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Lampiran 1. Strategi Pencarian

PubMed

ICU: "intensive care units"[MeSH Terms] OR ("intensive"[All Fields] AND "care"[All Fields] AND "units"[All Fields]) OR "intensive care units"[All Fields] OR "icu"[All Fields]

Intensive Care: "critical care"[MeSH Terms] OR ("critical"[All Fields] AND "care"[All Fields]) OR "critical care"[All Fields] OR ("intensive"[All Fields] AND "care"[All Fields]) OR "intensive care"[All Fields]

Intensive Care Unit: "intensive care units"[MeSH Terms] OR ("intensive"[All Fields] AND "care"[All Fields] AND "units"[All Fields]) OR "intensive care units"[All Fields] OR ("intensive"[All Fields] AND "care"[All Fields] AND "unit"[All Fields]) OR "intensive care unit"[All Fields]

Critical Care: "critical care"[MeSH Terms] OR ("critical"[All Fields] AND "care"[All Fields]) OR "critical care"[All Fields]

Intensive: "intensive"[All Fields] OR "intensives"[All Fields]

Therapy: "therapeutics"[MeSH Terms] OR "therapeutics"[All Fields] OR "therapies"[All Fields] OR "therapy"[Subheading] OR "therapy"[All Fields] OR "therapy's"[All Fields] OR "therapys"[All Fields]

Support: "support"[All Fields] OR "support's"[All Fields] OR "supported"[All Fields] OR "supporter"[All Fields] OR "supporter's"[All Fields] OR "supporters"[All Fields] OR "supporting"[All Fields] OR "supportive"[All Fields] OR "supportiveness"[All Fields] OR "supports"[All Fields]

Surface: "surface"[All Fields] OR "surface's"[All Fields] OR "surfaced"[All Fields] OR "surfaces"[All Fields] OR "surfacing"[All Fields] OR "surfacings"[All Fields]

Mattress: "beds"[MeSH Terms] OR "beds"[All Fields] OR "mattress"[All Fields] OR "mattresses"[All Fields]

Incidence: "epidemiology"[Subheading] OR "epidemiology"[All Fields] OR "incidence"[All Fields] OR "incidence"[MeSH Terms] OR "incidences"[All Fields] OR "incident"[All Fields] OR "incidents"[All Fields]

Prevalence: "epidemiology"[Subheading] OR "epidemiology"[All Fields] OR "prevalence"[All Fields] OR "prevalence"[MeSH Terms] OR "prevalance"[All Fields] OR "prevalences"[All Fields] OR "prevalence's"[All Fields] OR "prevalent"[All Fields] OR "prevalently"[All Fields] OR "prevalents"[All Fields]

Pressure Injury: "crush injuries"[MeSH Terms] OR ("crush"[All Fields] AND "injuries"[All Fields]) OR "crush injuries"[All Fields] OR ("pressure"[All Fields] AND "injury"[All Fields]) OR "pressure injury"[All Fields]

Ulcers Pressure: "pressure ulcer"[MeSH Terms] OR ("pressure"[All Fields] AND "ulcer"[All Fields]) OR "pressure ulcer"[All Fields] OR ("ulcers"[All Fields] AND "pressure"[All Fields]) OR "ulcers, pressure"[All Fields]

Bed Sore: "pressure ulcer"[MeSH Terms] OR ("pressure"[All Fields] AND "ulcer"[All Fields]) OR "pressure ulcer"[All Fields] OR ("bed"[All Fields] AND "sore"[All Fields]) OR "bed sore"[All Fields]

Pressure Ulcer: "pressure ulcer"[MeSH Terms] OR ("pressure"[All Fields] AND "ulcer"[All Fields]) OR "pressure ulcer"[All Fields]

Decubitus: "pressure ulcer"[MeSH Terms] OR ("pressure"[All Fields] AND

"ulcer"[All Fields]) OR "pressure ulcer"[All Fields] OR "decubitus"[All Fields]

Pressure: "pressure"[MeSH Terms] OR "pressure"[All Fields] OR "pressures"[All Fields] OR "pressure's"[All Fields] OR "pressurisation"[All Fields] OR "pressurised"[All Fields] OR "pressuriser"[All Fields] OR "pressurization"[All Fields] OR "pressurizations"[All Fields] OR "pressurize"[All Fields] OR "pressurized"[All Fields] OR "pressurizer"[All Fields] OR "pressurizes"[All Fields] OR "pressurizing"[All Fields]

Damage: "damage"[All Fields] OR "damaged"[All Fields] OR "damages"[All Fields] OR "damaging"[All Fields]

Pressure Sore: "pressure ulcer"[MeSH Terms] OR ("pressure"[All Fields] AND "ulcer"[All Fields]) OR "pressure ulcer"[All Fields] OR ("pressure"[All Fields] AND "sore"[All Fields]) OR "pressure sore"[All Fields]

Cochrane Library

#title abstract keyword:

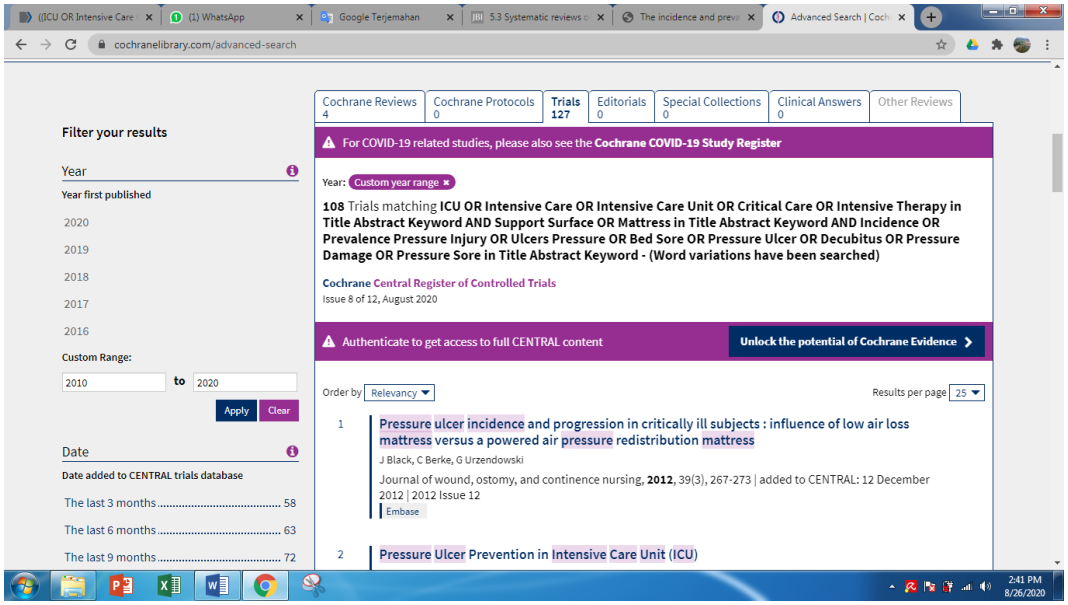
ICU OR Intensive Care OR Intensive Care Unit OR Critical Care OR Intensive Therapy

AND

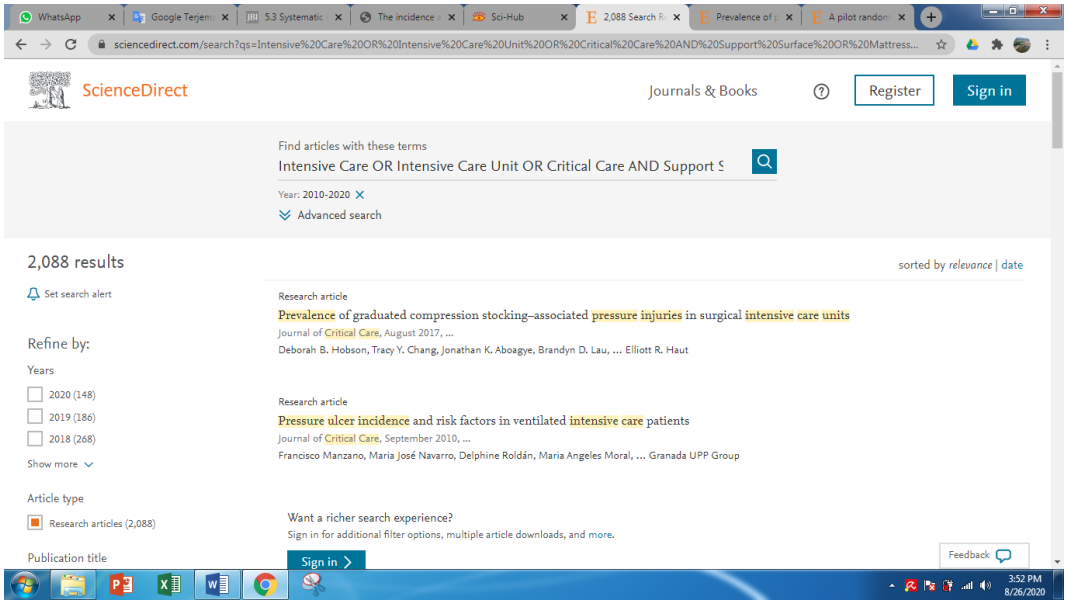
Support Surface OR Mattress

AND

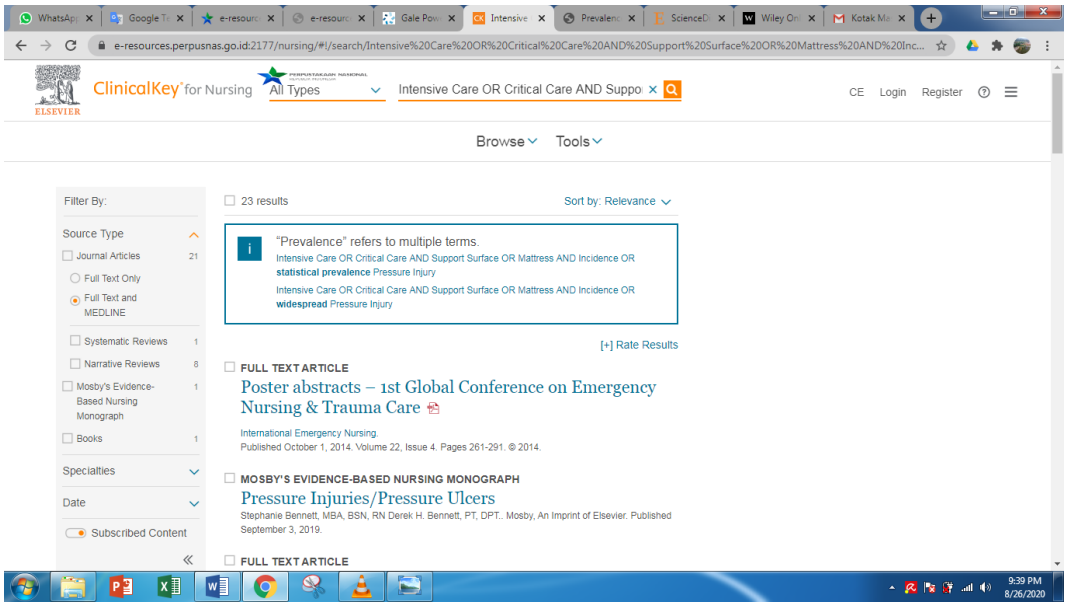
Incidence OR Prevalence Pressure Injury OR Ulcers Pressure OR Bed Sore OR Pressure Ulcer OR Decubitus OR Pressure Damage OR Pressure Sore



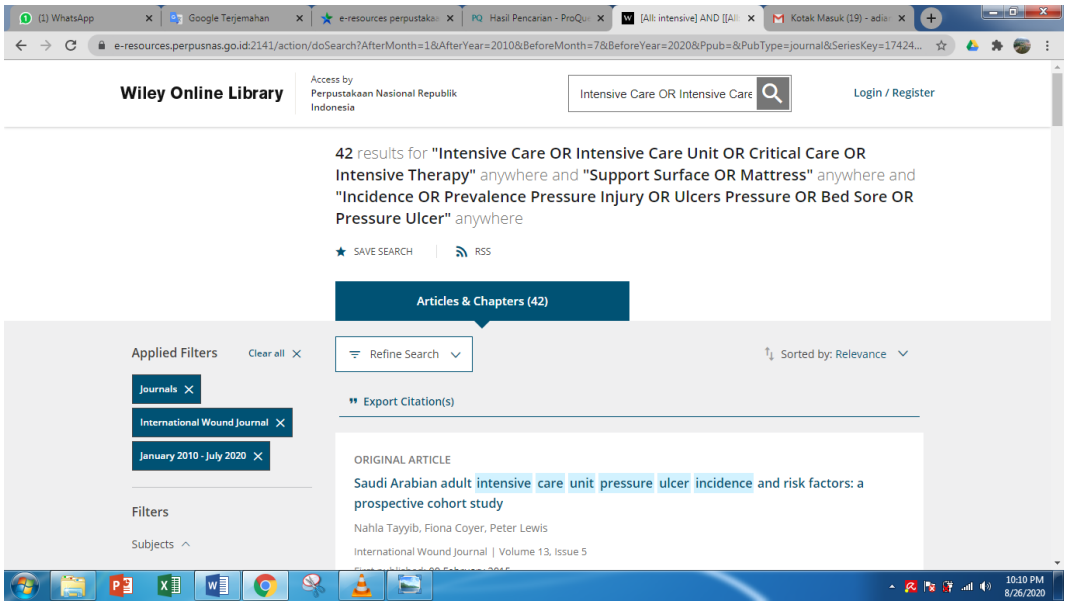
Science Direct
#find articles these term:
Intensive Care OR Intensive Care Unit OR Critical Care
AND
Support Surface OR Mattress
AND
Incidence OR Prevalence Pressure Injury OR Pressure Ulcer



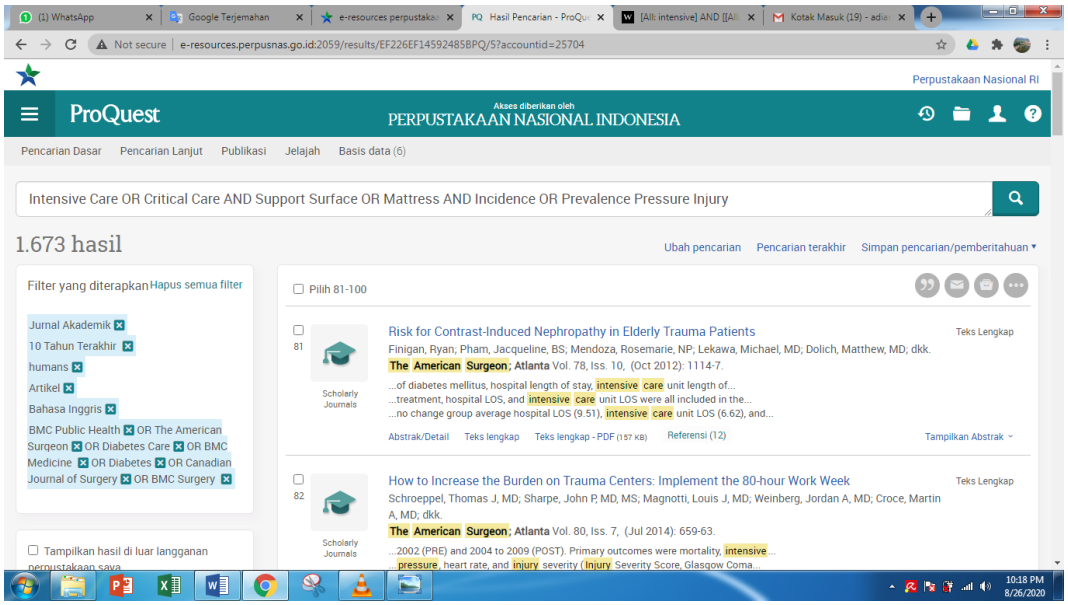
ClinicalKey for Nursing
#All Types:
Intensive Care OR Critical Care AND Support Surface OR Mattress AND Incidence OR Prevalence Pressure Injury



Wiley Online Library
#anywhere:
results for"Intensive Care OR Intensive Care Unit OR Critical Care OR Intensive Therapy" anywhere and "Support Surface OR Mattress" anywhere and "Incidence OR Prevalence Pressure Injury OR Ulcers Pressure OR Bed Sore OR Pressure Ulcer"

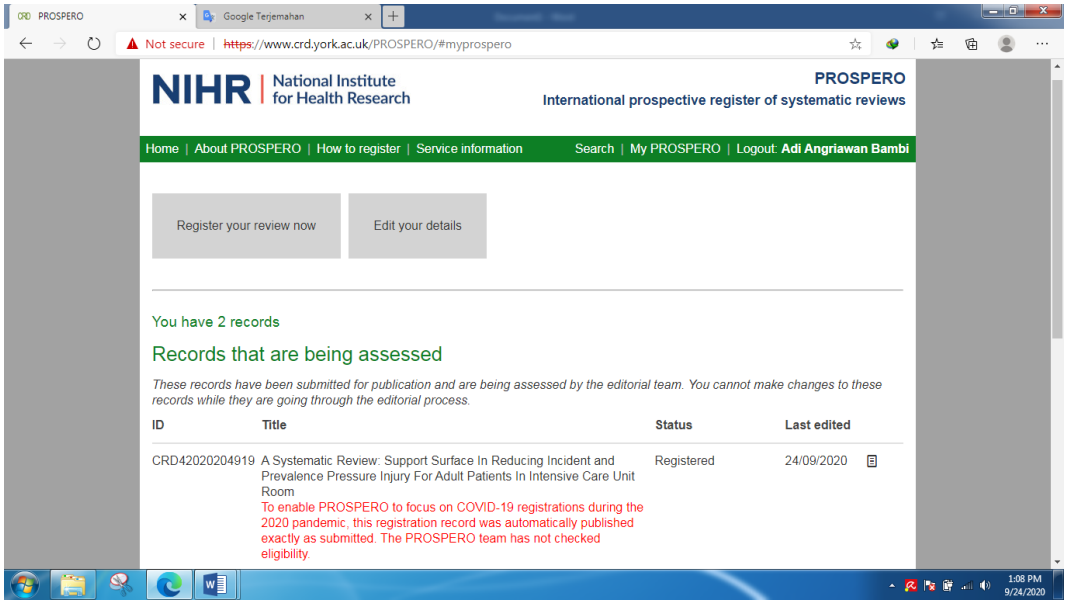


ProQuest
Intensive Care OR Critical Care AND Support Surface OR Mattress AND Incidence OR Prevalence Pressure Injury



Lampiran 2. Registrasi PROSPERO

PROSPERO Registrations: CRD42020204919



Lampiran 3. CASP RCT

(A) Are the results of the trial valid?

Screening Questions

1. Did the trial address a clearly focused issue? □Yes □Can't tell □No

HINT: An issue can be 'focused' In terms of

- The population studied
- The intervention given
- The comparator given
- The outcomes considered

---

2. Was the assignment of patients to treatments randomised? □Yes □Can't tell □No

HINT: Consider

- How was this carried out?
- Was the allocation sequence concealed from researchers and patients?

---

3. Were all of the patients who entered properly accounted for at its **conclusion?** □Yes □Can't tell □ No the trial

HINT: Consider

- Was the trial stopped early?
- Were patients analysed in the groups to which they were randomised?

Is it worth continuing?

Detailed questions

4. Were patients, health workers and study personnel 'blind' to treatment? □Yes □Can't tell □No

HINT: Think about

- Patients?
- Health workers?
- Study personnel?

---

5. Were the groups similar at the start of the trial? □Yes □Can't tell □No

HINT: Look at

- Other factors that might affect the outcome such as age, sex, social class

---

6. Aside from the experimental intervention, were the groups treated equally? □Yes □Can't tell □No

(B) What are the results?

7. How large was the treatment effect?

HINT: Consider

- What outcomes were measured?
- Is the primary outcome clearly specified?
- What results were found for each outcome?

---

8. How precise was the estimate of the treatment effect?

HINT: Consider

- What are the confidence limits?

(C) Will the results help locally?

9. Can the results be applied in your context? (or to the local population?) □Yes □Can't tell □No

HINT: Consider whether

- Do you think that the patients covered by the trial are similar enough to the patients to whom you will apply this?, if not how to they differ?

10. Were all clinically important outcomes
□Yes □Can't tell □No considered?

HINT: Consider

a. Is there other information you would like to have seen?
b. If not, does this affect the decision?

---

11. Are the benefits worth the harms and costs? □Yes □Can't tell □No
HINT: Consider

c. Even if this is not addressed by the trial, what do you think

Lampiran 4. CASP Cohort

Paper for appraisal and reference:

Section A: Are the results of the trial valid?

1. Did the study address a clearly focused issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: An issue can be 'focused' in terms of
- the population studied
- Whether the study tried to detect a beneficial or harmful effect
- the risk factors studied

Comments:

2. Did the authors use an appropriate method to answer their question?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- Is a case control study an appropriate way of answering the question under the circumstances
- Did it address the study question

Comments:

CASP
Critical Appraisal Skills Programme

Is it worth continuing?

3. Were the cases recruited in an acceptable way?

Yes ☐
Can't Tell ☐
No ☐

Comments:

HINT: We are looking for selection bias which might compromise validity of the findings

- are the cases defined precisely
- were the cases representative of a defined population (geographically and/or temporally)
- was there an established reliable system for selecting all the cases
- are they incident or prevalent
- Is there something special about the cases
- is the time frame of the study relevant to disease/exposure
- was there a sufficient number of cases selected
- was there a power calculation

4. Were the controls selected in an acceptable way?

Yes ☐
Can't Tell ☐
No ☐

Comments:

HINT: We are looking for selection bias which might compromise the generalisability of the findings

- were the controls representative of the defined population (geographically and/or temporally)
- was there something special about the controls
- was the non-response high, could non-responders be different in any way
- are they matched, population based or randomly selected
- was there a sufficient number of controls selected

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Critical Appraisal Skills Programme

5. Was the exposure accurately measured to minimise bias?

Yes ☐
Can't Tell ☐
No ☐

HINT: We are looking for measurement, recall or classification bias

- was the exposure clearly defined and accurately measured
- did the authors use subjective or objective measurements
- do the measures truly reflect what they are supposed to measure (have they been validated)
- were the measurement methods similar in the cases and controls
- did the study incorporate blinding where feasible
- is the temporal relation correct (does the exposure of interest precede the outcome)

Comments:

6. (a) Aside from the experimental intervention, were the groups treated equally?

HINT: List the ones you think might be important, that the author may have missed

- genetic
- environmental
- socio-economic

List:

6. (b) Have the authors taken account of the potential confounding factors in the design and/or in their analysis?

Yes ☐
Can't Tell ☐
No ☐

HINT: Look for

- restriction in design, and techniques e.g. modelling, stratified-, regression-, or sensitivity analysis to correct, control or adjust for confounding factors

Comments:

CASP
Critical Appraisal Skills Programme

Section B: What are the results?

7. How large was the treatment effect?

HINT: Consider
- what are the bottom line results
- is the analysis appropriate to the design
- how strong is the association between exposure and outcome (look at the odds ratio)
- are the results adjusted for confounding, and might confounding still explain the association
- has adjustment made a big difference to the OR

Comments:

8. How precise was the estimate of the treatment effect?

HINT: Consider
- size of the p-value
- size of the confidence intervals
- have the authors considered all the important variables
- how was the effect of subjects refusing to participate evaluated

Comments:

CASP
Critical Appraisal Skills Programme

9. Do you believe the results?

Yes ☐
No ☐

HINT: Consider
- big effect is hard to ignore!
- Can it be due to chance, bias, or confounding
- are the design and methods of this study sufficiently flawed to make the results unreliable
- consider Bradford Hills criteria (e.g. time sequence, does response gradient, strength, biological plausibility)

Comments:

Section C: Will the results help locally?

10. Can the results be applied to the local population?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- the subjects covered in the study could be sufficiently different from your population to cause concern
- your local setting is likely to differ much from that of the study
- can you quantify the local benefits and harms

Comments:

11. Do the results of this study fit with other available evidence?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- all the available evidence from RCT's Systematic Reviews, Cohort Studies, and Case-Control Studies as well, for consistency

Comments:

Remember One observational study rarely provides sufficiently robust evidence to recommend changes to clinical practice or within health policy decision making. However, for certain questions observational studies provide the only evidence. Recommendations from observational studies are always stronger when supported by other evidence.

Lampiran 5. JBI Critical Appraisal tools (Checklist for Quasi experimental tools)

JBI Critical Appraisal Checklist for Quasi-Experimental Studies (non-randomized experimental studies)

Reviewer_____Date_____

Author _____Year_____Record Number_____

	Yes	No	Unclear	Not applicable
1. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	□	□	□	□
2. Were the participants included in any comparisons similar?	□	□	□	□
3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	□	□	□	□
4. Was there a control group?	□	□	□	□
5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?	□	□	□	□
6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	□	□	□	□
7. Were the outcomes of participants included in any comparisons measured in the same way?	□	□	□	□
8. Were outcomes measured in a reliable way?	□	□	□	□
9. Was appropriate statistical analysis used?	□	□	□	□

Overall appraisal: Include □ Exclude □ Seek further info □

Comments (Including reason for exclusion)

Lampiran 6. Penilaian Risiko Bias

Cochrane Collaboration's tool for assessing risk of bias (adapted from Higgins and Altman13)

Bias domain	Source of bias	Support for judgment	Review authors' judgment (assess as low, unclear or high risk of bias)
Selection bias	Random sequence generation	Describe the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups	Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence
	Allocation concealment	Describe the method used to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been foreseen before or during enrolment	Selection bias (biased allocation to interventions) due to inadequate concealment of allocations before assignment
Performance bias	Blinding of participants and personnel*	Describe all measures used, if any, to blind trial participants and researchers from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Performance bias due to knowledge of the allocated interventions by participants and personnel during the study
Detection bias	Blinding of outcome assessment*	Describe all measures used, if any, to blind outcome assessment from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Detection bias due to knowledge of the allocated interventions by outcome assessment
Attrition bias	Incomplete outcome data*	Describe the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. State whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomised participants), reasons for attrition or exclusions where reported, and any reinclusions in analyses for the review	Attrition bias due to amount, nature, or handling of incomplete outcome data
Reporting bias	Selective reporting	State how selective outcome reporting was examined and what was found	Reporting bias due to selective outcome reporting
Other bias	Anything else, ideally Prespecified	State any important concerns about bias not covered in the other domains in the tool	Bias due to problems not covered elsewhere

*Assessments should be made for each main outcome or class of outcomes

Lampiran 7. Level Evidance dan Grade Rekomendasi

Oxford Centre for Evidence-based Medicine – Levels of Evidence (March 2009)

What are we to do when the irresistible force of the need to offer clinical advice meets with the immovable object of flawed evidence? All we can do is our best: give the advice, but alert the advisees to the flaws in the evidence on which it is based.

The CEBM 'Levels of Evidence 1' document sets out one approach to systematising this process for different question types.

(For definitions of terms used see our glossary)

Level	Therapy / Prevention, Aetiology / Harm	Prognosis	Diagnosis	Differential diagnosis / symptom prevalence study	Economic and decision analyses
1a	SR (with homogeneity*) of RCTs	SR (with homogeneity*) of inception cohort studies; CDR" validated in different populations	SR (with homogeneity*) of Level 1 diagnostic studies; CDR" with 1b studies from different clinical centres	SR (with homogeneity*) of prospective cohort studies	SR (with homogeneity*) of Level 1 economic studies
1b	Individual RCT (with narrow Confidence Interval"¡)	Individual inception cohort study with > 80% follow-up; CDR" validated in a single population	Validating** cohort study with good" " " reference standards; or CDR" tested within one clinical centre	Prospective cohort study with good follow-up****	Analysis based on clinically sensible costs or alternatives; systematic review(s) of the evidence; and including multi-way sensitivity analyses
1c	All or none§	All or none case-series	Absolute SpPins and SnNouts" "	All or none case-series	Absolute better-value or worse-value analyses " " " "
2a	SR (with homogeneity*) of cohort studies	SR (with homogeneity*) of either retrospective cohort studies or	SR (with homogeneity*) of Level >2 diagnostic studies	SR (with homogeneity*) of 2b and better studies	SR (with homogeneity*) of Level >2 economic studies

		untreated control groups in RCTs			
2b	Individual cohort study (including low quality RCT; e.g., <80% follow-up)	Retrospective cohort study or follow-up of untreated control patients in an RCT; Derivation of CDR" or validated on split-sample§§§ only	Exploratory** cohort study with good" " " reference standards; CDR" after derivation, or validated only on split-sample§§§ or databases	Retrospective cohort study, or poor follow-up	Analysis based on clinically sensible costs or alternatives; limited review(s) of the evidence, or single studies; and including multi-way sensitivity analyses
2c	"Outcomes" Research; Ecological studies	"Outcomes" Research		Ecological studies	Audit or outcomes research
3a	SR (with homogeneity*) of case-control studies		SR (with homogeneity*) of 3b and better studies	SR (with homogeneity*) of 3b and better studies	SR (with homogeneity*) of 3b and better studies
3b	Individual Case-Control Study		Non-consecutive study; or without consistently applied reference standards	Non-consecutive cohort study, or very limited population	Analysis based on limited alternatives or costs, poor quality estimates of data, but including sensitivity analyses incorporati

					ng clinically sensible variations.
4	Case-series (and poor quality cohort and case-control studies§§)	Case-series (and poor quality prognostic cohort studies***)	Case-control study, poor or non-independent reference standard	Case-series or superseded reference standards	Analysis with no sensitivity analysis
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on economic theory or “first principles”

Produced by Bob Phillips, Chris Ball, Dave Sackett, Doug Badenoch, Sharon Straus, Brian Haynes, Martin Dawes since November 1998. Updated by Jeremy Howick March 2009.

Notes

Users can add a minus-sign “-” to denote the level of that fails to provide a conclusive answer because:

- ***EITHER*** a single result with a wide Confidence Interval
- ***OR*** a Systematic Review with troublesome heterogeneity.

Such evidence is inconclusive, and therefore can only generate Grade D recommendations.

*	By homogeneity we mean a systematic review that is free of worrisome variations (heterogeneity) in the directions and degrees of results between individual studies. Not all systematic reviews

	with statistically significant heterogeneity need be worrisome, and not all worrisome heterogeneity need be statistically significant. As noted above, studies displaying worrisome heterogeneity should be tagged with a “-” at the end of their designated level.
“	Clinical Decision Rule. (These are algorithms or scoring systems that lead to a prognostic estimation or a diagnostic category.)
“¡	See note above for advice on how to understand, rate and use trials or other studies with wide confidence intervals.
§	Met when all patients died before the Rx became available, but some now survive on it; or when some patients died before the Rx became available, but none now die on it.
§§	By poor quality cohort study we mean one that failed to clearly define comparison groups and/or failed to measure exposures and outcomes in the same (preferably blinded), objective way in both exposed and non-exposed individuals and/or failed to identify or appropriately control known confounders and/or failed to carry out a sufficiently long and complete follow-up of patients. By poor quality case-control study we mean one that failed to clearly define comparison groups and/or failed to measure exposures and outcomes in the same (preferably blinded), objective way in both cases and controls and/or failed to identify or appropriately control known confounders.
§§§	Split-sample validation is achieved by collecting all the information in a single tranche, then artificially dividing this into “derivation” and “validation” samples.
” “	An “Absolute SpPin” is a diagnostic finding whose Specificity is so high that a Positive result rules-in the diagnosis. An “Absolute SnNout” is a diagnostic finding whose Sensitivity is so high that a Negative result rules-out the diagnosis.
“¡”¡	Good, better, bad and worse refer to the comparisons between treatments in terms of their clinical risks and benefits.
” ” “	Good reference standards are independent of the test, and applied blindly or objectively to applied to all patients. Poor reference standards are haphazardly applied, but still independent of the test. Use of a non-independent reference standard (where the ‘test’ is included in the ‘reference’, or where the ‘testing’ affects the ‘reference’) implies a level 4 study.
” ” ” “	Better-value treatments are clearly as good but cheaper, or better at the same or reduced cost. Worse-value treatments are as good and more expensive, or worse and the equally or more expensive.
**	Validating studies test the quality of a specific diagnostic test, based on prior evidence. An exploratory study collects information

	and trawls the data (e.g. using a regression analysis) to find which factors are ‘significant’.
***	By poor quality prognostic cohort study we mean one in which sampling was biased in favour of patients who already had the target outcome, or the measurement of outcomes was accomplished in <80% of study patients, or outcomes were determined in an unblinded, non-objective way, or there was no correction for confounding factors.
****	Good follow-up in a differential diagnosis study is >80%, with adequate time for alternative diagnoses to emerge (for example 1-6 months acute, 1 – 5 years chronic)

Grades of Recommendation

A	consistent level 1 studies
B	consistent level 2 or 3 studies ***or*** extrapolations from level 1 studies
C	level 4 studies ***or*** extrapolations from level 2 or 3 studies
D	level 5 evidence ***or*** troublingly inconsistent or inconclusive studies of any level

“Extrapolations” are where data is used in a situation that has potentially clinically important differences than the original study situation.

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Cover
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Abstract
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	2-3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	3-4
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	20
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	20-21
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	21
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	21
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	21
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	23
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	23-24
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	25
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	-

Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	-

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	25
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	-
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	27-29
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	30
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	31-36
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	31-36
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	-
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	39-41
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	-
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	43-48
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	48-49
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	50
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	50

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Lampiran 9. Rekomendasi Persetujuan Etik

KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN KESEHATAN
RSPTN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
Contact Person: dr. Agussalim Bukhari.,MMed.PhD. SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 508/UN4.6.4.5.31/ PP36/ 2020

Tanggal: 4 September 2020

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH20080440	No Sponsor Protokol	
Peneliti Utama	**Adi Angriawan Bambi, S.Kep, Ns.**	Sponsor	
Judul Peneliti	SUPPORT SURFACE DALAM MENURUNKAN INSIDEN DAN PREVALENSI PRESSURE INJURY PADA PASIEN DEWASA DI RUANG ICU : A SYSTEMATIC REVIEW		
No Versi Protokol	**1**	Tanggal Versi	**31 Agustus 2020**
No Versi PSP		Tanggal Versi	
Tempat Penelitian	**Fakultas Keperawatan Universitas Hasanuddin Makassar**		
Jenis Review	[x] Exempted [ ] Expedited [ ] Fullboard Tanggal	Masa Berlaku **4 September 2020** sampai **4 September 2021**	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama **Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)**	Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	Nama **dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)**	Tanda tangan	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Lapor SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan