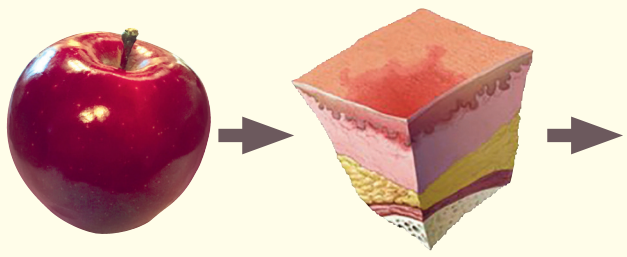
Apples - Getting to the heart of pressure ulcer staging

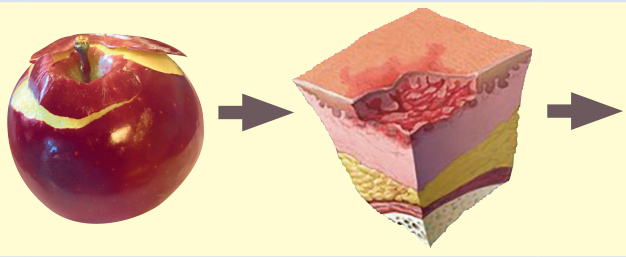
The apple used as a tool for accurate staging



Stage 1

Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Bony prominences include heels, tailbone, sacrum, hip bones, elbows, shoulder blades and the back of head. Pain, firmness, softness or temperature changes can be noticeable compared to adjacent skin. Darkly pigmented skin may appear differently.

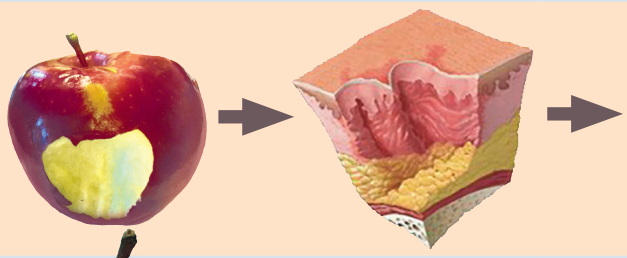
Think of a red apple. The red colour will not go away when we touch it. This is like a stage 1 pressure ulcer; it will not blanch because there are already signs of capillary compromise within the layer of skin.



Stage 2

Partial thickness skin loss (involves epidermis and dermis) presenting as a shallow open ulcer with a red-pink wound bed. May present as a clear fluid filled blister. A stage 2 pressure ulcer does not contain any slough.

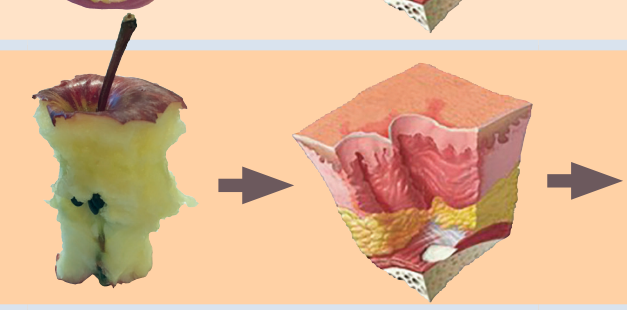
Think of an apple being peeled where you just want to remove the skin. A stage 2 pressure sore wound is only into the dermis or inner most layer but no deeper.



Stage 3

Full thickness loss. Subcutaneous fat may be visible, but no bone, tendon or muscle are exposed. Slough may be present but it does not obscure the depth of tissue loss. May include undermining and tunnelling.

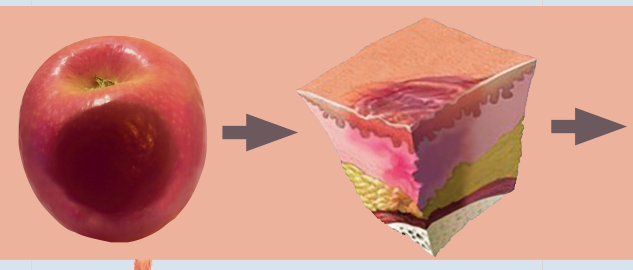
Think of what a red apple looks like when you take a nice healthy bite out of it, you are into juicy part of the apple. A Stage 3 pressure ulcer is similar usually with more depth to these types of wounds..



Stage 4

Full thickness tissue loss with exposed bone, tendon or muscle. Often includes undermining and tunnelling.

Think of a red apple which you happen to bite to the core. A Stage 4 pressure ulcer is similar as you are down to the bone, muscle and tendons.



Deep Tissue Pressure Injury

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister.

Think of a bruised apple, the skin is intact, but you don't know how bad the apple is underneath, but you can tell it is damaged. This is like a deep tissue pressure injury as you know there is tissue damage even though the skin is intact.

Unstageable

Full thickness loss in which the base of the ulcer is covered by slough and / or eschar in the wound bed.

Think of a toffee apple, where the toffee completely coats the apple. It is completely unknown what is happening to the apple underneath. This is just like an unstageable ulcer; we don't know how deep it is and hence its unstageable.

Mucosal membrane pressure ulcer

Mucosal Pressure ulcers are found on the mucosal membranes. They are usually caused by a device used at the location of the injury. Due to the anatomy of the mucous membrane, these ulcers cannot be staged. They are simply called mucosal ulcers.

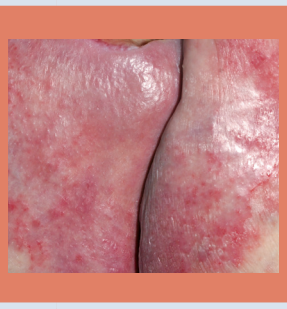
Examples include pressure ulcers that develop on the nasal mucosal (from pressure exerted by oxygen, CPAP, nasal prongs) or part of the lip or tongue (pressure exerted by an endotrachael tube).

Medical device related pressure ulcer

Medical device related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes.

Examples - include oxygen masks, tubing, tracheostomy, compression stockings, and splints/braces.

Medical device pressure ulcer are staged as above.



Incontinence / moisture lesion

These lesions are caused by incontinence or moisture and are not caused by pressure and/or shear. The skin is damp and the damage is not necessarily located on bony prominences.

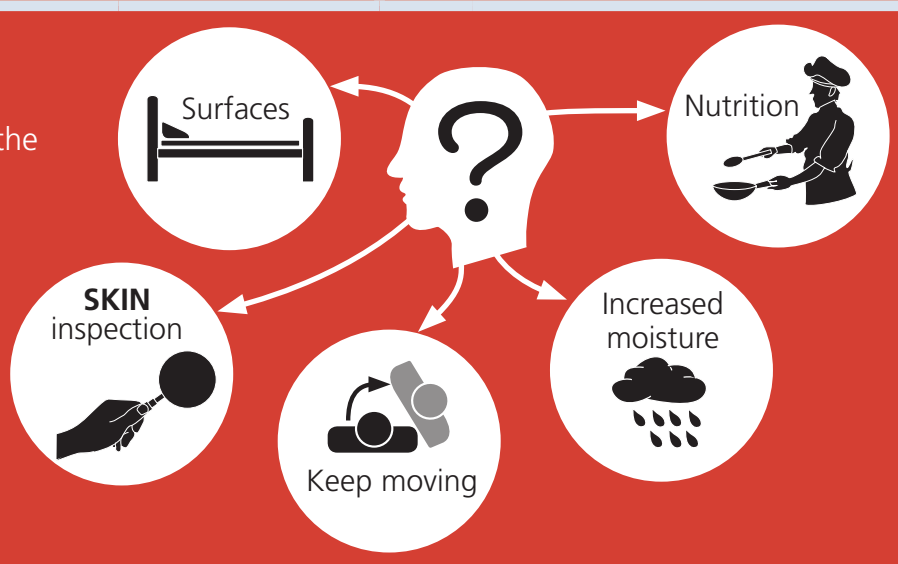
These are often misclassified as pressure ulcers.

The patient may have a combination of pressure damage and incontinence, if pressure damage is present then stage as appropriate.

Think SSKIN!

The 5 steps that greatly assist the prevention of pressure ulcers

If a patient has an area of concern, think of SSKIN!
Start SSKIN bundle



Modified from work originally created by Deputy Sister (STR) - Julie Baxter (BHSCT)

Think of SCALE

Skin **C**hanges **A**t **L**ife's **E**nd

At the end of life be vigilant. It is important to balance the skin care of the patient with the wishes and desires of the individual.
For more information look up...
www.epuap.org

HSC Health and Social Care