



New Staging Guidelines: The National Pressure Ulcer Advisory Panel

Suspected deep tissue injury- discolored, intact skin secondary to underlying soft tissue damage (NEW CLASSIFICATION)

Stage I- intact skin with impending ulceration signs- blanching, warmth, induration, edema, white appearance

Stage II- shallow, open ulcer with pink wound bed (partial thickness)

Stage III- full thickness with tunneling not involving the fascia

Stage IV- full thickness with extension into muscle, bone, tendon or joint

Unstageable- full thickness where full depth is unable to be determined due to wound coverage with slough & eschar

Wound Dressing	Example	Stages Of use	How it Works
Hydrocolloid	Duoderm	I,II,III,IV	Forms occlusive barrier, prevents infection, Allows healing, prevents friction
Transparent	Tegaderm	I,II,III	Prevents bacterial contamination & promotes Epithelialization, minimizes friction
Alginate	Sorbsan	II,III,IV	Forms a gel when it contacts wound drainage To form a barrier- can be used with infectious and non-infectious wounds



Debridement- removes exudates, infection & eschar to promote healing:

Mechanical- wet to dry NSS dressings

Surgical- removes tissue serving as a reservoir for ongoing contamination