



Pressure Ulcer/Pressure Injury Road Map

MHA’s roadmaps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

Each road map is tiered into fundamental and advanced strategies:

- **Fundamental strategies** should be prioritized for implementation, and generally have a strong evidence base in published literature in addition to being supported by multiple professional bodies and regulatory agencies.
- **Advanced strategies** should be considered in addition to fundamental strategies when there is evidence the fundamental strategies are being implemented and adhered to consistently and there is evidence that rates are not decreasing and/or the pathogenesis (morbidity/mortality among patients) has changed.

Operational definitions are included to assist facility teams with road map auditing and identifying whether current work meets the intention behind each road map element.

Resources linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools which organizations need to assist in implementation of best practices.

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:
Skin safety coordination and team approach	<p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> The facility has an interdisciplinary team involved in implementing and maintaining the pressure injury prevention program with representation from across the facility. <input type="checkbox"/> Department specific policies are in place to address their unique role in preventing pressure injuries. <input type="checkbox"/> Skin safety representation/champions are promoted throughout the facility. <input type="checkbox"/> There is a process in place to communicate patient’s pressure injury risk and skin integrity status during structured hand-offs across departments. <input type="checkbox"/> The program has at least one team member with a background/ education/certification in wound care. <input type="checkbox"/> Administrative support for active surveillance. 	<ul style="list-style-type: none"> • Guidelines Evidence NPUAP-EPUAP-PPPIA • Unit-Based Skin Champion Charter • AHRQ TeamSTEPPS Pocket Guide • HRET Hospital Acquired Pressure Injury Change Package • AAWM Certification • WOCNCB certification • WOCN Education Programs

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Skin safety coordination and team approach, cont.	<p>ADVANCED (check each box if “yes”)</p> <p><input type="checkbox"/> The pressure injury prevention program is reviewed by the team and updated at least annually or with a rise in hospital-acquired pressure injuries.</p> <p><input type="checkbox"/> Pressure injury case studies are routinely shared through patient stories/lived experiences, as well as through data.</p>	
Accurate and concurrent reporting	<p>FUNDAMENTAL (check each box if “yes”)</p> <p><input type="checkbox"/> The facility has a concurrent reporting process (such as incidence reporting) in place to collect all stages of pressure injury.</p> <p><input type="checkbox"/> Pressure injury data and learnings (including root cause analysis and good catches) are shared at least quarterly:</p> <ul style="list-style-type: none"> - Within units - Across units - Across departments - With leadership <p>ADVANCED (check each box if “yes”)</p> <p><input type="checkbox"/> There is a process in place to audit the reliability of the reporting process through point prevalence incidence studies or NDNQI surveys.</p> <p><input type="checkbox"/> A process is in place to track and analyze data regarding incontinence associated dermatitis (e.g. during pressure injury point prevalence and incidence studies).</p>	<ul style="list-style-type: none"> • Guidelines Evidence p. 11 NPUAP-EPUAP-PPPIA • MHA Measure Specifications-Incidence Density • MHA Hospital Pressure Injury Reportability Algorithm • MHA Good Catch Award Nomination • NPSF Improving Root Cause Analyses and Actions to Prevent Harm • NPUAP Root Cause Analysis Template • ADULT IAD Best Practice Guidelines Document • PEDIATRIC Example Incontinence Skin Care • PEDIATRIC Example NICU Perineal Skin Care • NDNQI Pressure Injury Education and Survey Training

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Facility expectations and staff education	<p>FUNDAMENTAL (check each box if “yes”)</p> <p><input type="checkbox"/> Expectations and supporting competency-based education has been incorporated into new employee orientation for all interdisciplinary team members who provide patient care.</p> <p><input type="checkbox"/> The facility expects that evidence-based practice recommendations (e.g. NPAUP and WOCN Society recommendations) are used as resources for:</p> <ul style="list-style-type: none"> - Updating policies and procedures. - Updating education materials and methods - Developing action plans for perioperative and device-related pressure injuries. <p><input type="checkbox"/> Staff pressure injury prevention competence is reevaluated on an annual basis.</p>	<ul style="list-style-type: none"> • Guidelines Evidence P. 66 NPUAP-EPUAP-PPPIA • Organizations, Pressure Ulcer/Injury Guideline Publications and Websites • NPUAP Medical device related PI prevention-general • NPUAP Medical device related PI prevention-critical care • NPUAP Medical device related PI prevention-pediatrics • NPUAP Medical device related PI prevention-long term care • Conducting a head-to-toe skin inspection • PEDIATRIC Diaper Dermatitis • ADULT IAD Best Practice Guidelines Document • MHA MDPRI Prevention Bundle Poster • MHA INJURY Bundle • MHA INJURY Patient Education Tool • MHA INJURY Patient Education Tool-Somali • MHA INJURY Patient Education Tool-Spanish • MHA INJURY Patient Education Tool-Hmong • MHA INJURY Bundle Auditing Tool • MHA Respiratory Device Recommendations and Guidance • MHA Perioperative Recommendations and Guidance • MHA Cervical Collar Recommendations and Guidance • Too Unstable to Turn Algorithm • MHA Pressure Injury Orientation PowerPoint CE Offerings <ul style="list-style-type: none"> - Module 1 - Module 2 - Module 3 - Module 4 • Kathleen Vollman Education Videos • MHA head to toe skin inspection video • NDNQI Pressure Injury Education and Survey Training • AHRQ Observing Patient Care Rounds Tool
	<p>ADVANCED (check each box if “yes”)</p> <p><input type="checkbox"/> The facility has a process in place for real time dialogue, barrier identification and education related to pressure injury prevention (e.g. daily huddles, weekly skin rounds, interdisciplinary rounding, wound RN consult).</p>	

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Education of patients and families	<p>FUNDAMENTAL (check each box if “yes”)</p> <p><input type="checkbox"/> Patient/family education tools are disseminated for skin safety to patients at risk for pressure injuries.</p> <p><input type="checkbox"/> Patient/family education tools incorporate the prevention of device-related pressure injuries (e.g. cervical collars, respiratory devices).</p> <p><input type="checkbox"/> Patient/family education tools incorporate the importance of proper nutrition in prevention of pressure injuries.</p>	<ul style="list-style-type: none"> • Guidelines Evidence p. 65 NPUAP-EPUAP-PPPIA • MHA MDPRI Prevention Bundle Poster • MHA INJURY Bundle • MHA INJURY Patient Education Tool • MHA INJURY Patient Education Tool-Somali • MHA INJURY Patient Education Tool-Spanish • MHA INJURY Patient Education Tool-Hmong • MHA INJURY Bundle Auditing Tool • AHRQ: What is patient and family engagement? • AHRQ Patient and family engagement checklist
	<p>ADVANCED (check each box if “yes”)</p> <p><input type="checkbox"/> The facility requires and has a designated place to document skin safety education and patient/family response.</p>	
Best practice skin inspection and risk assessment	<p>FUNDAMENTAL (check each box if “yes”)</p> <p><input type="checkbox"/> The facility requires, and has a designated place to document, the Braden/validated pediatric risk assessment tool that incorporates medical devices/Braden Q (pediatric) pressure injury risk assessment upon admission and at least daily or per hospital standard.</p> <p><input type="checkbox"/> Skin inspections are performed and documented on admission, at least daily per hospital standard, and when there is a change in patient condition. This includes a complete skin inspection between skin folds, buttocks, and under and around devices.</p> <ul style="list-style-type: none"> - The facility requires and has a designated place to document a complete skin inspection on admission (ideally within eight hours) and at least daily as well as when there is a change in patient condition. <p><input type="checkbox"/> Risk assessment findings are linked to specific interventions.</p> <p><input type="checkbox"/> Pressure injury prevention and treatment products are readily available. At a minimum, this includes:</p> <ul style="list-style-type: none"> - Skin moisture barrier products - Appropriate incontinence containment products/bedding - Pressure redistribution mattresses - Heel offloading devices - Pillows or wedges for repositioning - Repositioning slings/sheets to use with ceiling lifts 	<ul style="list-style-type: none"> • Guidelines Evidence page 14 NPUAP-EPUAP-PPPIA • Pediatric Guidelines Evidence page 61 NPUAP-EPUAP-PPPIA • MHA INJURY Bundle • MHA INJURY Patient Education Tool • MHA INJURY Patient Education Tool-Somali • MHA INJURY Patient Education Tool-Spanish • MHA INJURY Patient Education Tool-Hmong • MHA INJURY Bundle Auditing Tool • MHA MDPRI Prevention Bundle Poster • MHA Head To Toe Skin Inspection Video • Visual Guide for Anatomic Location of Buttocks Lesions • MHA Braden Risk Educational PowerPoint and Post Test • NDNQi Pressure Injury Education and Survey Training • Manual Proning in Critical Care • NPIAP Tips for Pressure Injury Prevention: Prone Position • Example #1 hospital proning procedure • Example #2 hospital proning procedure • Braden QD Scale

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Best practice skin inspection and risk assessment, cont.	<p><input type="checkbox"/> Treatment products and incontinence care products are organized in a common location that is readily accessible to staff</p> <p>ADVANCED (check each box if “yes”)</p> <p><input type="checkbox"/> Staff and resources are accessible for troubleshooting devices and complex patients at high risk for pressure injury development.</p> <p><input type="checkbox"/> Staff has been educated on the availability of troubleshooting resources.</p>	
Best practice minimizes pressure, friction and shear	<p>FUNDAMENTAL (check each box if “yes”)</p> <p><input type="checkbox"/> Reposition all individuals at risk of or with existing pressure injuries, unless medically contraindicated, at least every two hours.</p> <p><input type="checkbox"/> When regular repositioning is medically contraindicated, hourly micro-shifts/off loads or slow incremental tilts of 10-15 degrees is required.</p> <p><input type="checkbox"/> When regular repositioning is medically contraindicated retrials are conducted, and documented every eight hours to re-evaluate for optimal two-hour repositioning.</p> <p><input type="checkbox"/> When patients or family members decline or refuse repositioning, documentation of informed refusal and reason for refusal is required.</p> <p><input type="checkbox"/> Evaluation and use of appropriate support surfaces (mattresses, chair cushions, OR, transport, and procedure surfaces). At a minimum, this includes:</p> <ul style="list-style-type: none"> - The requirement that pressure injury redistribution surfaces be used for patients at risk for PI as defined by a structured risk assessment method (e.g. subscores for impaired activity, mobility, sensory perception, friction/shear). - A process in place to have an advanced support surfaces readily available so that patients with anticipated medical contraindications to repositioning can be initially placed on an appropriate surface. - Support surfaces are evaluated across the entire organization for appropriate pressure redistribution properties (e.g. OR beds, chair cushions, transport carts, radiology tables, emergency department gurneys). <p><input type="checkbox"/> The facility requires off-loading/floating of heels anytime patients have deficits in sensation, perfusion, mobility and/or inability to communicate pain (e.g. sedation, neuropathy, PVD).</p>	<ul style="list-style-type: none"> • Guideline Evidence p. 20 NPUAP-EPUAP-PPPIA • MHA INJURY Bundle • MHA INJURY Patient Education Tool • MHA INJURY Patient Education Tool-Somali • MHA INJURY Patient Education Tool-Spanish • MHA INJURY Patient Education Tool-Hmong • MHA INJURY Bundle Auditing Tool • Refusal to Turn Algorithm • Refusal to Turn in EPIC • Mobility Assessment Algorithm • Too Unstable to Turn Algorithm • MHA Turning Clock • Kathleen Vollman Education Videos • MHA Support Surface Gap Analysis & Toolkit • WOCN Society Support Surface Algorithm • Positioning Audit Tool • Support Surface Inspection Checklist

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Best practice minimizes pressure, friction and shear, cont.</p>	<p>ADVANCED (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adherence to repositioning is monitored (e.g. chart/observational audits). <input type="checkbox"/> The facility has support surface/off-loading decision-making tools that are accessible to the staff. <ul style="list-style-type: none"> - The support surface algorithm or criteria for use identifies advanced support surfaces with features and components such as low air loss, viscous fluid, air fluids and/or alternating pressure for patients that are not adequately repositioned (including head of bed > that 30 degrees and patient refusal). <input type="checkbox"/> A plan/process is in place for replacement or supplementation of surfaces that do not provide adequate pressure redistribution for patients at risk. <ul style="list-style-type: none"> - This includes the need for a system to track the start date of support surface use and expiration of mattress (e.g. terminal cleaning policy). <input type="checkbox"/> There is a standard process in place to identify patient mobility status and a system in place to alert all staff to this status. <ul style="list-style-type: none"> - This includes a plan to utilize appropriate staff and equipment for transfers and/or repositioning as indicated by patient mobility status. 	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Best practice incontinence and moisture</p>	<p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> The facility requires the use of cleansers specifically designed for the perineal area for patients with incontinence or diapered infants and ensures that this product is readily available. <input type="checkbox"/> The facility requires the use of moisture barriers for patients with incontinence or diapered infants. <input type="checkbox"/> The facility has a process in place for scheduled toileting for incontinent patients (e.g. hourly rounding, toileting prior to end of shift). <input type="checkbox"/> If an absorptive product is needed for fecal incontinence containment, and the patient has an indwelling urinary catheter, an incontinence pad in bed for adults and a diaper for infants/toddlers should be used. 	<ul style="list-style-type: none"> • ADULT IAD Best Practice Guidelines Document • ADULT Pads, briefs, pull-ups (BWAP) Consensus Statements • ADULT External Collection Devices as an Alternative to the Indwelling Urinary Catheters • PEDIATRIC Prevention of Diaper Dermatitis Protocol

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Best practice incontinence and moisture, cont.	<p>ADVANCED (check each box if “yes”)</p> <p><input type="checkbox"/> The formulary for incontinence products is user-friendly and standardized.</p> <ul style="list-style-type: none"> - At a minimum, the formulary includes: <ul style="list-style-type: none"> ○ High specification body worn absorptive products ○ High specification absorptive bed pads ○ Perineal cleansers and barriers (<36 weeks gestation use disposable cloth and water for cleansing) ○ Urinary and fecal containment devices <p><input type="checkbox"/> Staff are educated on minimizing layers between the patient and the bed.</p>	
Best practice nutrition	<p>FUNDAMENTAL (check each box if “yes”)</p> <p><input type="checkbox"/> Nursing nutritional risk screening is completed within 24 hours of patient admission (ideally within 8-12 hours of admission).</p> <p><input type="checkbox"/> If the patient is at nutritional risk and/or risk for pressure injuries as defined by the Braden sub-score of <2, a process is in place to request a nutrition consult within 24 hours of admission.</p> <ul style="list-style-type: none"> - The facility’s process for nutritional consults indicate a time frame for completing the consult after a request is received. <p><input type="checkbox"/> A process is in place for the interdisciplinary team to additional nutritional nourishment as appropriate to assist with healing.</p> <hr/> <p>ADVANCED (check each box if “yes”)</p> <p><input type="checkbox"/> Facility does not recommend pre-albumin and albumin levels as independent markers of nutritional status and should not be used in isolation as a trigger for a nutritional consult.</p> <p><input type="checkbox"/> A registered dietician is an active member of the interdisciplinary pressure injury prevention team.</p>	<ul style="list-style-type: none"> • Guidelines Evidence P. 20 NPUAP-EPUAP-PPPIA • HRET Malnutrition Change Package

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Best practice operating room	<p>FUNDAMENTAL (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perioperative staff assesses the patient’s surgical risk factors for pressure injury development. <input type="checkbox"/> An OR table mattress pad with pressure redistributing properties greater than the standard OR mattress pad is used for patients at high-risk for pressure injury development. <input type="checkbox"/> Patient’s pressure injury risk, correct patient position and related equipment is communicated to the full perioperative team through a preoperative briefing or other communication strategy. <input type="checkbox"/> Perioperative staff is educated on areas of increased risk for pressure injuries, based on patient position, and strategies for reducing pressure injury risk (e.g. huddle, conference call, handoff with bedside nurse and OR staff prior to surgery or procedure). <input type="checkbox"/> During pre-op and post-op, patients are repositioned to alternate positions if not medically contraindicated. <input type="checkbox"/> Prophylactic dressings are routinely used for high risk cases. <input type="checkbox"/> Responsibility for positioning and repositioning the patient is assigned and well defined. 	<ul style="list-style-type: none"> • Guidelines Evidence p. 57 NPUAP-EPUAP-PPPIA • MHA Operating Room Recommendations and Guidance • Surgical Transfer Handoff Tool • ADULT ACS.NSQIP Geriatric Perioperative Guidelines 2016 • AORN Slide Deck Positioning in the OR • SAFE SKIN Operating Room Gap Analysis • Scott Trigger Tools
	<p>ADVANCED (check each box if “yes”)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patients with expected postoperative hemodynamic instability and medical contraindications to turning are placed on an advanced support surface with features and components such as low air loss, viscous fluid, air fluids, or alternating pressure for postoperative care. 	

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Best practice medical devices	<p>FUNDAMENTAL (check each box if “yes”)</p> <p>Principles</p> <ul style="list-style-type: none"> <input type="checkbox"/> Remove devices (or position nonremovable devices) to inspect the skin under and around the device. <input type="checkbox"/> Periodic reevaluation due to edema, growth, and changing architecture of body. <p>Respiratory devices</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soft flexible tubing (e.g. silicone tubing) is the standard oxygen tubing used hospital-wide. <input type="checkbox"/> If a soft tubing option does not exist, e.g. high flow tubing, ear protection is used to protect the skin around the ears. <input type="checkbox"/> The organization requires, and assigns responsibility for, the inspection of skin beneath and around respiratory devices. <input type="checkbox"/> Respiratory therapy is an active member of the pressure injury prevention team. <input type="checkbox"/> A respiratory therapy champion(s) is designated for pressure injury prevention related to respiratory devices. This includes partnering with the skin champion(s) to provide coaching, education and protocols for respiratory therapist and nursing staff on skin inspections and pressure injury prevention practices related to respiratory devices. <input type="checkbox"/> Ensure proper fitting of CPAP/BiPAP, and endotracheal tubes (ETT) for preventing pressure injuries on the bridge of the nose, nares, columella, nasal septum and mouth due to pressure from oxygen masks and bite blocks, nasal cannulas, and ETT. <p>Cervical collars</p> <ul style="list-style-type: none"> <input type="checkbox"/> If the patient condition permits, the skin is inspected and cleaned during change from transport collar to longer-term collar. <input type="checkbox"/> Orthotist, or another trained provider, is consulted for appropriate collar fit. <input type="checkbox"/> Patients are removed from backboard on arrival in emergency department or as soon as possible. <input type="checkbox"/> Standardized processes are in place to achieve definitive care, e.g. collar removal, change to longer-term collar, within 24 hours or less. <input type="checkbox"/> Staff is trained in proper technique for cervical collar placement. 	<p>General</p> <ul style="list-style-type: none"> • Guidelines Evidence p. 30 and 61 NPUAP-EPUAP-PPPIA MDRPI • NPUAP mucosal pressure ulcer position statement • Joint Commission MDRPI publication • MHA MDRPI Prevention Bundle Poster • Interdisciplinary Work Standards MDRPI • Conducting a head-to-toe skin inspection • MHA MDRPI Education PowerPoint • MDRPI and Urinary Catheter Stabilization Free CE Article <p>Respiratory Devices</p> <ul style="list-style-type: none"> • MHA Respiratory Device Recommendations and Guidance • NPUAP Medical device related PI prevention-general • NPUAP Medical device related PI prevention-critical care • NPUAP Medical device related PI prevention-pediatrics • NPUAP Medical device related PI prevention-long term care • Respiratory device dressing selection guide • Prophylactic foam dressing product • Flow chart for BIPAP/CPAP prophylactic products <p>ETT</p> <ul style="list-style-type: none"> • AHA recommendations for securing ETT • ETT securement device and procedure

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Best practice medical devices, cont.	<p>FUNDAMENTAL, Continued (check each box if “yes”)</p> <p>Cervical collars, cont.</p> <p><input type="checkbox"/> If collar has removable inner pads, pads are changed and washed every 24 hours (and as needed).</p> <p><input type="checkbox"/> Staff is trained in proper technique for skin inspection and care of skin related to cervical collars.</p> <hr/> <p>ADVANCED (check each box if “yes”)</p> <p>Respiratory devices</p> <p><input type="checkbox"/> Strap tension and skin integrity beneath and around life sustaining BiPAP, NPPV masks, and trach ties are checked at least every four hours, with oral intake and with oral cares.</p> <p><input type="checkbox"/> New trach tubes are considered high risk due new incision, inflammatory process and potential for edema.</p> <p><input type="checkbox"/> During routine tracheostomy site care (at least every 8-12 hours) skin integrity and tension is checked under straps, around and in back of the neck, around the stoma and under the tracheostomy tube flange/ faceplate.</p> <p><input type="checkbox"/> The tension and skin integrity under and around ETTs and straps is checked every two hours, when repositioning patient, with close attention to the neck, lips and mouth.</p> <p>Cervical collars</p> <p><input type="checkbox"/> Education is provided to patients/family prior to discharge and includes information on application, maintenance, removal, cleaning, proper cervical alignment, skin care and inspection.</p>	<p>Tracheostomy</p> <ul style="list-style-type: none"> • Tracheostomy skin inspection abnormalities • Example tracheostomy order set • Tracheostomy protocol pictorial for offloading faceplate <p>Nasal Cannula</p> <ul style="list-style-type: none"> • Nasal Cannula Soft Tubing Examples • Respiratory Therapy Education Slide Set <p>Cervical Collars</p> <ul style="list-style-type: none"> • MHA Cervical Collar Recommendation and Guidance • Cervical Collar Pictorial Procedure • Cervical Policy • Cervical Collar Gap Analysis <p>Enteric Tubes</p> <ul style="list-style-type: none"> • Feeding Tube Attachment Device (FTAD) Procedure • NG Stabilization Device Procedure (Statlock) • NG Securement (Bridle) Manufacturer’s Instructions VIDEO • NG Securement (Bridle) Manufacturer’s Instructions <p>Urinary Catheters</p> <ul style="list-style-type: none"> • Criteria for Urinary Catheter Guidelines • BARD StatLock Foley stabilization device • CDC.ANA Urinary Catheter Criteria • MDRPI and Urinary Catheter Stabilization Free CE Article • External Collection Devices as an Alternative to the Indwelling Urinary Catheters <p>Adult-Fecal Management Systems</p> <ul style="list-style-type: none"> • Flexiseal Manufacturer’s Instructions • Dignishield Manufacturer’s Instructions • AHRQ Patient Safety Network Article <p>Anti-embolism stockings (AES)</p> <ul style="list-style-type: none"> • Anti-embolism stocking policy • EEG Skin Safety-ASET Position Statement