

Tiltakene i retningslinjen har bevisstyrke bak seg basert på hva den internasjonale trykksårretningslinjen har satt. Oversikt over hva A, B1, B2, C og GPS betyr:

**Table 30.6: Strength of evidence rating for each recommendation (adapted from NHMRC) <sup>20</sup>**

<b>A</b>	<ul style="list-style-type: none"> <li>• More than one high quality Level I study providing direct evidence</li> <li>• Consistent body of evidence</li> </ul>
<b>B1</b>	<ul style="list-style-type: none"> <li>• Level 1 studies of moderate or low quality providing direct evidence</li> <li>• Level 2 studies of high or moderate quality providing direct evidence</li> <li>• Most studies have consistent outcomes and inconsistencies can be explained</li> </ul>
<b>B2</b>	<ul style="list-style-type: none"> <li>• Level 2 studies of low quality providing direct evidence</li> <li>• Level 3 or 4 studies (regardless of quality) providing direct evidence</li> <li>• Most studies have consistent outcomes and inconsistencies can be explained</li> </ul>
<b>C</b>	<ul style="list-style-type: none"> <li>• Level 5 studies (indirect evidence) e.g., studies in normal human subjects, humans with other types of chronic wounds, animal models</li> <li>• A body of evidence with inconsistencies that cannot be explained, reflecting genuine uncertainty surrounding the topic</li> </ul>
<b>Good practice statement</b>	<ul style="list-style-type: none"> <li>• Statements by the GGG that are not supported by a body of evidence as listed above but considered significant for clinical practice.</li> </ul>

Tatt fra side 399: National Pressure Injury Advisory Panel (NPIAP), European Pressure Ulcer Advisory Panel (EPUAP) and Pan Pacific Pressure Injury Alliance (PPPIA). Prevention and treatment of pressure ulcers/injuries: clinical practice guideline. Perth, Australia; 2019