

**Supplemental Table 1. QUALITY APPRAISAL SCORES, STRENGTHS, AND WEAKNESSES OF SELECTED STUDIES**

First Author, Year	Design	CCAT or JBI scores (average), %	Strengths	Weaknesses
<b>Malignant Fungating Wounds</b>				
Adderley et al, <sup>17</sup> 2014	Systematic review	95/95.4 (95.2)	Recommendations for practice based on appraisal of included studies' risk of bias and methodological limitations	Limitations of the study NR
Ousey et al, <sup>18</sup> 2014	Integrative review	80/100 (90)	Comprehensive search was conducted Eligibility assessment according to CASP criteria	Limitations of the study NR
<b>Lower Leg Ulcers</b>				
Weller et al, <sup>20</sup> 2018	Scoping review	70/80 (75)	Comprehensive search was conducted No language restriction Eligibility assessment conducted by at least two researchers according to specified criteria	Only one reviewer screened full-text articles and extracted data from guidelines in languages other than English Several of the included guidelines did not report recommendation level of evidence
Andriessen et al, <sup>21</sup> 2017	Review	100/90 (95)	Comprehensive search was conducted Independent screening for inclusion Used AGREE II to review quality of guidelines	Limited to English and German publications The quality grade and methodological weaknesses of included studies NR Information on guideline implementation was lacking Good clinical response to compression therapy not addressed
Neumann et al, <sup>19</sup> 2016	Guideline	75/80 (77.5)	Guidelines presented evidence-based approach for treatment supporting daily practice Recommendations are graded according to strength of evidence	Search terms not provided Did not report number of researchers involved with eligibility assessment Guideline specific to Europe, limited generalizability. Working group did not use the scheme by the Wound Care Consultant Society (WCS) for the description of the treatment of wounds
Ratliff et al, <sup>22</sup> 2016	Algorithm development: scoping review, consensus, content validation	70/90 (80)	Comprehensive search was conducted Eligibility assessment conducted by three researchers with clinical expertise Consensus panel: a variety of clinicians from varied settings Content validation done Processes followed were comprehensive, feasible, and appropriate	The second search included only studies with products available in the USA. Limitation to generalizability Limitations of the study NR
Carter, <sup>26</sup> 2014	Review	85/86.3 (85.6)	Eligibility determined according to clearly stated inclusion and exclusion criteria Comprehensive search was conducted (1974 to 2013) Evidence was graded	Limited to English publications Number of researchers involved with eligibility assessment and quality appraisal was NR
Miller et al, <sup>25</sup> 2014	Prospective single-sample cohort	70/65 (67.5)	The educational program and data collection tool were reviewed by clients, education and content experts prior to the study Assessed several domains of behavior change Prompted future research Limitations of the study were reported	Reported limitations: Lack of standardized timeframes between intervention and data collection Data from two related studies with different primary objectives Limited generalization Measurement tools not validated Randomization and blinding techniques not clearly reported Small sample sizes

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Canadian Agency for Drugs and Technologies in Health, <sup>27</sup> 2013	Review	80/75 (77.5)	Transparency in reporting included guidelines' and studies' characteristics, strengths and weaknesses Limitations of the study were reported	Reported limitations of this review: Limited high-grade evidence was found - several based on expert opinion. Small sample sizes, primarily comprised of women.
Tang et al, <sup>23</sup> 2012	Review	60/60 (60)	Wide range of studies included (principles of other chronic wounds and animal studies)	Limitations of the study NR Limited to English publications Did not report number of researchers involved with eligibility assessment Did not report on appraisal of methodological quality
Weller et al, <sup>24</sup> 2012	Cross-sectional survey	82.5/95 (88.7)	Survey tool developed from focus discussions and pilot tested. Two independent coders analyzed qualitative data.	Low response rate: 36% (n = 54) Possibility of biased responses (only most knowledgeable nurses might have responded) Past experiences may be affected by recall bias
<b>Diabetic Foot Ulcers</b>				
Isei et al, <sup>31</sup> 2016	Guideline	86/67.5 (76.7)	Recommendations are graded according to strength of evidence Comprehensive search was conducted Comprehensive list of definitions of terminology provided	Search terms not provided The method of assessing eligibility was NR No limitations reported Guideline developed specifically for Japan thus limits generalizability
Lavery et al, <sup>32</sup> 2016	Guideline	67.5/65 (66.2)	Recommendations are graded according to strength of evidence available Rigorous Delphi technique used for separate guidelines	Update on previous guideline thus search terms not provided Limited to English publications Did not report number of researchers involved with eligibility assessment
Huang et al, <sup>33</sup> 2015	Guideline	75/77.5 (76.2)	Used the Institute of Medicine standards for reliable Clinical Practice Guidelines Reported on reviewers' characteristics and expertise Systematic review conducted Recommendations graded according to strength of evidence available Search terms listed External review done	Most of the studies used only moderate or low-level evidence and conditional recommendations were made.
Canadian Agency for Drugs and Technologies in Health, <sup>29</sup> 2014	Review	100/85 (92.5)	Well-designed critical appraisal tools used to assess methodological quality Mostly systematic reviews, meta-analyses, and randomized control trials	Only one reviewer assessed eligibility Studies had small sample sizes and high potential for bias Might have limited applicability
Crawford et al, <sup>34</sup> 2013	Guideline	90/85 (87.5)	Recommendations graded according to strength of evidence available Two reviewers involved with eligibility assessment	Restricted to English publications This publication is a summary of the guideline Limitations of the study NR
Taylor et al, <sup>30</sup> 2011	Descriptive correlational	60/65 (62.5)	Large sample size Useful in daily practice as economic factors are mentioned	Convenient sampling (audit of current practice data) Measures to ensure consistency of data capturing over an extended period were NR Limitations of the study NR

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<b>Pressure Ulcers</b>				
Fujiwara et al, <sup>38</sup> 2018	Guideline	65/60 (62.5)	Comprehensive search was conducted Comprehensive list of definitions of terminology provided	Levels A, B, C, D of recommendation for strength of evidence were not clearly defined Limited reporting of included studies' weaknesses Several dressings cited are not known in a global context (limited generalizability) The method of assessing eligibility and quality appraisal was NR No limitations reported
Canadian Agency for Drugs and Technologies in Health, <sup>36</sup> 2013	Review	72.7/81.8 (77.2)	Appraisal of methodological quality of studies A clear description of each included study's characteristics and limitations	Limited literature search 2008- 2013 narrowed to RCTs in English Only one researcher screened for eligibility Reported limitation: could not restrict data analysis to intended population and included studies did not report publication bias
Gelis et al, <sup>37</sup> 2012	Systematic review	81.8/95 (88.4)	Included the highest level of evidence (only clinical trials) Transparent reporting of systematic review process and appraisal of methodological quality of the studies	Methodological shortcomings of included studies not clearly reported Limitations of the study NR
Guihan et al, <sup>35</sup> 2012	Cross-sectional observation	60/75 (68)	Large sample size (n = 131) Comprehensive assessment of risk factors Limitations of the study reported	Convenience sampling Validity of the scales/checklists used to assess risk factors was NR Reported limitation: cognitive screening for inclusion based on primary care giver's judgement
<b>Atypical Wounds</b>				
Alavi et al, <sup>40</sup> 2018	Observational cross-sectional cohort	100/100 (100)	Comprehensive measurement with 4 validated tools.	Small sample sizes
Addison et al, <sup>39</sup> 2017	Descriptive prospective observational cohort	88/90 (89)	Large prospective wound management study capturing real conditions in the health care system Detailed monitoring and documentation of the wound classification and sizing using the World Health Organization BU classification and Flanagan's criteria to identify and monitor closure	Unequal sample sizes
Shanmugam et al, <sup>42</sup> 2017	Review	60/70 (65)	Comprehensive search of the literature	Assessment for eligibility and appraisal of methodological quality were NR
Pope et al, <sup>41</sup> 2015	Consensus	80/70 (75)	Involvement of a multidisciplinary expert group with expertise in EB treatment, wound care biology, and clinical practice	Limitations of the study NR The method to address scores <80% were NR Experts were mainly from colder countries which may influence dressing choices and management and therefore limits generalizability

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<b>Local Wound Bed Factors</b>				
Schultz et al, <sup>44</sup> 2017	Modified Delphi method	77.5/80 (78.75)	Consensus reached through a rigorous Delphi technique involving a diverse group of experts selected for their expertise in the field Full agreement was reached during final consensus round Developed a new paradigm for biofilm management	Risk of bias: involvement of a wound care product company (however, the paper declared it as a conflict of interest)
Akhmetova et al, <sup>43</sup> 2016	Review	70/60 (75)	Comprehensive search conducted Independent appraisal of quality Limitations reported	Although quality appraised, the quality of included papers was NR The number of papers screened and included were NR
Sherman, <sup>45</sup> 2014	Review	95/95 (95)	Comprehensive search conducted resulting 97 relevant papers	Eligibility assessment method (no. of researchers involved) NR Quality appraisal NR Data extraction method NR Limitations of the study NR

Abbreviations: AGREE, Appraisal of Guidelines, Research and Evaluation; CASP, Critical Appraisal Skills Programme; CCAT, Crowe Critical Appraisal Tool; JBI, Joanna Briggs Institute Critical Appraisal Checklist for Systematic Reviews and Research Syntheses; NR, not reported; WCS, Wound Care Consultancy Society.