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Global Issue: Local Concern: Individual Experience

every minute, every hour, every day



PI Classification

Is it really that important to get the label right?

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**STOP**

to consider challenges PI classification

**REVIEW & REFLECT**

importance of taxonomy & implementation of recommendations classification




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LET'S  
GET  
STARTED




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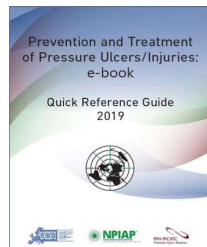
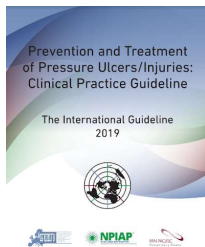
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### Clinical Practice Guideline & Quick Reference Guide




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WHAT IF  
A PRESSURE INJURY  
DOES OCCUR?

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CLASSIFY  
the injury

ASSESSMENT

?WHY?

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed.). EPUIAP/NIPAP/PPPIA 2019 p194

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Is there a level of  
UNCERTAINTY  
in clinical setting?

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## PI Classification

Why was it classified as.....?

'Well, I just couldn't work out  
what stage it was  
so I just chose that one'

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## PI Classification

Clinicians debating the classification

'....that can't be a Stage 3,  
'it's not a defect!'

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## PI Classification

Have you tried to probe to bone ?

'Oh no, we would never put anything  
in the wound!'

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## PI Classification

'We can't call it SDTI,  
as we don't have that option  
to chose from  
in the electronic record'

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## PI Classification

Did you check for non-blanching  
erythema?

'What do you mean? it was always red  
so we called it a Stage 1'

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## PI Classification

'It was just a blister that had blood in it...  
that's a Stage 2 right'?

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## PI Classification

Does anything of this sound familiar?

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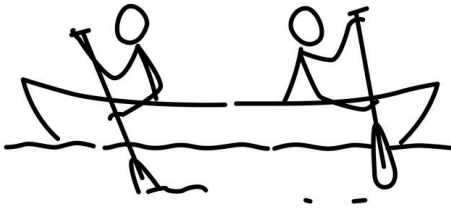
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# WHY?

Row our boats in same direction ...correctly classify PI

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Classification - more than just ticking a box




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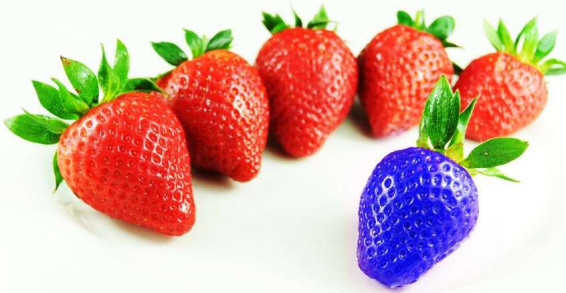
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Classification – Requires DIFFERENTIATION




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Differentiation

confirms wound type

• Pathway re care planning

• IAD

No. 5 webinar series

• HEEL PI (diabetic +/- ischaemic foot ulcer)

No. 6




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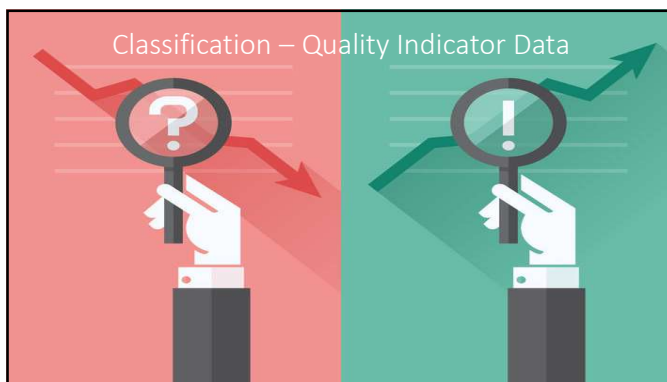
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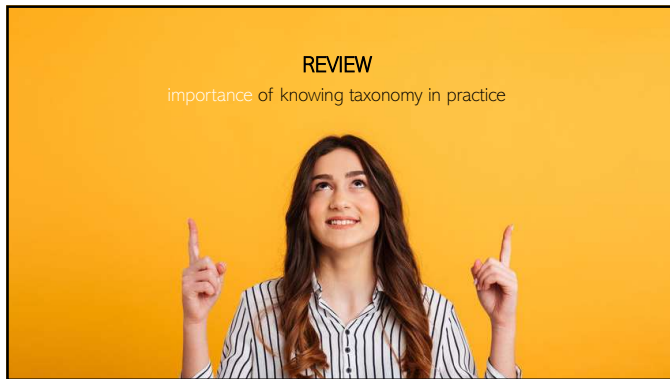
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### PI Definition

A pressure injury is defined as  
 localized damage to the skin and/or underlying tissue  
 as a result of pressure, or pressure in combination with shear.

Pressure injuries usually occur over a bony prominence but may also  
 be related to a medical device or other object

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure  
 Ulcers/Injuries. Clinical Practice Guideline: The International Guideline. (2019) Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA. p209-204

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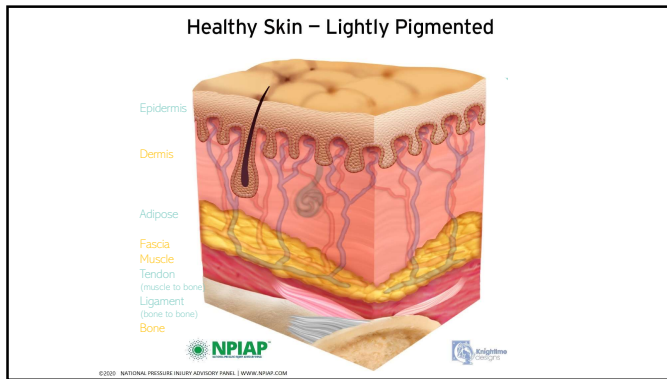
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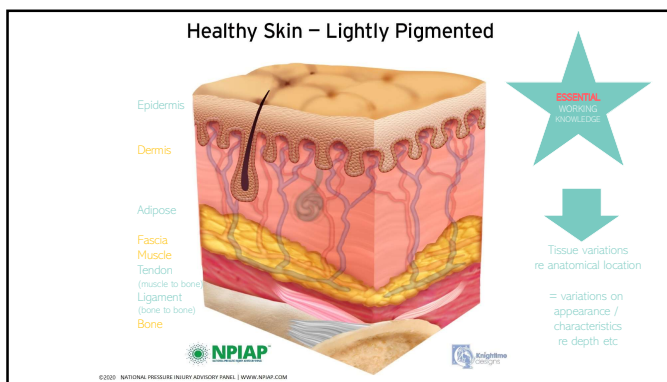
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## Category / Stage I Non blanchable Erythema

Intact skin  
with non-blanchable redness of a localized area  
usually over a bony prominence.

Darkly pigmented skin may not have visible blanching;  
its colour may differ from the surrounding area.

The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.

Category/Stage I may be difficult to detect in individuals with dark skin tones.

May indicate "at risk" individuals (a heralding sign of risk).

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan-Pacific Pressure Injury Alliance: Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. (2019) Emily Haesler (Ed.). EPUIAP/NPIAP/PPPIA. p203-204




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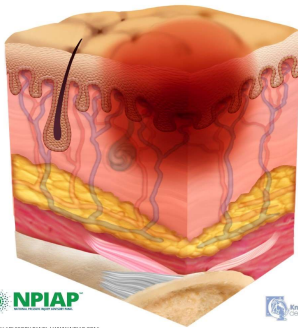
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## Stage 1 Pressure Injury - Lightly Pigmented



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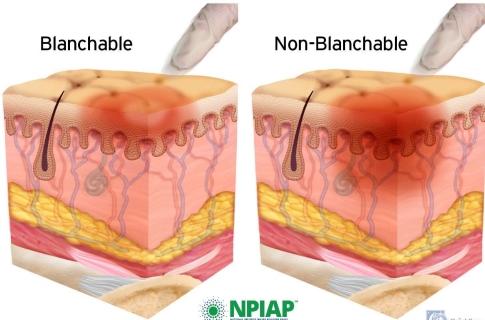
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## Blanchable vs Non-Blanchable

Blanchable

Non-Blanchable



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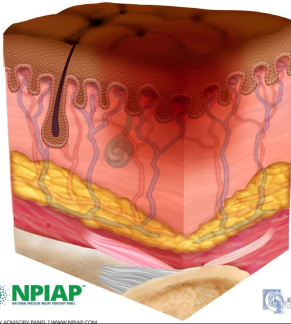
### Stage 1 Pressure Injury – Darkly Pigmented

Darkly pigmented skin may not have visible blanching;

its colour may differ from the surrounding area.

**The area may be painful, firm, soft, warmer or cooler**

as compared to adjacent tissue



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### Stage II

Partial Thickness Skin Loss

Partial thickness loss of dermis  
presenting as a shallow open ulcer with a red pink wound bed  
without slough.  
May also present as an intact or open/ruptured serum-filled blister.

Presents as a shiny or dry shallow ulcer **without slough or bruising.\***

This Category/Stage should not be used to describe  
skin tears, tape burns, perineal dermatitis, maceration or excoriation.

*\*Bruising indicates suspected deep tissue injury.*

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance: Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. (2019) Emily Haesler (Ed.). EPUIP/NPIAP/PPPIA **p209-204**

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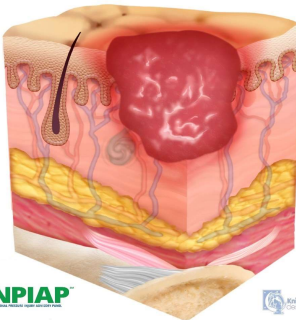
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### Stage 2 Pressure Injury



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**Stage III**  
**Full Thickness Skin Loss**

Full thickness tissue loss.  
 Subcutaneous fat may be visible  
 but bone, tendon or muscle are not exposed.  
 Slough may be present but does not obscure the depth of tissue loss.

May include undermining and tunnelling.  
 The depth of a Category/Stage III pressure ulcer varies  
 by anatomical location.

**The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and  
 Category/Stage III ulcers can be shallow.**

In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure ulcers.  
 Bone/tendon is not visible or directly palpable.

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure  
 Ulcers/Injuries. Clinical Practice Guideline. The International Guideline. (2019) Emily Haesler (Ed.). EPAP/NPIAP/PPPIA **p209-204**

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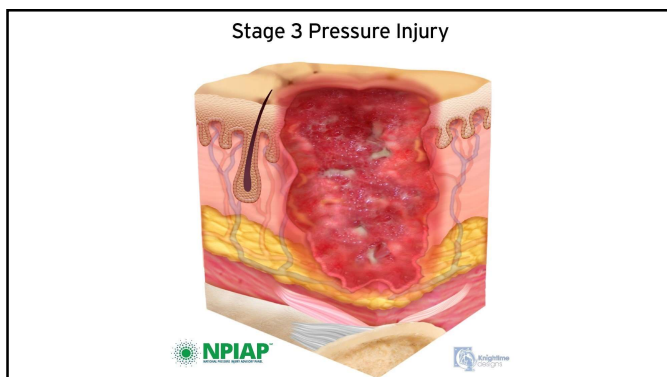
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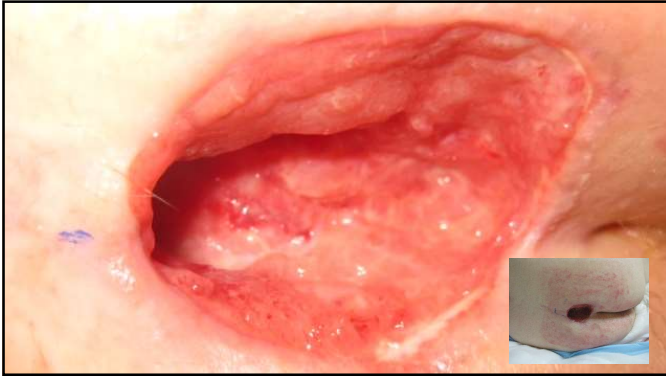
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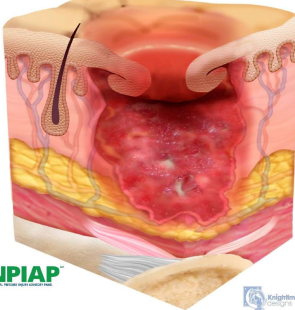
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**Stage 3 Pressure Injury with Epibole**

Area of Focus

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## Stage IV

### Full thickness tissue loss

**Full thickness** tissue loss **with exposed bone, tendon or muscle.**

Slough or eschar may be present on some parts of the wound bed.

Often include undermining and tunnelling.

The depth of a Category/Stage IV pressure ulcer varies by anatomical location.

The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow.

Category/Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible.

Exposed bone/tendon is visible or directly palpable.

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance: Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. (2019) Emily Haesler (Ed.). EPUIAP/NPIAP/PPPIA p203-204

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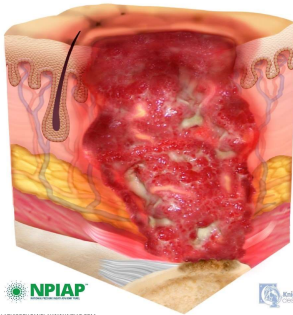
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## Stage 4 Pressure Injury




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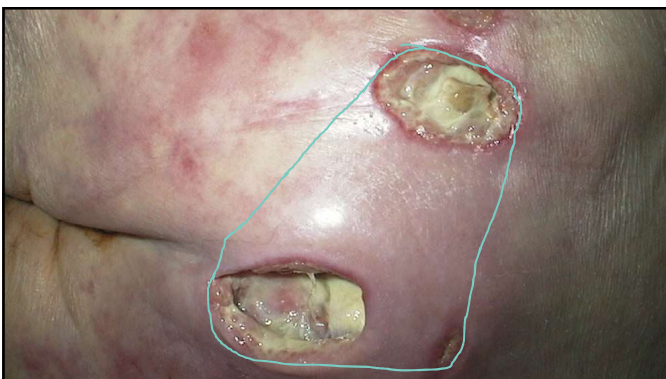
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## Unstageable

### Depth Unknown

Full thickness tissue loss  
in which the base of the ulcer is covered by  
slough (yellow, tan, gray, green or brown)  
and/or eschar (tan, brown or black) in the wound bed.  
Until enough slough and/or eschar is removed to expose the base of the wound,  
the Stage cannot be determined.

Excludes pressure injury reclassified to Stage III or IV after exposure /  
debridement

Stable (dry, adherent, intact without erythema or fluctuance) eschar on heels  
serves as the 'body's natural (biological) cover'  
and should not be removed

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure  
Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. (2019) Emily Haesler (Ed.). EPUIAP/NPIAP/PPPIA. p209-204

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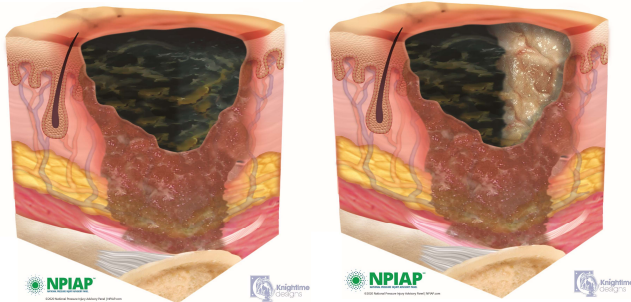
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## UNSTAGABLE




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## Stable eschar on the heels

(dry, adherent, intact without erythema or fluctuance)

serves as 'the body's natural (biological) cover'  
and should not be removed.

Offload or FLOAT 24/7

Unstable is opposite and requires action

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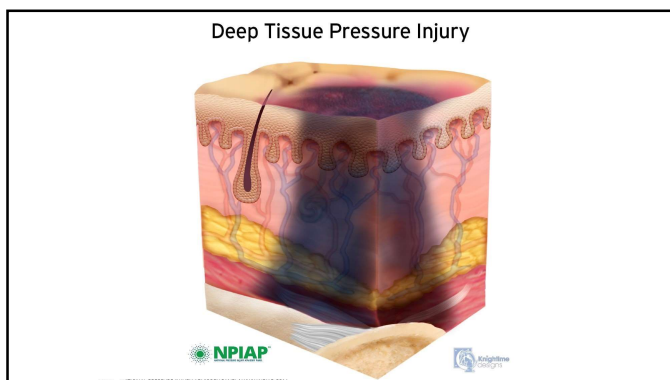
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**Suspected Deep Tissue Injury**  
Depth Unknown

Purple or maroon localized area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

The area may be preceded by tissue that is **painful, firm, mushy, boggy, warmer or cooler** as compared to adjacent tissue.

Deep tissue injury may be difficult to detect in individuals with dark skin tones.

**Evolution** may include a thin blister over a dark wound bed.

The wound may further evolve and become covered by thin eschar.

**Evolution may be rapid exposing additional layers of tissue even with optimal treatment**

Excludes pressure injury reclassified to Stage I or IV after exposure / debridement.

European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. (2019) Emily Haesler (Ed.). EPUIAP/NPIAP/PPPIA. p209-204

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REVERSE or 'down staging' STAGING

20 year history  
recommendations  
to NOT  
reverse stage



NPUAP (2017) Position Statement on Staging – 2017 Clarifications [www.npupap.com](http://www.npupap.com)

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**REFLECT**

implementation recommendations for PI classification




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## 9.1

### Differentiate pressure injury from other wound types

Good Practice Statement

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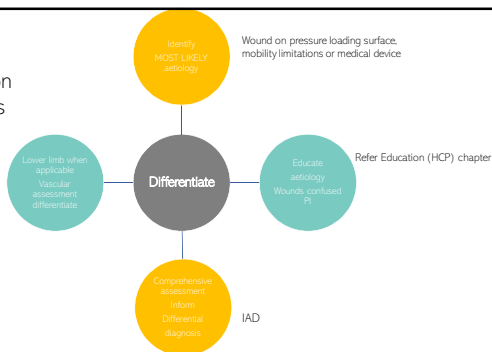
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#### 9.1 Implementation Considerations

EO (expert opinion)



European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries. Clinical Practice Guideline. The International Guideline. (2019) Emily Heister (Ed.). EPUAP/NPIAP/PPPIA 2019 **prisma**

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## 9.2

### Use a PI classification system to classify and document the level of tissue loss

Good Practice Statement

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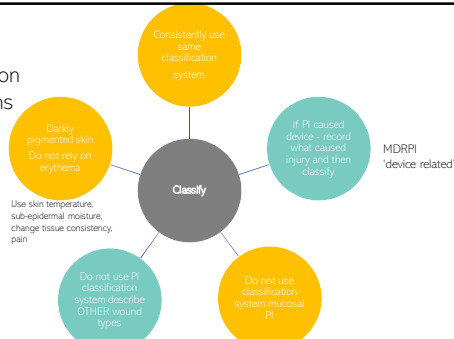
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### 9.2 Implementation Considerations EO (expert opinion)



European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers. Clinical Practice Guideline. The International Guideline. (2019) Emily Heister. (Ed.). <https://www.npiap.org/2019> **p100**

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### 9.3 Verify there is clinical agreement in PI classification amongst health professionals responsible for classifying PI Good Practice Statement

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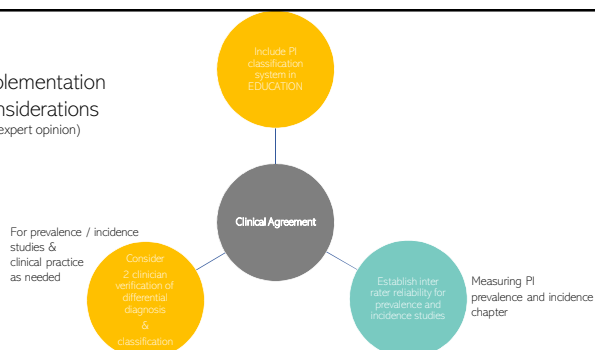
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### 9.3 Implementation Considerations EO (expert opinion)



European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers. Clinical Practice Guideline. The International Guideline. (2019) Emily Heister. (Ed.). <https://www.npiap.org/2019> **p100**

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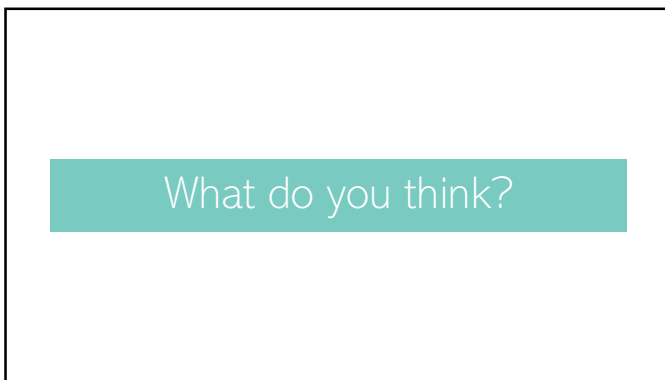
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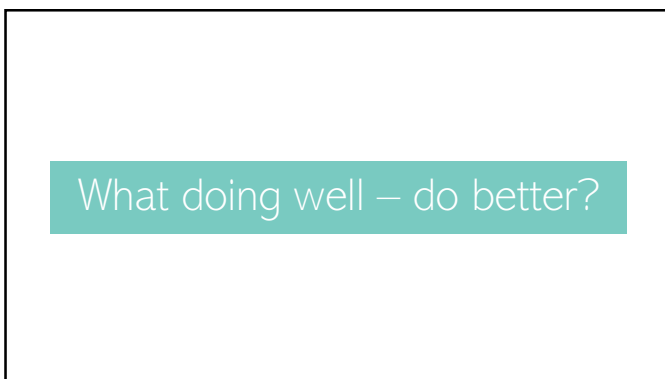
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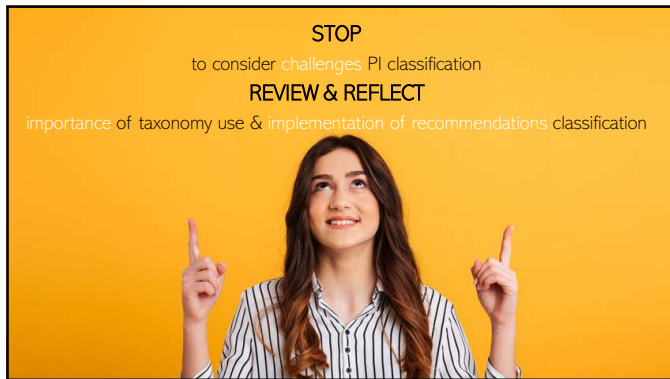
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**Resources available**

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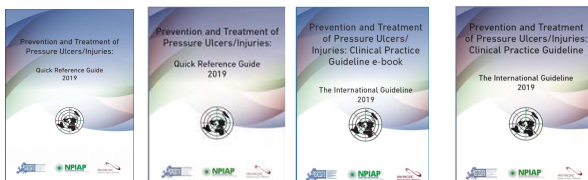
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5/29/2020

<https://pppia.org/guideline/>

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- Please help us by completing a short survey at the end of this webinar, if you are accessing the webinar on demand please click on yellow provide feedback icon.



- You will receive your participation certificate upon survey completion via email.



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## Pressure Injury Webinar Series With Wendy White

Part 5 of 7: Pressure Injury & Incontinence Associated Dermatitis

Same same ...but pretty different!

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