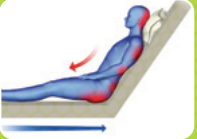




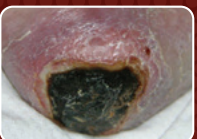



# Pressure injury identification guide<sup>1\*</sup>

Stage	Description	Suggested product selection
<b>At risk skin/ intact skin</b> 	<p><b>Areas at risk:</b> Areas exposed to friction, shear and moisture, particularly bony prominences with reduced fatty tissue (e.g. heel, sacrum, elbow, shoulder). Areas under devices such as catheters, masks or tubing are also at risk.</p> <p><b>Clinical presentation:</b> Intact skin integrity, may exhibit blanchable erythema, no underlying tissue damage.</p>	SECURA <sup>°</sup> Range DERMAPAD <sup>°</sup> ** ALLEVYN <sup>°</sup> LIFE OPSITE <sup>°</sup> Flexifix Gentle
<b>Stage I</b> 	<p>Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.</p> <p><b>Clinical presentation:</b> The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Intact skin integrity, non-blanchable erythema, underlying tissue damage.</p>	SECURA <sup>°</sup> DERMAPAD <sup>°</sup> ** ALLEVYN <sup>°</sup> LIFE OPSITE <sup>°</sup> Flexifix Gentle
<b>Stage II</b> 	<p>Partial thickness loss of dermis presenting as a shallow open wound with a red/pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.</p> <p><b>Clinical presentation:</b> Presents as a shiny or dry shallow ulcer without slough or bruising. Partial thickness skin loss involving dermis.</p>	OPSITE <sup>°</sup> FLEXIGRID <sup>°</sup> ALLEVYN <sup>°</sup> LIFE ALLEVYN <sup>°</sup> Range*** ALLEVYN <sup>°</sup> Ag PICO <sup>°</sup>
<b>Stage III</b> 	<p>Full thickness skin 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 tunneling.</p> <p><b>Clinical presentation:</b> Skin loss, subcutaneous fat may be visible. The depth can vary depending on location, undermining may be present. Bone/tendon is not visible or directly palpable.</p>	IODOSORB <sup>°</sup> ACTICOAT <sup>°</sup> Flex DURAFIBER <sup>°</sup> RENASYS <sup>°</sup> VERSAJET <sup>°</sup>
<b>Stage IV</b> 	<p>Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often include undermining and tunneling.</p> <p><b>Clinical presentation:</b> Depth varies by anatomical location. If no adipose tissue, these pressure injuries can be shallow. The pressure injury can extend into muscle and/or supporting structures. Exposed bone/muscle is visible or directly palpable.</p>	IODOSORB <sup>°</sup> ACTICOAT <sup>°</sup> Flex DURAFIBER <sup>°</sup> RENASYS <sup>°</sup> VERSAJET <sup>°</sup>
<b>Unstageable pressure injury: Depth unknown</b> 	<p>Full thickness tissue loss, base of pressure injury covered in slough and/or eschar. Until slough and/or eschar is removed to expose the base of the wound, the true depth and therefore stage cannot be determined.</p> <p><b>Clinical presentation:</b> Base of pressure injury might present with slough (yellow, tan, grey, green or brown). Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels should not be removed.</p>	Consult wound care specialist for advice on appropriate management. VERSAJET <sup>°</sup>
<b>Suspected deep tissue injury: Depth unknown</b> 	<p>Purple or maroon localised area of discoloured intact skin or blood filled blister due to damage of underlying soft tissue from pressure and/or shear.</p> <p><b>Clinical presentation:</b> Tissue area may be painful, firm, mushy, boggy, warmer or cooler compared to adjacent tissue. May present as a thin blister over a dark wound bed.</p>	Consult wound care specialist for advice on appropriate management.