

HAPI Panel of Experts Topic of the Month – May 2020

Staging Pressure Injuries

Introduction

The healthcare professional responsible for assessing and staging pressure injuries varies between hospitals. In some hospitals, it is a certified wound nurse; in others, it is a physician, but in most hospitals, the patient care nurse has this responsibility. And it isn't an easy one. Alterations in skin integrity can occur for a variety of reasons, and it can be very difficult to accurately identify and stage pressure injuries.

Identify the Cause

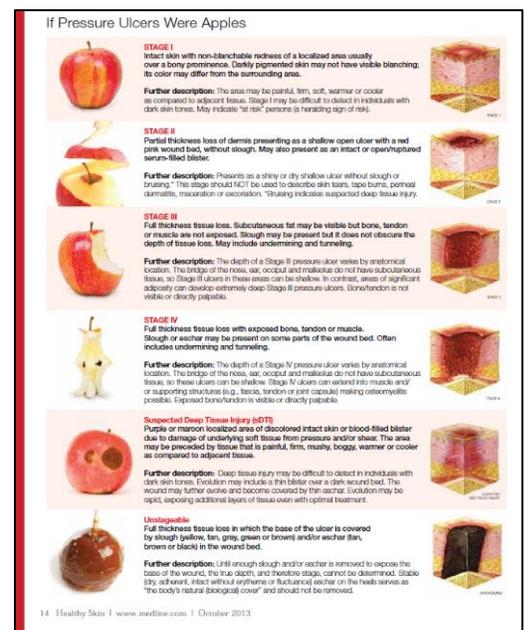
To distinguish a pressure injury from other types of wounds, it is important to identify the cause or etiology of the wound. A pressure injury will always have a history of pressure or shear. Other causes of skin wounds include health conditions, such as diabetes or peripheral vascular disease; trauma; and prolonged exposure to moisture. Consider the location of the wound and determine if the area has been subject to pressure or shear.

Tools for Learning Pressure Injury Stages

The National Pressure Injury Advisory Panel gives guidance on the stages of pressure injuries and provides graphic illustrations on their website at <https://npiap.com/page/PressureInjuryStages>.

Press Ganey offers a free online NDNQI training course that includes photographs and descriptions at http://learning2.pressganey.com/ndnqi/copyright/2019/468913158456/story_html5.html.

A fun approach to teaching staging is the use of fruit. Wound nurse, Patricia Turner, created "Apples to Ulcers", using apples to illustrate the various stages. The full article is available online at <https://www.hauoratairawhiti.org.nz/assets/Uploads/Apples-to-Ulcers-Tips-for-Staging-Pressure-Ulcers.pdf>. Or you may enjoy a YouTube video by Dr. Heather Hettrick in which she uses grapefruit to illustrate the stages at <https://www.youtube.com/watch?v=xNH8DDvjSME>.



Avoid Common Mistakes

According to wound care specialist Cheryl Carver, the most common mistakes that occur in documenting and staging pressure injuries include distinguishing between full- and partial-thickness involvement, distinguishing between scabs and eschar, and distinguishing between moisture-associated skin damage and Stage 2 pressure injuries.¹ She provides the following tips:

1. **Full-vs-Partial-Thickness.** Remember that partial-thickness only involves the epidermis and dermis. Once the fatty layer of subcutaneous tissue is visible, the wound is full-thickness.
2. **Scabs-vs-Eschar.** Scabs are partial-thickness, a crust formed by coagulation of blood or exudate. Eschar, on the other hand, is dead tissue and is full-thickness.
3. **Moisture-Associated Skin Damage-vs-Stage 2 Pressure Injury.** Moisture-associated skin damage will be diffusely distributed while a pressure injury will be located over a bony prominence or area of skin that has been subject to sustained pressure or shear.

An additional resource for distinguishing moisture-associated skin damage from Stage 2 pressure injuries is an excellent article by Tissue Viability Nurse Specialist, Susan Yates, at <https://www.wounds-uk.com/download/resource/1216> in which she outlines the differences based on cause, location, shape, edges, and color.² She also notes that moisture-associated skin damage and a Stage 2 pressure injury can occur in the same area.

Characteristic	Pressure Injury	Moisture-Associated Skin Damage
Cause	Pressure or shear must be present.	Moisture must be present.
Location	Typically, over a bony prominence or under a device.	Typically located in skin folds, the perineal area, or beneath the patient in places where moisture is present.
Shape	Typically, a circular or regular shape.	Typically, diffuse, superficial spots.
Edges	Typically, edges are distinct.	Edges are diffuse or irregular.
Color	Uniformly red with red tissue in the wound bed.	Redness is not uniformly distributed.

The free online Press Ganey/NDNQI training course mentioned above describes criteria unique to skin injuries with arterial, venous, or diabetic causes which can be incorrectly categorized as pressure injuries.

- Arterial injuries are generally located on the toes, top of the foot, side of the ankle, or lower part of the leg, and will accompany symptoms such as thin, shiny skin, decreased hair, decreased pulse, cool and discolored skin, and dystrophic toenails.
- Venous injuries are usually located on the lower calf and ankle area and are accompanied by hyperpigmentation of the lower calf and ankle skin, thickening of the skin and subcutaneous tissue, edema that worsens with standing, dry scaly skin (or weepy skin), and scars from prior venous injuries.
- Diabetic injuries often occur on the toe joints, metatarsal heads, bottom of the foot, or under the heel and will be seen with such symptoms as decreased sensation, warm and dry skin, callus formation surrounding the wound, abnormal toenail growth, and foot deformities such as hammer toe.



Diabetic Foot Ulcer
www.mdedge.com

Test Your Skill

If you have experience staging pressure injuries, or have undergone training and would like to test your skills, check out Medscape's free online gallery of pressure injuries with information about the stage at <https://reference.medscape.com/slideshow/classifying-pressure-injuries-6005748#1>.

References

1. Carver, C. (2019). Case scenarios: wound documentation mistakes. *Wound Source*. Available at <https://www.woundsource.com/blog/case-scenarios-wound-documentation-mistakes>.
2. Yates, S. (2012). Differentiating between pressure ulcers and moisture lesions. *Wound Care Essentials*,(2),16-22.

The HAPI Panel of Experts is a group of wound care and quality professionals that represent hospitals of varying sizes and geographic regions of Tennessee. The Panel convenes monthly to discuss a topic specific to pressure injury prevention and share their practices and recommendations.

Panel of Experts

Jennifer Vandiver, BSN, RN, CWON - West Tennessee Healthcare
Julie Brandt, MSHA, BSN, RN, WOCN - Erlanger Health System
Lauren White, MBA, BSN, RN - Vanderbilt University Medical Center
Sonya Clark, RN, CWOCN - Henry County Medical Center
Suzanne Kuhn, RN, CWS - Delta Medical Center

If you would like to suggest a topic for the Panel to discuss, please email your request to Rhonda Dickman at rdickman@tha.com.