

Guideline for Prevention of Perioperative Pressure Injury Evidence Review and PRISMA

Evidence Review

The Guideline for Prevention of Perioperative Pressure Injury was approved by the AORN Guidelines Advisory Board and became effective as of May 17, 2022.

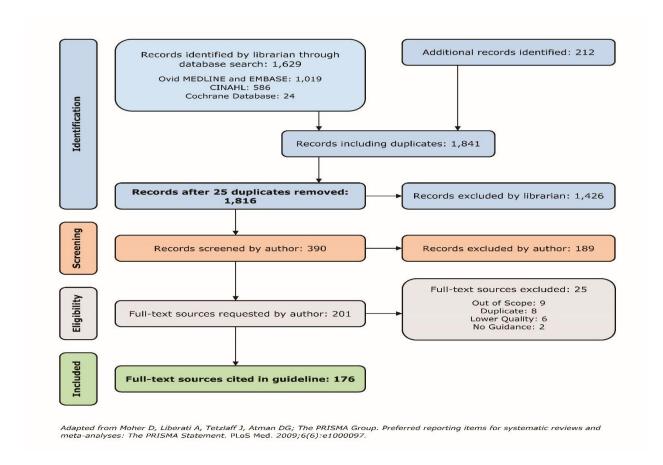
A medical librarian with a perioperative background conducted a systematic search of the databases Ovid MEDLINE, Ovid Embase, EBSCO CINAHL, and the Cochrane Database of Systematic Reviews. The search was limited to literature published in English from January 2000 through January 2021. At the time of the initial search, weekly alerts were created on the topics included in that search. Results from these alerts were provided to the lead author until November 2021. The lead author requested additional articles that either did not fit the original search criteria or were discovered during the evidence appraisal process. The lead author and the medical librarian also identified relevant guidelines from government agencies, professional organizations, and standards-setting bodies. Search terms included accidental falls, ambulatory surgery, cephalad slide, deep Trendelenburg, falling, falls, friction, head-down tilt (adverse effects), head holders, head positioners, hernia, inclined position*, injur*, intraocular pressure, intraoperative complications, intraoperative complications (prevention & control), laparoscopy (adverse effects), move*, movement, nerve injuries, neurosurgical head holders, neurosurgical head positioners, operating rooms, operating theater, operating theatre, patient positioning (adverse effects), patient positioning arms, patient positioning upper extremities, panniculus adhesive, panniculus adhesive tape, panniculus positioning, panniculus positioning device, panniculus retraction, panniculus retraction device, panniculus taping, pannus adhesive, pannus positioning, pannus positioning device, pannus retraction, pannus retraction device, postoperative complications, postoperative complications (prevention & control), ramped position*, redness, retraction of pannus, retraction of pannus adhesive tape, retraction of pannus taping, shear, shift*, shoulder brace, shoulder positioning device, slid*, surgical suite, Trendelenburg, Trendelenburg position*, trocar, tuck* arms, and tuck* upper extremities.

Included were research and non-research literature in English, complete publications, and publications with dates within the time restriction when available. Excluded were non-peer-reviewed publications and older evidence within the time restriction when more recent evidence was available. Editorials, news items, and other brief items were excluded. Low-quality evidence was excluded when higher-quality evidence was available, and literature outside the time restriction was excluded when literature within the time restriction was available (Figure 1).

Articles identified in the search were provided to the project team for evaluation. The team consisted of the lead author and one evidence appraiser. The lead author and the appraiser reviewed and critically appraised each article using the AORN Research or Non-Research Evidence Appraisal Tools as appropriate. The literature was independently evaluated and appraised according to the strength and quality of the evidence. Each article was then assigned an appraisal score. The appraisal score is noted in brackets after each reference as applicable.

Each recommendation rating is based on a synthesis of the collective evidence, a benefit-harm assessment, and consideration of resource use. The strength of the recommendation was determined using the AORN Evidence Rating Model and the quality and consistency of the evidence supporting a recommendation. The recommendation strength rating is noted in brackets after each recommendation.

Figure 1: PRISMA 2009 Flow Diagram



Publication History

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