

Editorial

Release of the Third Edition of The International Pressure Injury Guideline

Carville K and Haesler E

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In November 2019, the European Pressure Ulcer Advisory Panel (EPUAP), National Pressure Injury Advisory Panel (NPIAP) and the Pan Pacific Pressure Injury Alliance (PPPIAP) released the third edition of *Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline*.¹

The International Guideline was developed by EPUAP, NPIAP, and PPPIA partners in collaboration with 14 additional international Associate Organisations. More than 175 international experts contributed to the guideline. The development methodology and processes were governed by a 12-members Guideline Governance Group and Associate Professor Emily Haesler, the methodologist. The PPPIA was represented by Professor Keryln Carville (Chair), Pamela Mitchell, Susan Law and Yee Yee Chang.

The most rigorous methodological guideline development standards were employed.² The guideline makes 115

evidence-based recommendations, each assigned a Strength of Recommendation describing the 'extent to which one can be confident that adherence to will do more good than harm'. Of the 115 recommendations, 34 were rated as *strong positive recommendations* (Definitely do it), 66 as *weak positive recommendations* (Probably do it) and 15 recommendations were rated as *no specific recommendation*. The guideline also includes 61 good practice statements addressing areas significant for clinical practice but lacking a sufficient evidence base.

Copies of the *Clinical Practice Guideline* and the abridged version are available for sale (see guidelinesales.com/page/Guidelines). A free electronic copy of the *Quick Reference Guide* can be downloaded from www.pppia.org. More information and resources are on www.internationalguideline.com.

The International Guideline will be valuable to health professionals, policy makers, administrators and other stakeholders to work with patients and their families to achieve improved care outcomes and to reduce the physical, psychosocial and fiscal burden of pressure injuries.

REFERENCES

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