









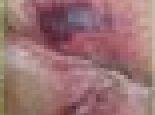



Pressure Ulcer Categorisation Guide

How to Categorise¹

Category I		Intact skin with localized non-blanchable erythema, usually over a bony prominence. Skin discoloration, warmth, tenderness or pain may be present and may differ compared to adjacent tissue. May look 'as hot as a pepper'.	
Category II		Partial-thickness loss of dermis presenting as a shiny or dry shallow open ulcer with a well-pink wound bed with minimal slough or eschar. Can also include intact or ruptured blisters. Does not include skin tears, tape burns, incontinence-associated dermatitis, abrasion or excoriation.	
Category III		Full-thickness tissue loss. Subcutaneous fat may be visible. Fat, bone, tendon or muscle are not exposed or directly palpable. Some slough may be present. May include undermining and tunnelling. Depth varies by location and can be shallow to areas without subcutaneous tissue e.g. on the ear or extremely deep in areas of significant adiposity.	
Category IV		Full-thickness tissue loss with visible exposure of bone, tendon or muscle. Often includes undermining and tunnelling. Depth varies by location and can be shallow to areas without subcutaneous tissue e.g. on the ear. Can extend into muscle and/or supporting structures e.g. fascia, tendon or joint capsule, making amputation likely to occur.	
Unstageable/Unassessable		Full-thickness tissue loss where actual ulcer depth is obscured by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black). True depth cannot be determined until enough slough and/or eschar is removed, but will be either a Category II or III. Inside dry, adherent, intact without epithelial in the lowest surface on the foot should not be removed until a Doppler assessment has been completed.	
Suspected Deep Tissue Injury (DTI)		Purple or maroon localized area of discolored intact skin or blood-filled blister due to pressure/shear damage of underlying soft tissue. May be preceded by painful, itchy, itchy, warm or cooler skin as compared to adjacent tissue. Evolution may be rapid, requiring additional tissue layers seen with treatment.	

¹Based on International Union against Cancer Pressure Ulcer Classification System.²

We require may be more difficult to detect in more darkly pigmented skin, and may not have visible blanching (the colour may differ from the surrounding area).

Abbreviations: I = Intact skin; II = Partial-thickness loss of dermis; III = Full-thickness loss of dermis; IV = Full-thickness loss of dermis with exposure of bone, tendon or muscle; DTI = Deep Tissue Injury; DTI = Deep Tissue Injury; DTI = Deep Tissue Injury.

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In a period characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its power to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**Preessure Ulcer Tools Pocket Guide**," a mesmerizing literary creation penned by way of a celebrated wordsmith, readers embark on an enlightening odyssey, unraveling the intricate significance of language and its enduring affect our lives. In this appraisal, we shall explore the book is central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

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