

# Pressure Ulcers eCourse

## Module 2.2: Classifications and Stages

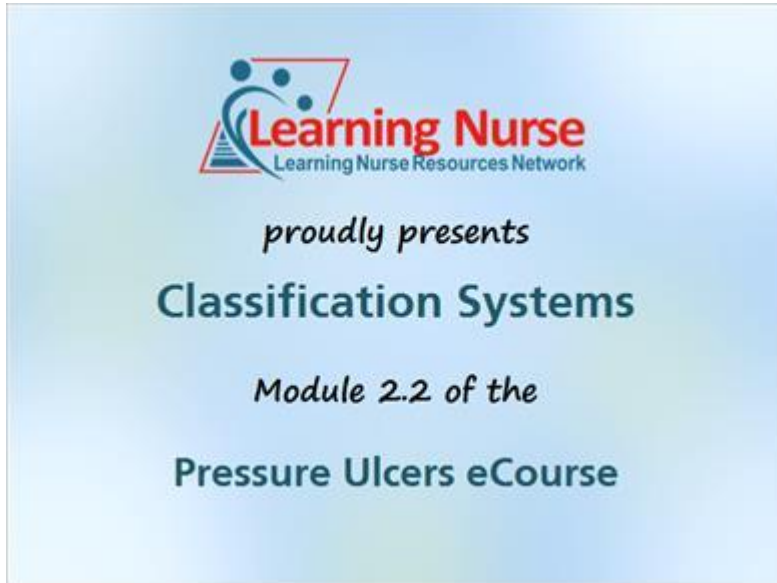
### Handout

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## 2.2 Classifications and Stages

### 1. PU Classification System

#### 1.1 Section Title



#### Narration

No narration ... music introduction only.

## 1.2 Rationale

### Rationale for Classifications

*Describe degree of tissue damage, specifically the anatomical depth*

*At specific time of examination*

*Facilitates communication and reporting*

*Does NOT imply all pressure ulcers follow a standard progression or healing process*

*Terms used = categories, stages or grades*

## Narration

**MARK:** Hello, I'm Mark here with Jill. Welcome to Module 2 of the Pressure Ulcers Course. Jill, in this lesson I believe we will be talking about classifications systems for pressure ulcers?

**JILL:** Hi Mark, yes ... you are correct.

**MARK:** So ... can explain to me what a classification system is, and why we need one?

**JILL:** Sure thing. The pressure ulcer classification systems were established to provide consistency and standardization on how to define pressure ulcers depending on their degree of severity. The classification describes the degree of tissue damage, specifically the anatomical depth of the pressure ulcer at a specific time of examination. Classification is intended to improve communication and reporting among the various disciplines involved in the care of patients and residents with pressure ulcers.

**MARK:** So the classification system describes the different stages of pressure ulcers as they go from mild to severe?

**JILL:** Yes, sort of. The various stages are NOT intended to imply that ALL pressure ulcers follow a standard progression, or that healing pressure ulcers follow a standard regression.

**MARK:** Here we have that variability factor again ... just as individuals differ in their susceptibility to pressure ulcers ... individual pressure ulcers want to be different in their development and healing. (chuckles).

**JILL:** Yes, that's right. The terms used with the pressure ulcer classification system are categories, stages or grades.

**MARK:** So which term ... category ... stage ... or grade ... is correct? And which one should I use?

**JILL:** The current preferred term is "category" because it does not suggest a standard progress like the term stage or grade does. However, the National Pressure Ulcer Advisory Panel encourages clinicians to use the term they are most comfortable with.

**MARK:** Thanks, that helps.

## 1.3 Classifications

### Categories, Stages or Grades

*NPUAP and EPUAP systems similar*

*Both use Stages I, II, III and IV*

*Two additional categories for NPUAP (USA)*

- *Suspected deep tissue injury (SDTI)*
- *Unstageable pressure ulcers*

*In Europe these categorized as Stage IV*

### Narration

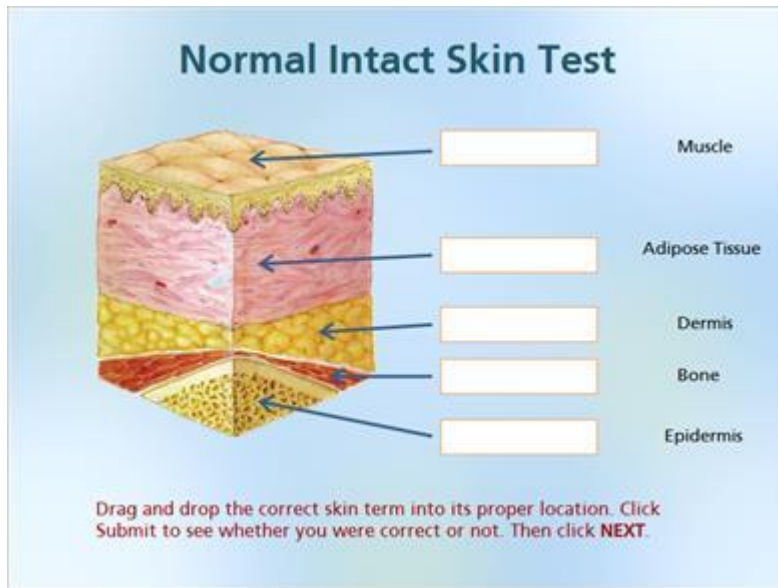
**JILL:** The National Pressure Ulcer Advisory Panel and the European Pressure Ulcer Advisory Panel have created similar classification systems for defining pressure ulcers. Both classifications systems use categories or stages 1 to 4. The American classification system has two additional categories ... suspected deep tissue injury and unstageable. Under the European classification system, these two last categories are classified as Stage 4.

**MARK:** I am guessing that there are probably other pressure ulcer classification systems that may be used in other countries.

**JILL:** Yes, there probably are. But these two are the most common, so we will use them in this course.

**JILL:** Let's now take a detailed look at the characteristics of each category or stage of pressure ulcer. However, before we begin, here is a short exercise to test your knowledge about normal intact skin.

## 1.4 Normal Skin Test



### Narration

No narration.

## 1.5 Normal Skin Review



### Narration

**JILL:** So Mark, how did you do?

**MARK:** No problem ... I got them all right!

**JILL:** Okay, Mr. Expert (laughs) ... how about giving us a very quick review of skin anatomy.

**MARK:** Sure thing! The skin is composed of 2 layers. First is the epidermis ... the outermost layer that protects our body from water and the elements. The layer under that ... the dermis is where all the living cells are. Below that is the adipose tissue or fat. There are many places on the body where fat is minimal. These are the places that bony prominences occur, and are most susceptible to pressure ulcers. Below the fat layer are the muscles and the bone. Pressure ulcers can extend way down into the muscle and the bone.

**JILL:** Very good. Thanks for doing that Mark.

## 1.6 Category / Stage I



### Narration

**JILL:** Here is an image of a category or stage I pressure ulcer. The characteristics of a category 1 pressure ulcer include the following.

The skin is intact with a non-blanchable redness of a localized area usually over a bony prominence.

**MARK:** Non-blanchable ... that means if you press on it, it doesn't turn white like normal skin.

**JILL:** That's right Mark. Also, the area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. This is something that needs to be checked.

Category 1 may be difficult to detect in individuals with dark skin tones and may indicate "at-risk" persons.

A final point is that even if the skin is still intact, purple or maroon localized areas should NOT be classified as Stage I pressure ulcers. In the United States, these are to be classified as suspected deep tissue injuries. In Europe, they should be classified as Category IV pressure ulcers. On the next slide are a couple of pictures of Stage 1 pressure ulcers.



## 1.7 Stage I Examples



### Narration

Music only

## 1.8 Category / Stage II



### Narration

**JILL:** Here is an image of a typical category or stage 2 pressure ulcer. Mark, why don't you describe the characteristics of this stage?

**MARK:** Okay. In the category 2 ulcer, the skin is broken. There is a shallow open red pink wound. There is no slough in it. A stage 2 ulcer may also be intact, or an open or ruptured serum-filled blister. It can also be a shiny or dry shallow ulcer without any slough or bruising. Did I miss anything?

**JILL:** No, those are the main characteristics. An additional point that needs to be made is this category should NOT be used to describe skin tears, tape burns or incontinence associated dermatitis, maceration or excoriation. These other skin conditions are should NOT be classified as pressure ulcers.

On the next slide are a couple of pictures of category 2 pressure ulcers.

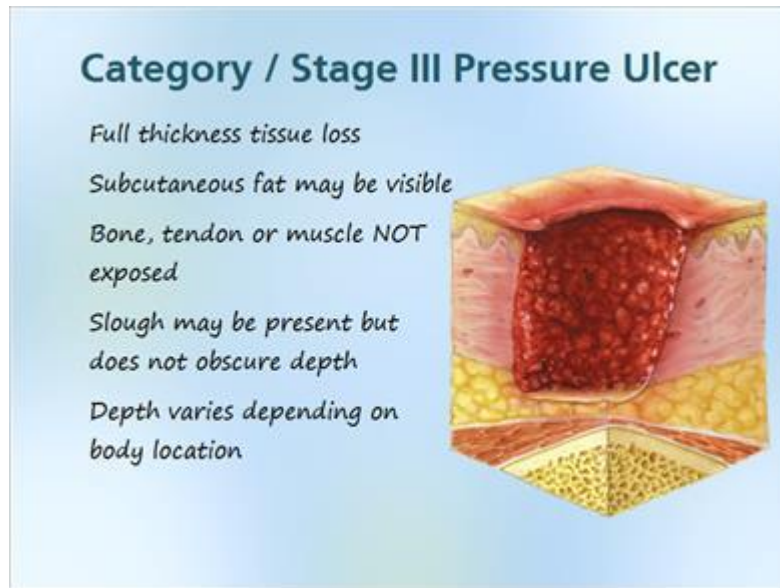
## 1.9 Stage II Examples



### Narration

No narration ... music only.

## 1.10 Category / Stage III



### Narration

**JILL:** Okay, now on to category or stage 3. This pressure ulcer can be deep depending on the location on the body. It has full thickness tissue loss. The subcutaneous fat may be visible.

**MARK:** Can you see the bone or muscle?

**JILL:** No, not in a stage 3 pressure ulcer. In this category, the bone, tendon or muscle is NOT exposed. Some slough may be present, but it does not hide the depth of the tissue loss. The depth will vary in various body locations.

**MARK:** Can you explain a bit more about the reasons for differences in the depth of pressure ulcers at this stage?

**JILL:** Sure thing. The bridge of the nose, ear, occiput and malleolus do not have any fat, so stage 3 ulcers will be shallow. However, in areas where there is significant body fat, the pressure ulcers can be quite deep.

**MARK:** Ah, okay, now I understand. Thanks.

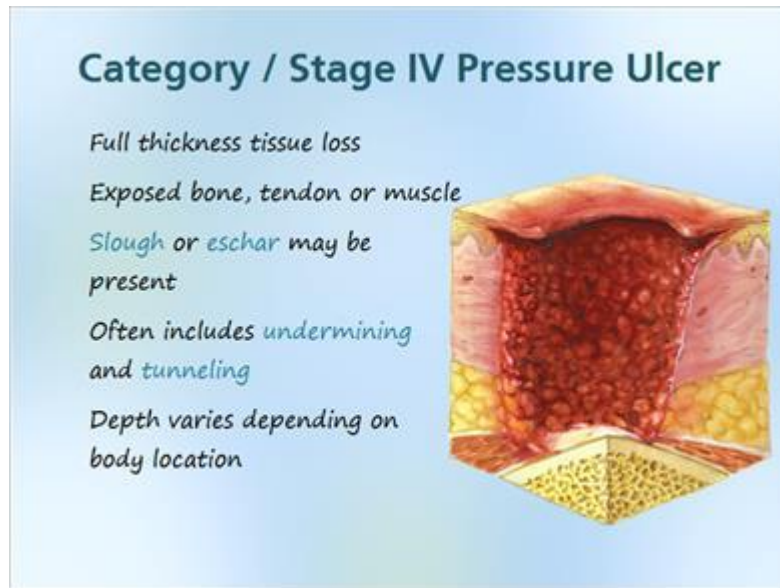
## 1.11 Stage III Examples



### Narration

Music only ... no narration

## 1.12 Category / Stage IV



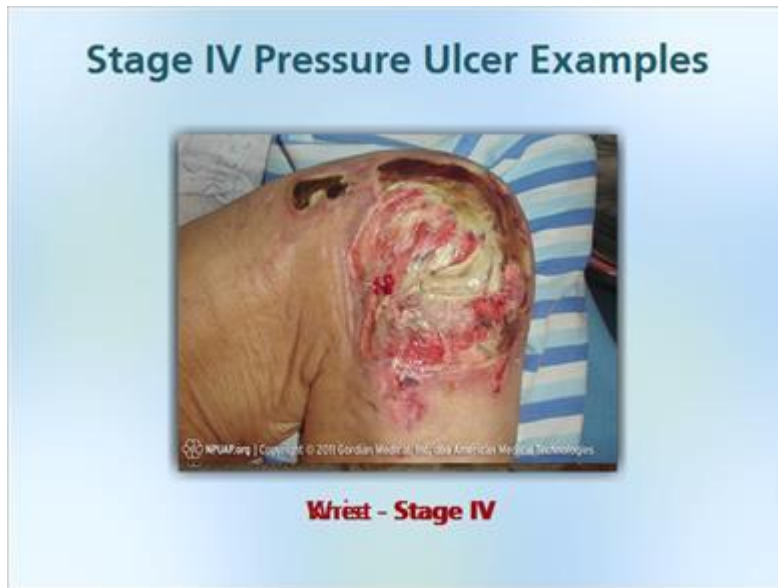
### Narration

**JILL:** And finally category or stage 4. Mark, it's your turn.

**MARK:** Okay. Stage 4 features full thickness tissue loss. In this stage you can see the exposed bone, tendon or muscle. Slough or eschar may be present in some parts of the wound bed, but it does NOT obscure the wound base. This allows you to accurately categorize the pressure ulcer. In this stage, there is often undermining and tunneling. And finally ... as with stage 3, the depth of the pressure ulcer will vary depending on its location on the body.

**JILL:** Thanks Mark. Here are a couple of photographs of stage 4 pressure ulcers.

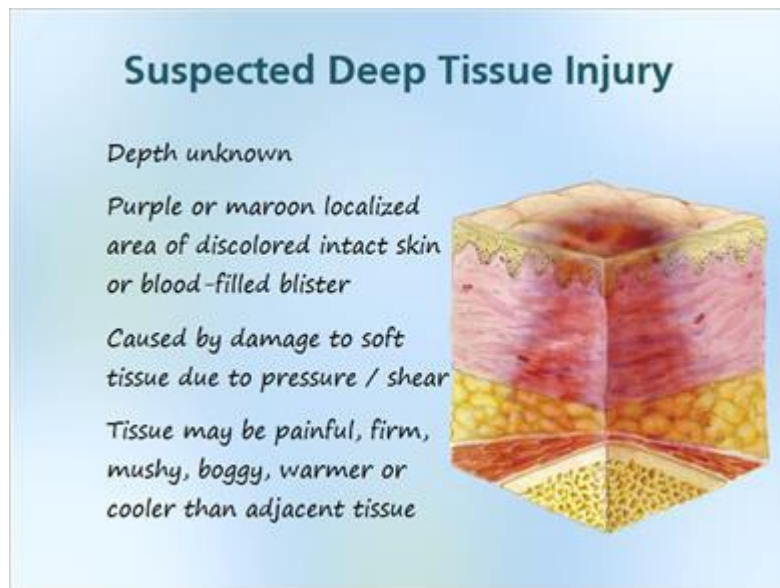
### 1.13 Stage IV Examples



### Narration

No narration ... only music

## 1.14 Deep Tissue Injury



### Narration

**JILL:** The National Pressure Ulcer Advisory Panel Classification System has two additional categories ... suspected deep tissue injury and unstageable. Under the European classification system, these types of pressure ulcers would be described as Category 4.

Let's take a look at the suspected deep tissue injury category. This is a purple or maroon localized area of discolored intact skin ... or a blood-filled blister, due to damage of underlying soft tissue resulting from pressure or shear.

The tissue may be painful, firm, mushy, boggy, warmer or cooler when compared to adjacent tissue. A deep tissue injury may be difficult to detect in individuals with dark skin tones.

Here are a couple of pictures of suspected deep tissue injuries.



## 1.15 Deep Tissue Injury Examples



### Narration

Music ... no narration

## 1.16 Unstageable



### Narration

**JILL:** And finally, the unstageable category of pressure ulcers. Mark?

**MARK:** As I understand this category, the reason that this type of pressure ulcer is unstageable is that its depth is unknown. There is full thickness tissue loss, but because the wound is covered with slough or eschar, it is not possible to measure the depth.

**JILL:** Yes, and until enough slough or eschar is removed to expose the base of the wound, the true depth, and therefore the category cannot be determined. However, if stable eschar is on the heel, it should NOT be removed. Here, it serves as the body's natural or biological cover.

Here are a couple of pictures of unstageable pressure ulcers.

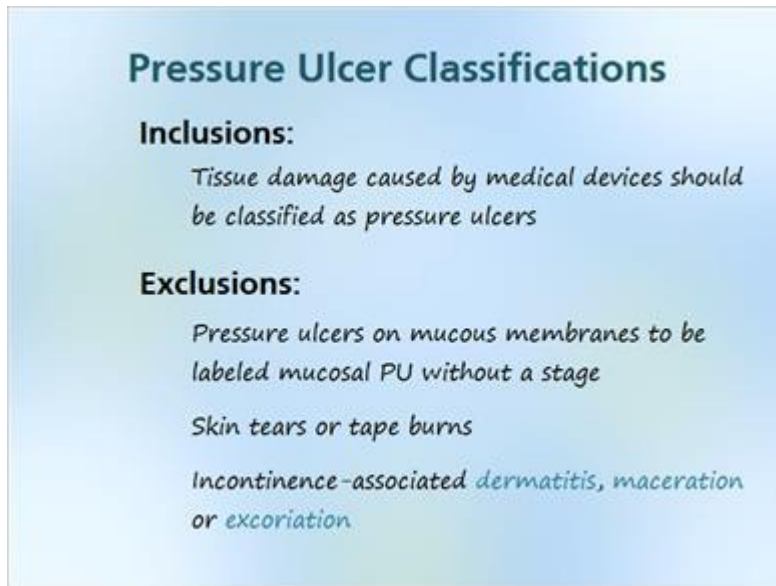
## 1.17 Unstageable Examples



### Narration

Music only ... no narration

## 1.18 Inclusions / Exclusions



**Pressure Ulcer Classifications**

**Inclusions:**  
*Tissue damage caused by medical devices should be classified as pressure ulcers*

**Exclusions:**  
*Pressure ulcers on mucous membranes to be labeled mucosal PU without a stage*  
*Skin tears or tape burns*  
*Incontinence-associated dermatitis, maceration or excoriation*

### Narration

**JILL:** We have now looked at the four plus two categories or stages of pressure ulcers. We will wrap up our discussion by identifying what other conditions should be included or excluded in the pressure ulcer classification system. Let's start with tissue damage caused by medical devices.

**MARK:** Are you saying that damage by medical devices should be considered pressure ulcers?

**JILL:** Yes, Mark. The recommendation is that tissue damage caused by medical devices be classified as pressure ulcers.

Let's take a look at what should NOT be classified as pressure ulcers. First, it is the position of the National Pressure Ulcer Advisory Panel that pressure ulcers on mucosal surfaces are NOT to be staged using the pressure ulcer classification system. Instead, they are to be labeled as mucosal pressure ulcers without a stage identified.

Skin tears or tape burns should NOT be identified as pressure ulcers.

And finally, any incontinence-related conditions should NOT be included in the pressure ulcer classification system.

**MARK:** How am I supposed to know the difference between pressure ulcers and incontinence skin conditions?

**JILL:** I am glad you asked that question. On the next slide is a little interactive exercise to help you differentiate between Incontinence Associated Dermatitis and Pressure Ulcers.

**MARK:** Great!

## 1.19 IAD vs PU

(Drag and Drop, 10 points, 1 attempt permitted)

### Pressure Ulcer Confusions

#### Incontinence Associated Dermatitis vs. Pressure Ulcers

Drag and drop each symptom into its proper disorder.  
When done, click **NEXT** to continue the presentation.

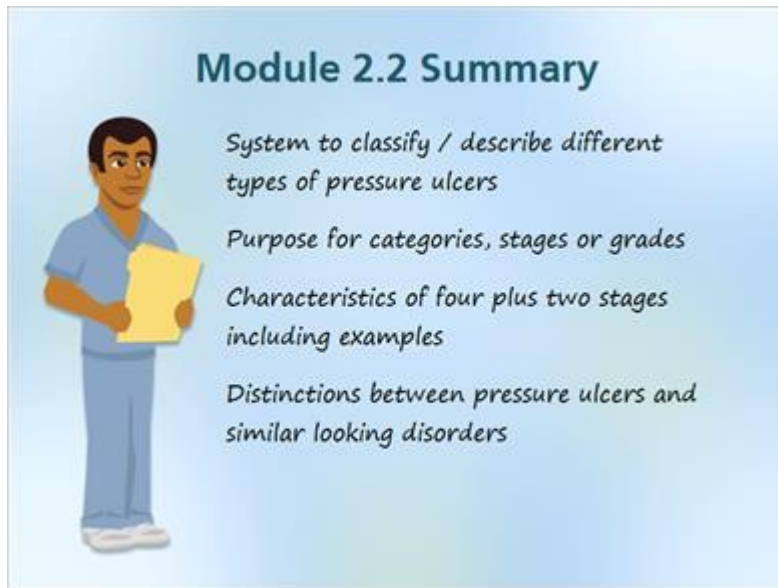
Location = skin folds	Necrosis = no	Depth = partial or full
Depth = partial thickness	Edge = distinct & well circumscribed	
Edge = diffuse and irregular	Location = bony prominences	
Color = red/bluish purple	Necrosis = yes or no	Color = red/bright red, shiny

IADPU

## Narration

Music only ... no narration

## 1.20 Summary

A graphic with a light blue background. On the left is a cartoon illustration of a man in a blue shirt and pants holding a yellow folder. To his right, the text reads: **Module 2.2 Summary**  
*System to classify / describe different types of pressure ulcers*  
*Purpose for categories, stages or grades*  
*Characteristics of four plus two stages including examples*  
*Distinctions between pressure ulcers and similar looking disorders*

## Narration

**JILL:** So Mark, how did you do on the exercise?

**MARK:** Not too bad. But it was useful to see the differences between incontinence conditions and pressure ulcers.

**JILL:** That brings us to the end of this lesson on pressure ulcer classification systems. Mark, care to summarize what we covered in this unit?

**MARK:** Sure. We started out by discussing what a pressure ulcer classification system is, and why we need one. We then talked about the purpose of the categories, stages or grades. We reviewed the characteristics of the four main categories of pressure ulcers plus the two additional ones included in the American classification system. Finally we learned about how to differentiate between pressure ulcers and other similar looking disorders.

**JILL:** Well done as usual Mark.

**MARK:** Thanks Jill. I'm Mark ... here with Jill. We will see you again soon.

## 1.21 The End



### Narration

No narration, music only.