Care Home Collaborative

Pressure Ulcer Grading

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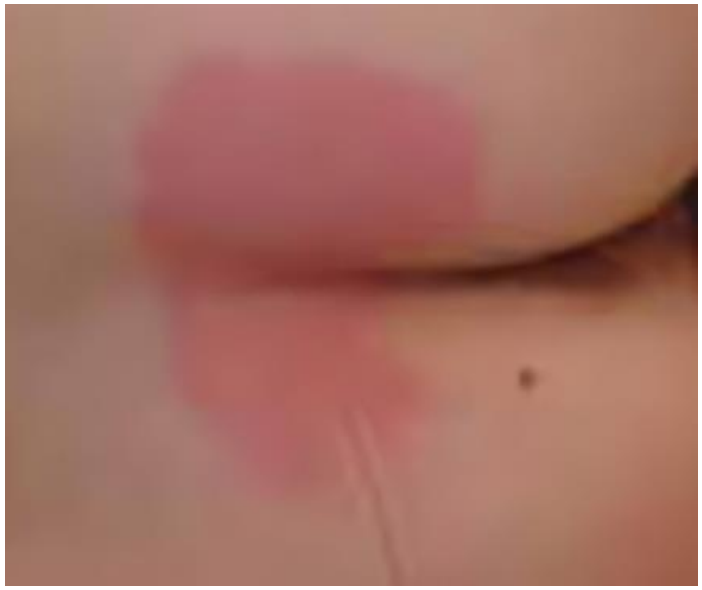
Do you know your pressure ulcer grades?

What does pressure damage look like?

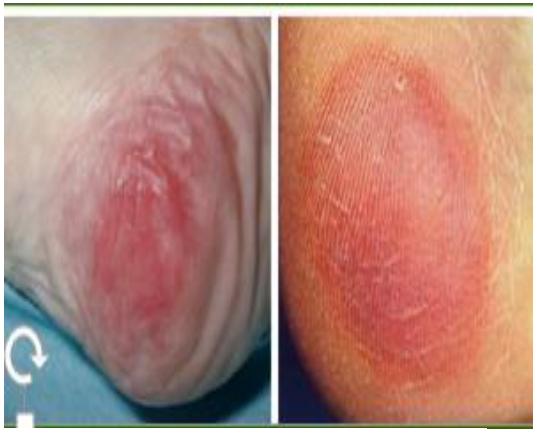
EARLY WARNING SIGNS!!!!



BLANCHING ERYTHEMA

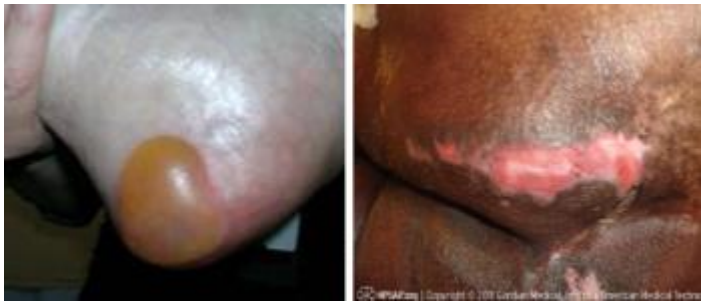
- This person has been sitting for some time and developed redness from pressure
- The skin remains intact
- Skin will turn white on pressing and on release will turn red again as the blood fills back into the vessels
- This is a normal reaction

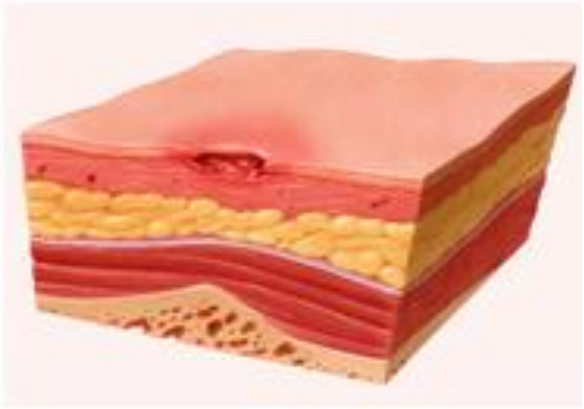
Grade 1
Non Blanching Erythema



- Skin red or discoloured but intact
- Usually over a bony prominence
- May feel warm/cool
- May feel dry, “spongy”
- Will not blanch
- Damage has already happened!!!

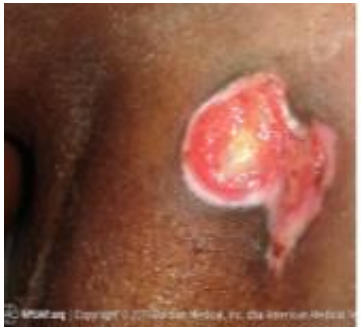
Grade 2

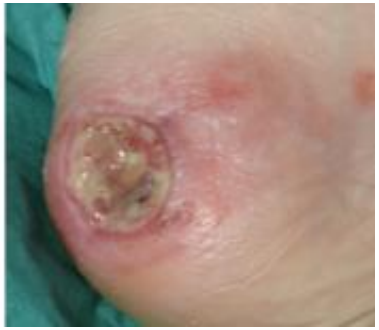


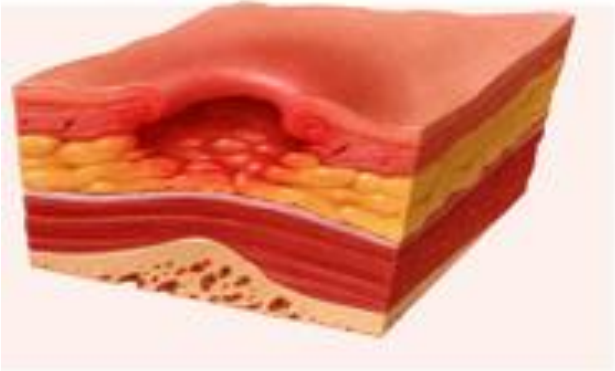


- Partial thickness skin loss
- Loss of the epidermis and dermis (top two layers of skin) presenting as a shallow open ulcer with a red/pink wound bed
- May also present as intact or open/ruptured blister.

Grade 3

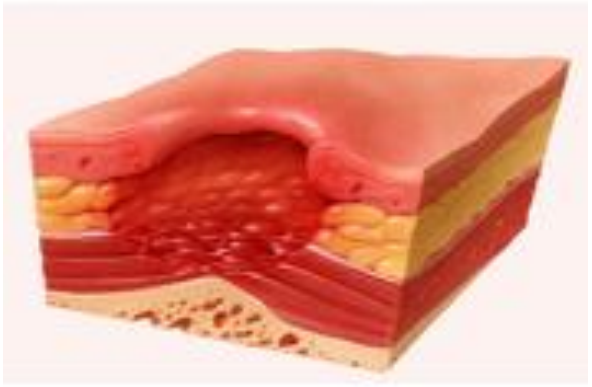






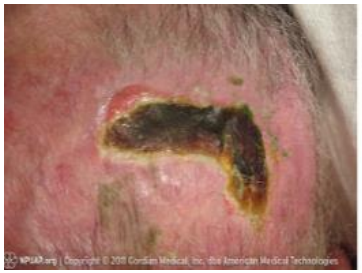
- Full thickness skin loss
- Subcutaneous fat may be visible but bone, tendon or muscle is not visible or palpable
- Slough may be present but does not obscure the depth of tissue loss
- May include undermining or tunnelling.

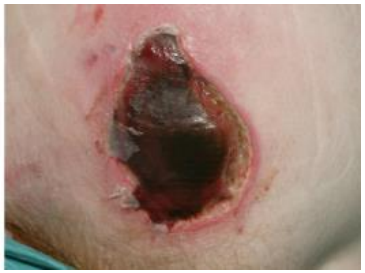
Grade 4



- Extensive destruction with exposed or palpable bone, tendon or muscle.
- Slough may be present but does not obscure the depth of tissue loss.
- Often includes undermining or tunnelling

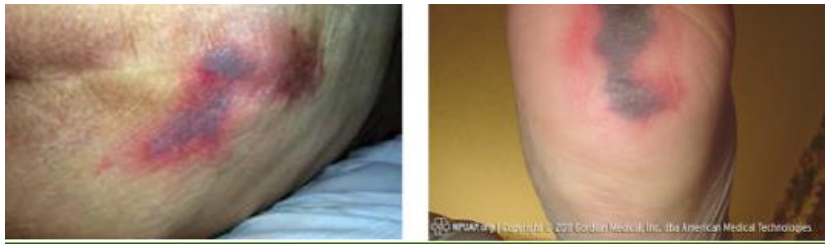
Upgradable





- Full thickness skin / tissue loss where the depth of the ulcer is completely obscured by slough and / or necrotic tissue
- Until enough slough and necrotic tissue is removed to expose the base of the wound the true depth cannot be determined
- It may be a Grade 3 or 4 once debrided
- Once grade can be established this must be documented

Deep Tissue Injury



- Epidermis will be intact but the affected area can appear purple or maroon or be a blood filled blister over a dark wound bed
- Over time this skin will degrade and develop into deeper tissue loss
- Once grade can be established this must be documented

Early Detection is Early Prevention

References

Pressure ulcers - reference guide for their prevention and management (G075) | Right Decisions (scot.nhs.uk)

268608-epuap-grading-tool-hqpdf.pdf (nhsggc.org.uk)