with eating/drinking; 3. Plan and implement a nutritional support and/or supplementation program for nutritionally compromised/ dehydrated individuals; 4. If dietary/fluid intake remains inadequate, consider alternative nutritional interventions.
Not addressed in the 2024 version .	**Recommendation 3.10** Institute a rehabilitation/restorative/activity program with the interprofessional team to maximize client's functional status that is consistent with the overall goals of care. Consult with an occupational therapist or physical therapist as appropriate.
4.0 Discharge/Transfer of Care Arrangements	

Refer to **Transitions in Care and Services**, 2023 BPG	**Recommendation 4.1** Provide the following information for clients moving between care settings: 1. Risk factors identified; Details of pressure points and skin condition prior to discharge; • Current plan to minimize pressure, friction and shear: 1. Type of bed/mattress 2. Type of seating 3. Current transfer techniques used by the client (bed-chair-commode); • History of ulcers, previous treatments, products used and products not effective: 1. Stage/Category, site and size of existing ulcers 2. Type of dressing currently used and frequency of dressing change 3. Allergies and adverse reactions to wound care products 4. Summary of relevant laboratory results 5. Client and family response /adherence to prevention and treatment plan 6. Requirement for pain management; Details of ulcers that are closed; and Need for on-going interprofessional support

Table 2: Education Recommendations

***Pressure injury management: Risk assessment, prevention and treatment* (2024)**	***Prevention of Pressure Ulcers* (2011)**
Appendix D: Education statements, p. 85	**Recommendation 5.1a** Educational programs for the prevention of pressure ulcers should be structured, organized and comprehensive, and should be updated on a regular basis to incorporate new evidence and technologies.
Good Practice Statement 1.0, *Implementation tips from the expert panel*	**Recommendation 5.1b** Programs should be directed at all levels of health care providers including clients, family or caregivers

Appendix D: Education statements, p. 87	**Recommendation 5.2** Categories of the risk assessment should also be utilized to identify specific risks to ensure effective care planning, Appendix C. 1. Skin assessment. 2. Categorization/Grading of pressure ulcers. 3. Selection and/or use of pressure management devices. 4. Development and implementation of an individualized skin care program. 5. Demonstration of positioning/transferring techniques to decrease risk of tissue breakdown. 6. Instruction on accurate documentation of pertinent data. 7. Roles and responsibilities of team members in relation to pressure ulcer risk assessment and prevention. 8. Client/family education and/or client/ family involvement in the plan of care. 9. Ongoing evaluation of the education and program goals. 10. Evaluation results are to be integrated into the program on a continuous basis (i.e. yearly). 11. Roles and responsibilities of team members in relation to pressure ulcer risk assessment and prevention.

Table 3: System, Organization and Policy Recommendations

***Pressure injury management: Risk assessment, prevention and treatment* (2024)**	***Prevention of Pressure Ulcers* (2011)**
Refer to **Transitions in Care and Services**, 2023	**Recommendation 6.1** Organizations require a policy to provide and request advance notice when transferring or admitting clients at risk of pressure ulcers between practice settings when special equipment (e.g. surfaces) is needed.
Appendices: • **Appendix D**, Evaluation • **Appendix R**, Description of the Leading Change Toolkit	**Recommendation 6.2** Guidelines are more likely to be effective if they take into account local circumstances and are disseminated by ongoing educational and training programs.
Appendix R, Description of the Leading Change Toolkit	**Recommendation 6.3**

	Best practice guidelines can be successfully implemented only when there is adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations are recommended to develop a plan for implementation that includes: • An assessment of organizational readiness and barriers to implementation; 1. Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process; 2. Dedication of a qualified individual to provide the support needed for the education and implementation process; 3. Ongoing opportunities for discussion and education to reinforce the importance of best practices; 4. Opportunities for reflection on personal and organizational experience in implementing guidelines. Implementation process. In this regard, a panel of nurses, researchers and administrators developed the RNAO Toolkit: Implementation of Clinical Practice Guideline (2002) based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO guideline Risk Assessment and Prevention of Pressure Ulcers (2005).
Good Practice Statement 1 It is good practice for organizations to implement an interprofessional approach for the assessment, prevention and treatment of pressure injuries. This approach includes shared decision making with persons at risk of or living with pressure injuries and their essential caregivers.	**Recommendation 6.4** Organizations need to ensure that financial and human resources are available to clients and staff. These resources include, but are not limited to, appropriate moisturizers, skin barriers, access to equipment (therapeutic surfaces), relevant consultants and interprofessional wound care team (e.g. OT; PT; entero-stomal therapist; wound, ostomy and continence nurses; dietitian; physicians; nurse practitioners; chiropodist; wound specialists, etc.) as well as time and support for front line nursing staff.
Best Practice Guideline Evaluation, p. 21	**Recommendation 6.5** Interventions and outcomes should be monitored and documented using prevalence and incidence

	studies, surveys and focused audits
See Recommendation 1.0, *Implementation tips from the expert panel* • "Organizations may consider training a small group of providers (champions or resource staff) on infrared thermography use. These individuals can be referred to by other providers and can operate the technology across the organization" **Implementation Strategies**, *Figure 1*, p. 73	**Recommendation 6.6** Create and support the development of skin and wound care champions to assist with local implementation of pressure ulcer prevention programs specific to the client population.
Best Practice Guideline Evaluation, p. 21	**Recommendation 6.7** Embed annual prevalence of pressure ulcer studies into assessment of risk/quality and professional practice.
Not addressed in the 2024 version	**Recommendation 6.8** Prevalent studies funded by the setting should be conducted annually for quality monitoring, client safety and program improvement. Funding should be provided to involve point-of-care staff in data collection and analysis. All participants of this process need to participate in a rigorous standardized education program prior to conducting the study.

Comparing *Assessment and Management of Pressure Injuries for the Interprofessional Team, Third edition* (2016) with *Pressure injury management: Risk Assessment, Prevention and Treatment of Pressure Injuries Practice, Fourth edition BPG* (2024)

Table 4: Practice Recommendations

Relevant Information in *Pressure Injuries* (2024)	***Assessment and Management of Pressure Injuries for the Interprofessional Team, Third edition* (2016)**
Practice **1.0 Assessment**	
Good Practice Statement 4.0 It is good practice for nurses and health providers, in collaboration with persons and their essential caregivers, to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries.	**Recommendation 1.1** Conduct a health history, a psychosocial history, and a physical exam on initial examination and whenever there is a significant change in the person's medical status.

Good Practice Statement 4.0, *Implementation tips from the expert panel,* Table 5	
Good Practice Statement 4.0 It is good practice for nurses and health providers, in collaboration with persons and their essential caregivers, to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries. **Good Practice Statement 4.0, *Implementation tips from the expert panel,*** Table 5	**Recommendation 1.2** Assess the risk for developing additional pressure injuries on initial examination and if there is a significant change in the person's medical status using a valid and reliable pressure injury risk assessment tool.
Good practice statement 5.0 It is good practice for health providers to classify a pressure injury using a validated classification system. This classification system should not be used for monitoring pressure injury healing. ***Appendix*** • **Appendix H:** Example classification system	**Recommendation 1.3** Assess the person's pressure injury using the same valid and reliable wound assessment tool on initial examination and whenever there is a significant change in the pressure injury
Good Practice Statement 3.0, *Table 12: Implementation tips from the expert panel* **Good Practice Statement 3.0, *Table 13:*** *Implementation context and details from the evidence* **Appendix E:** Figure 2: Wound Bed Preparation paradigm, 90.	**Recommendation 1.4** Assess the person's pressure injury for signs and symptoms of infection (superficial critical colonization/localized infection and/or deep and surrounding infection/systemic infection) using a standardized approach on initial examination and at every dressing change.
***Appendices*:** • **Appendix F:** Figure 5: SSKIN bundle • **Appendix J:** Figure 8: Canadian Nutrition Screening Tool (CNST)	**Recommendation 1.5** a) Screen all persons with pressure injuries for risk of malnutrition using a valid and reliable screening tool on first examination and if there is a delay in pressure injury healing. b) Determine the nutritional status of all persons at risk for malnutrition using a valid and reliable assessment tool within 72 hours of initial examination, and whenever there is a change in health status and/or the pressure injury. c) Perform a comprehensive nutrition assessment of all persons with poor nutritional status within 72 hours of initial examination, and if there is a change in health status or delayed healing.

Appendix E: Figure 2: Wound Bed Preparation paradigm	**Recommendation 1.6** Assess pressure injury pain on initial examination and continue to monitor pain at subsequent visits, including prior to and after every wound care intervention, using the same valid and reliable tool consistent with the person's cognitive ability.
Not addressed in the 2024 version	**Recommendation 1.7** Perform a vascular assessment (i.e., medical history, physical exam) of all persons with pressure injuries in the lower extremities on initial examination.
Good Practice Statement 4.0, *Table 5:* *Implementation tips from the expert panel*	**Recommendation 1.8** Conduct a mobility and support surface assessment on initial examination and whenever there is a significant change in the person's medical condition, weight, equipment, mobility, and/or pressure injury healing.
2.0 Planning	
Not addressed in the 2024 version	**Recommendation 2.1** Obtain the referral or consultations required to plan and coordinate a pressure injury plan of care.
Good Practice Statement 1.0 It is good practice for organizations to implement an interprofessional approach for the assessment, prevention and treatment of pressure injuries. This approach includes shared decision-making with persons at risk of or living with pressure injuries and their essential caregivers. **Good Practice Statement 1.0, *Implementation tip from the expert panel*** **Good Practice Statement 3.0** It is good practice for health providers, in collaboration with persons and their essential caregivers, to use a systematic approach in the management of pressure injuries, which includes assessment, prevention and treatment.	**Recommendation 2.2** Develop a pressure injury plan of care that incorporates goals mutually agreed upon by the person, the person's circle of care and the interprofessional team.
3.0 Implementation	

Recommendation 2.0 The expert panel suggests that nurses and health providers reposition persons at risk of pressure injuries every 2-4 hours.	**Recommendation 3.1** Reposition the person at regular intervals (i.e., every two to four hours) based on person centred concerns. While sitting, weight-shift the person every 15 minutes
Appendix O, *Table 25*: Support surfaces: Terms and definitions	**Recommendation 3.2** Position all persons with a pressure injury on a pressure redistribution support surface at all times.
Good Practice Statement 3.0, *Table 12*: *Implementation tips from the expert panel*	**Recommendation 3.3** Implement an individualized nutritional plan of care in collaboration with the person and his/her circle of care that addresses nutritional requirements and provides adequate protein, calories, fluid, and appropriate vitamin and mineral supplementation to promote pressure injury healing.
Recommendation 3.0, *Table 13*: Implementation context and details from the evidence	**Recommendation 3.4** Provide local pressure injury care consisting of the following, as appropriate: 1. cleansing; 2. moisture balance (healable) or moisture reduction (non-healable, maintenance) 3. infection control (i.e., superficial critical colonization/localized infection and/or deep and surrounding infection/systemic infection and debridement.
Recommendation 5.1 The expert panel suggests that nurses and health providers, in collaboration with the person and their essential caregivers, consider using electrical stimulation for treatment of pressure injuries if the wound and person meet indications and there are no contraindications.	**Recommendation 3.5** Provide electrical stimulation (when available) as an adjunct to best practice wound care in order to speed healing and promote wound closure installed but healable stage 2, 3, and 4 pressure injuries.
Appendix L, *Table 22*: Emerging health technologies for assessment and detection	**Recommendation 3.6** Implement, as an alternative, the following treatments in order to speed closure of stalled but healable pressure injuries, as appropriate and if available: 1. electromagnetic therapy, 2. ultrasound, and 3. ultraviolet light Do not consider the following treatment to speed closure of stalled but healable pressure injuries: 1. laser therapy (not recommended)

Recommendation 5.0 The expert panel suggests that nurses and health providers, in collaboration with the person and their essential caregivers, consider using negative pressure wound therapy for treatment of pressure injuries if the wound and person meet indications and there are no contraindications.	**Recommendation 3.7** Provide negative pressure wound therapy to people with stage 3 and 4 pressure injuries in exceptional circumstances, including enhancement of quality of life and in accordance with other person-/family-centred preferences.
Not addressed in the 2024 version	**Recommendation 3.8** Collaborate with the person and his/her circle of care to implement a pressure injury self-management plan.
Appendix K, Figure 9: Summary of EWMA guidance on wholistic management of wound-related pain, p. 101.	**Recommendation 3.9** Implement a person-centred pain management plan using pharmacological and nonpharmacological interventions.
4.0 Evaluation	
Good Practice Statement 4.0 It is good practice for nurses and health providers, in collaboration with persons and their essential caregivers, to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries.	**Recommendation 4.1** Use the initial risk assessment tool to reassess the person's risk for developing additional pressure injuries on a regular basis and whenever a change in the person's health status occurs.
Good Practice Statement 4.0 It is good practice for nurses and health providers, in collaboration with persons and their essential caregivers, to use a multicomponent approach to assess and reassess a person's risk of developing pressure injuries. **Appendix M, *Table 23*:** Pressure injury assessment tools, p. 106	**Recommendation 4.2** Use the initial wound assessment tool to monitor the person's pressure injuries for progress toward person-centred goals on a regular basis and at dressing changes.

Table 5: Education Recommendations

Relevant Information in *Pressure Injuries* (2024)	***Assessment and Management of Pressure Injuries for the Interprofessional Team, Third edition* (2016)**
Appendix D: Education Statement 1	**Recommendation 5.1** Develop and implement comprehensive and sustainable interprofessional pressure injury education programs for clinicians and students

	entering health-care professions.
Not addressed in the 2024 version	**Recommendation 5.2** Assess health-care professionals' knowledge, attitudes, and skills related to the assessment and management of existing pressure injuries before and following educational interventions using an appropriate, reliable, and validated assessment tool.

Table 6 : System, Organization, and Policy Recommendations

Relevant Information in *Pressure Injuries* (2024)	***Assessment and Management of Pressure Injuries for the Interprofessional Team, Third edition* (2016)**
Appendix R: Description of the Leading Change Toolkit	**Recommendation 6.1** Organizations must lead and provide the resources to integrate pressure injury management best practices into standard and interprofessional clinical practice, with continuous evaluation of outcomes.
Not addressed in the 2024 version	**Recommendation 6.2** Lobby and advocate for investment in pressure injury management as a strategic quality and safety priority in jurisdictions in order to improve *health* outcomes for people with pressure injuries.

Table 7: Structure Indicators

There were no structure indicators for the 2024 version of the BPG as there were no good practice statements or recommendations around health provider education.

Table 8: Process Indicators

Indicators in *Pressure injury management: Risk assessment, prevention and treatment* (2024)	**Indicators from *Assessment and Management of Pressure Injuries for the Interprofessional Team* (2016)**	**Indicators from *Risk Assessment & Prevention of Pressure Ulcers* (2011)**
Aligned with Good Practice Statement 3.0: Percentage of persons with a pressure injury who received a pressure injury assessment	Percentage of newly admitted clients with an existing stage 2 or higher-pressure injury who had a comprehensive assessment of the injuries completed on admission	n/a

Aligned with Good Practice Statement 4.0: Percentage of persons who received a multicomponent pressure injury risk assessment within 24 hours of initiation of care	n/a	A risk assessment tool, such as the Braden Scale, is used to assess pressure ulcer risk. Pressure ulcer risk assessment is conducted, including: ■ Skin inspection; and ■ Risk assessment score. Percentage of clients reporting an assessment of their pressure ulcer risk.
Aligned with Good Practice Statement 4.0: Percentage of persons who had a change in health status and who were assessed/reassessed for the risk of developing pressure injuries during their care	Percentage of newly admitted clients with an existing pressure injury who are reassessed for the risk of developing additional pressure injuries	n/a
Aligned with Good Practice Statement 6.0: Percentage of persons who are at risk for or have a pressure injury who have an appropriate pressure redistribution support surface	Percentage of clients who have a stage 1 or higher-pressure injury with documented evidence of a treatment plan for pressure reduction management reduction management	Pressure ulcer prevention strategies are implemented, including: ■ Skin care; ■ Turning schedules; ■ Pressure reducing/ relieving surfaces; ■ Nutritional interventions. Percentage of clients assessed to need nutritional interventions, a turning schedule and pressure reduction/relief, etc. who actually receive it. Appropriate use of pressure reducing/relieving surfaces
Aligned with Recommendation 2.0: Percentage of persons who are at risk for a pressure injury who have been repositioned every 2-4 hours	n/a	Pressure ulcer prevention strategies are implemented, including: ■ Skin care; ■ Turning schedules; ■ Pressure reducing/ relieving surfaces; ■ Nutritional interventions. Percentage of clients assessed to need nutritional interventions, a turning

		schedule and pressure reduction/relief, etc. who actually receive it.
Aligned with Recommendation 3.0: Percentage of persons who are at risk for a pressure injury who have received a preventative care bundle	n/a	Percentage of clients reporting a review of their prevention plan with the nurse.

Table 9: Outcome Indicators

Indicators in *Pressure injury management: Risk assessment, prevention and treatment* (2024)	**Indicators from *Assessment and Management of Pressure Injuries for the Interprofessional Team* (2016)**	**Indicators from *Risk Assessment & Prevention of Pressure Ulcers* (2007)**
Percentage of persons with a pre-existing pressure injury on initiation of care	Pressure injury prevalence on admission: Percentage of all clients admitted during the measurement period that has a pre-existing stage 2 or higher-pressure injury	
Percentage of persons with a pressure injury	Pressure injury point prevalence: Percentage of clients with a stage 2 or higher-pressure injury during a prevalence study	Decrease in incidence/prevalence of pressure ulcers within the practice setting. Absence of Stage I pressure ulcers or breakdown caused by friction and shear (prevention).
Rate of persons who developed a new pressure injury	n/a	Decrease in incidence/prevalence of pressure ulcers within the practice setting.
Percentage of persons who develop one or more new pressure injuries	Pressure injury incidence: Percentage of clients who develop new stage 2 to 4 pressure injuries during the measurement period Healthcare associated pressure injury incidence: Percentage of clients who develop a stage 2 or higher-pressure injury after admission	Decrease in incidence/prevalence of pressure ulcers within the practice setting.

Percentage of persons with a pressure injury with signs of healing after 2 to 4 weeks of pressure injury identification	Percentage of stage 2 to 4 pressure injuries with demonstrated evidence of healing after a 2–4-week measurement period	n/a
Percentage of persons with a pressure injury that closed completely	Percentage of clients with stage2 to 4 pressure injuries that healed during the measurement period	n/a
Percentage of persons whose pressure injury worsened	Incidence rate of pressure injury infection in clients with existing pressure injuries	n/a