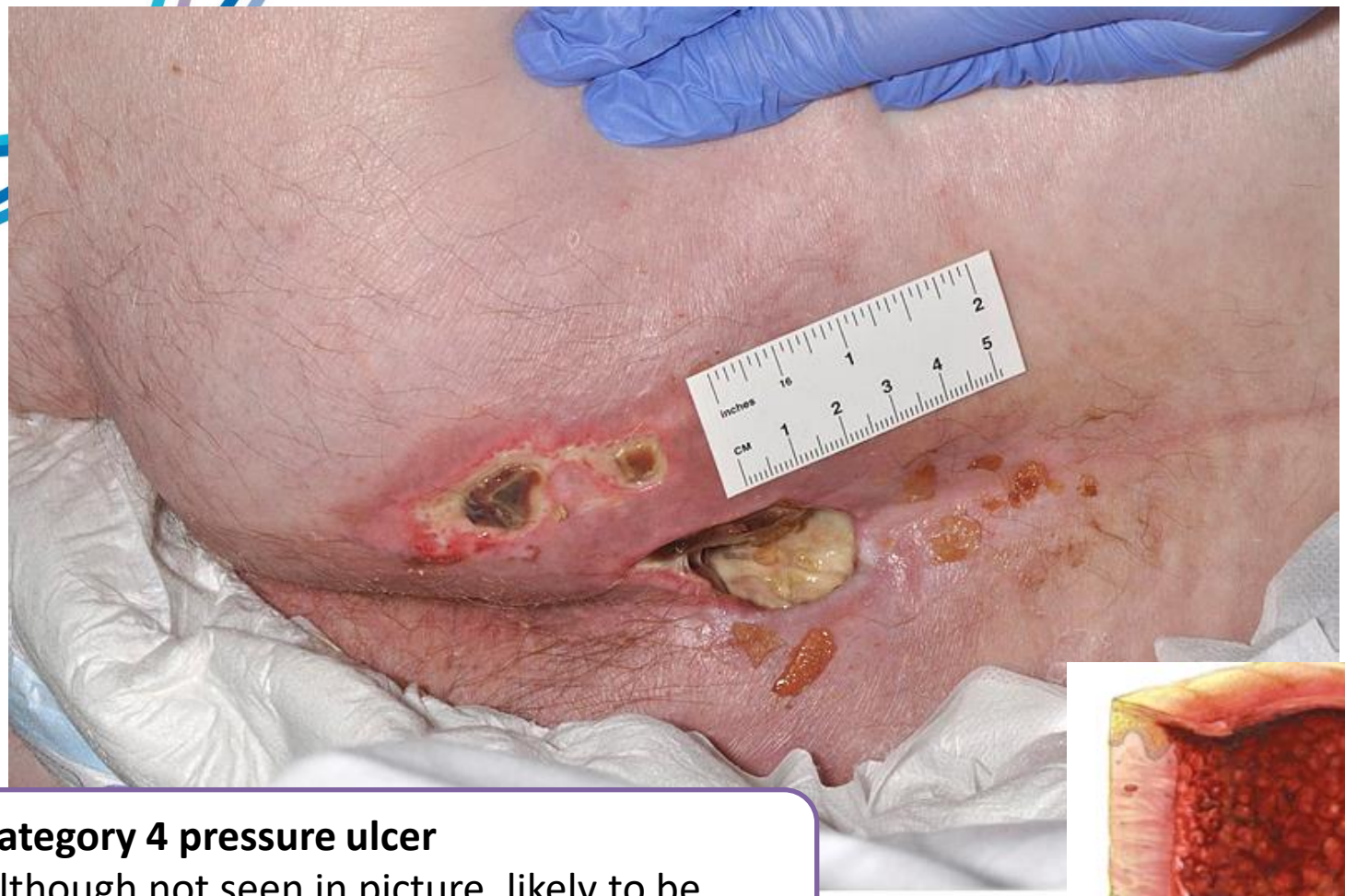
Oxford University Hospitals NHS
NHS Foundation Trust

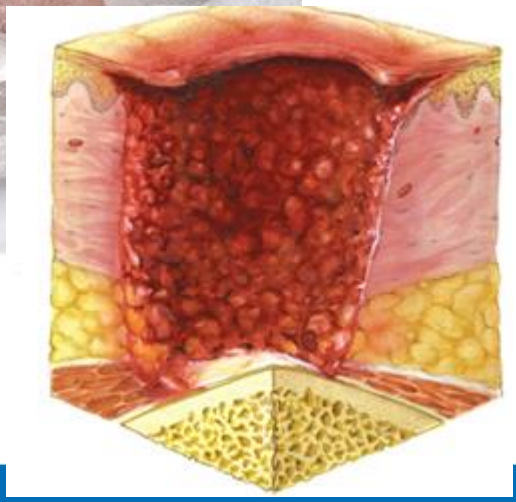
Pressure ulcer categorisation slides

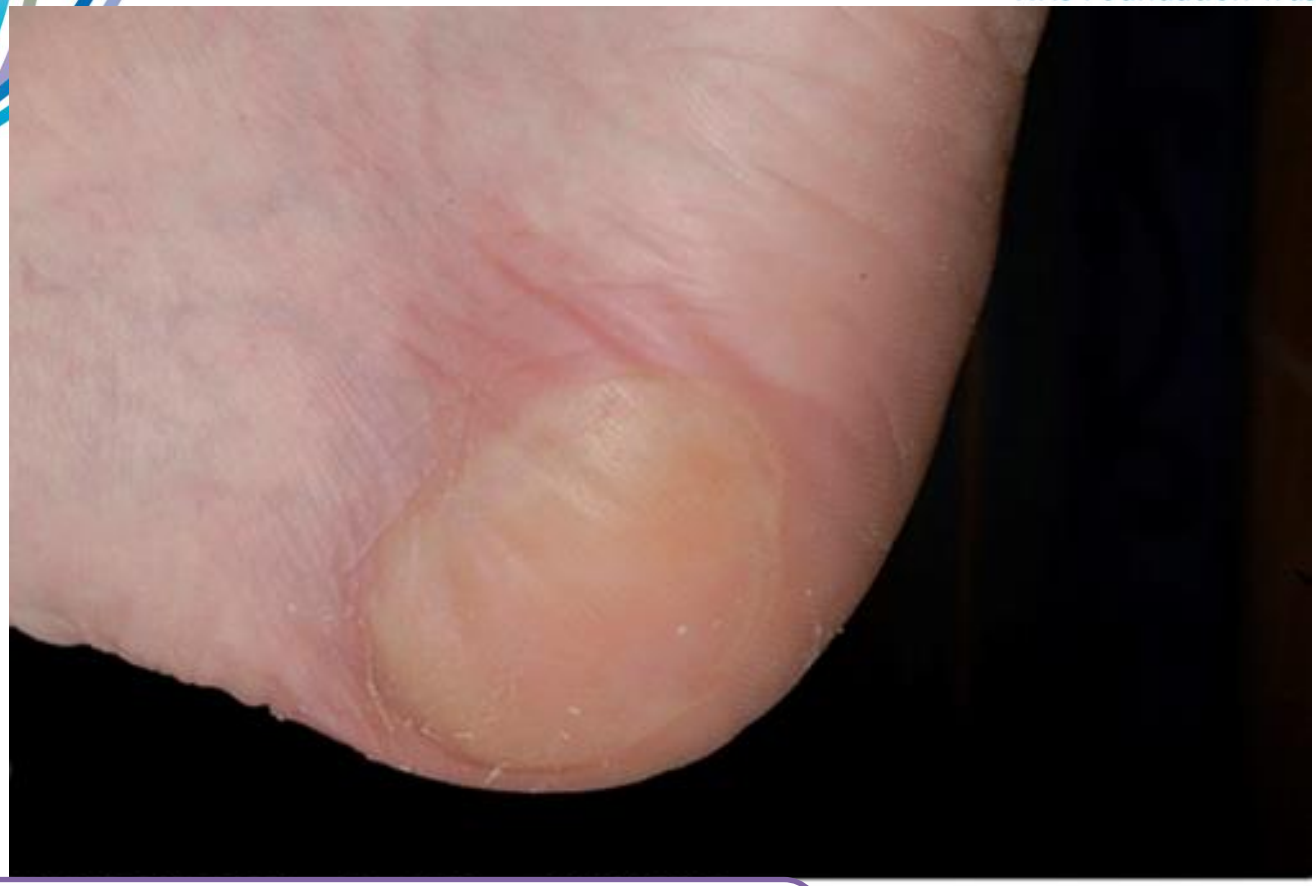
Ensure played through slide show

November 2015



Category 4 pressure ulcer
Although not seen in picture, likely to be probable to bone.





Category 2 pressure ulcer
Serous filled blister. Ensure you clearly document the colour of fluid in a blister.

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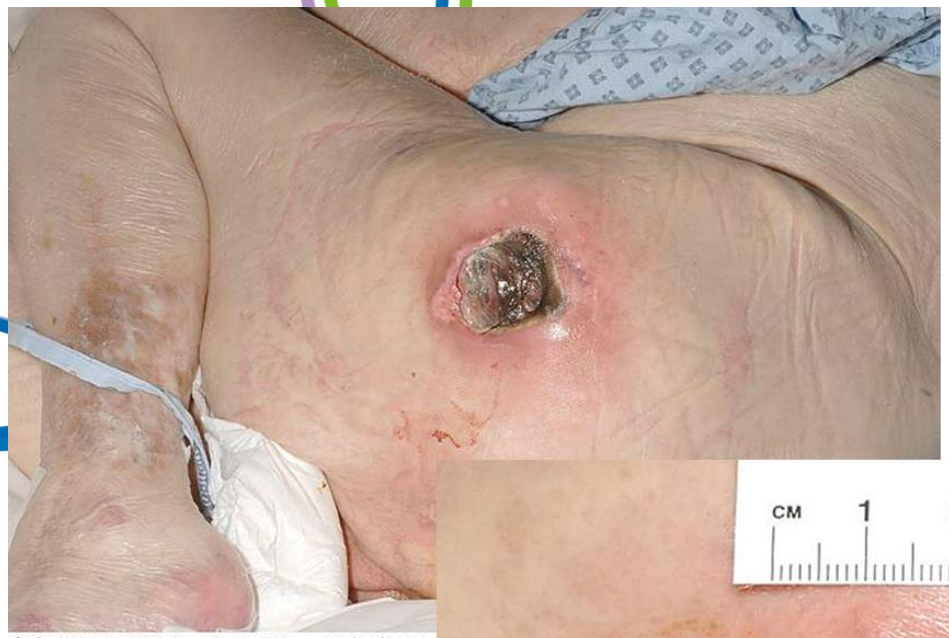
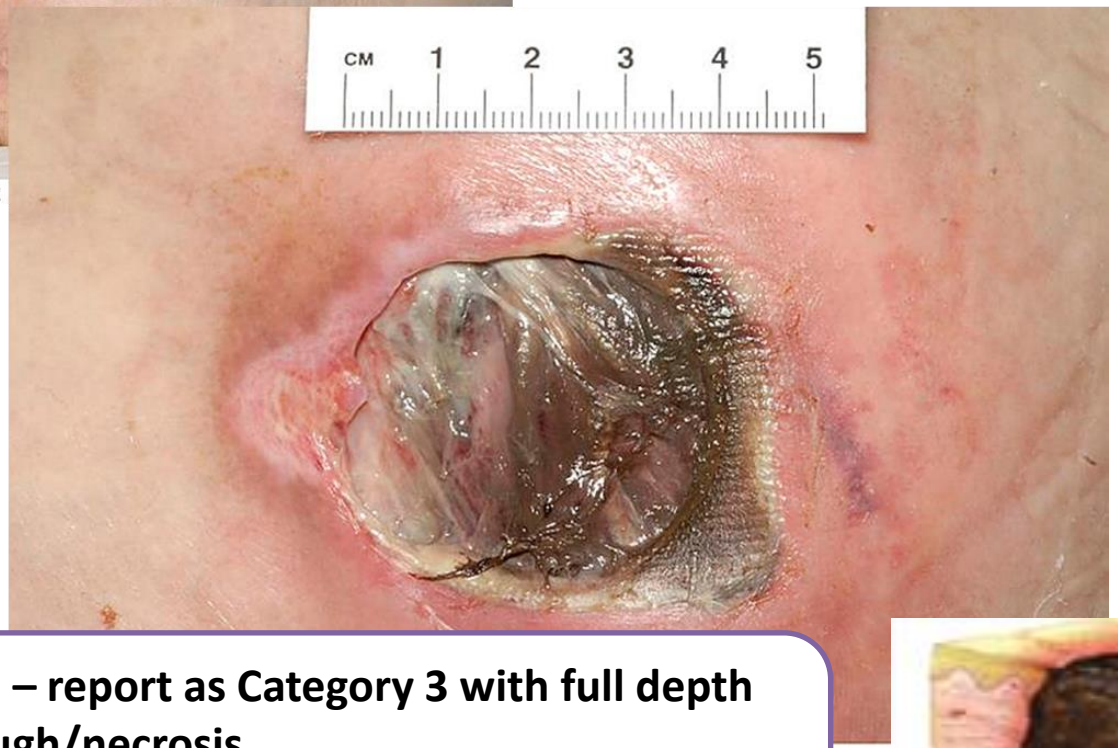


© OMI 00154603.jpg Date Taken: 01/02/2012

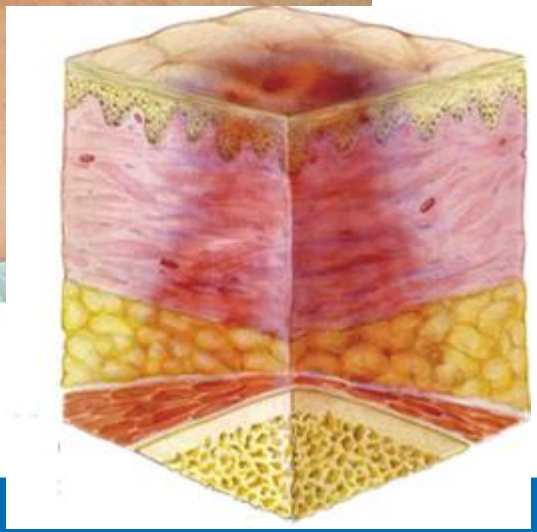


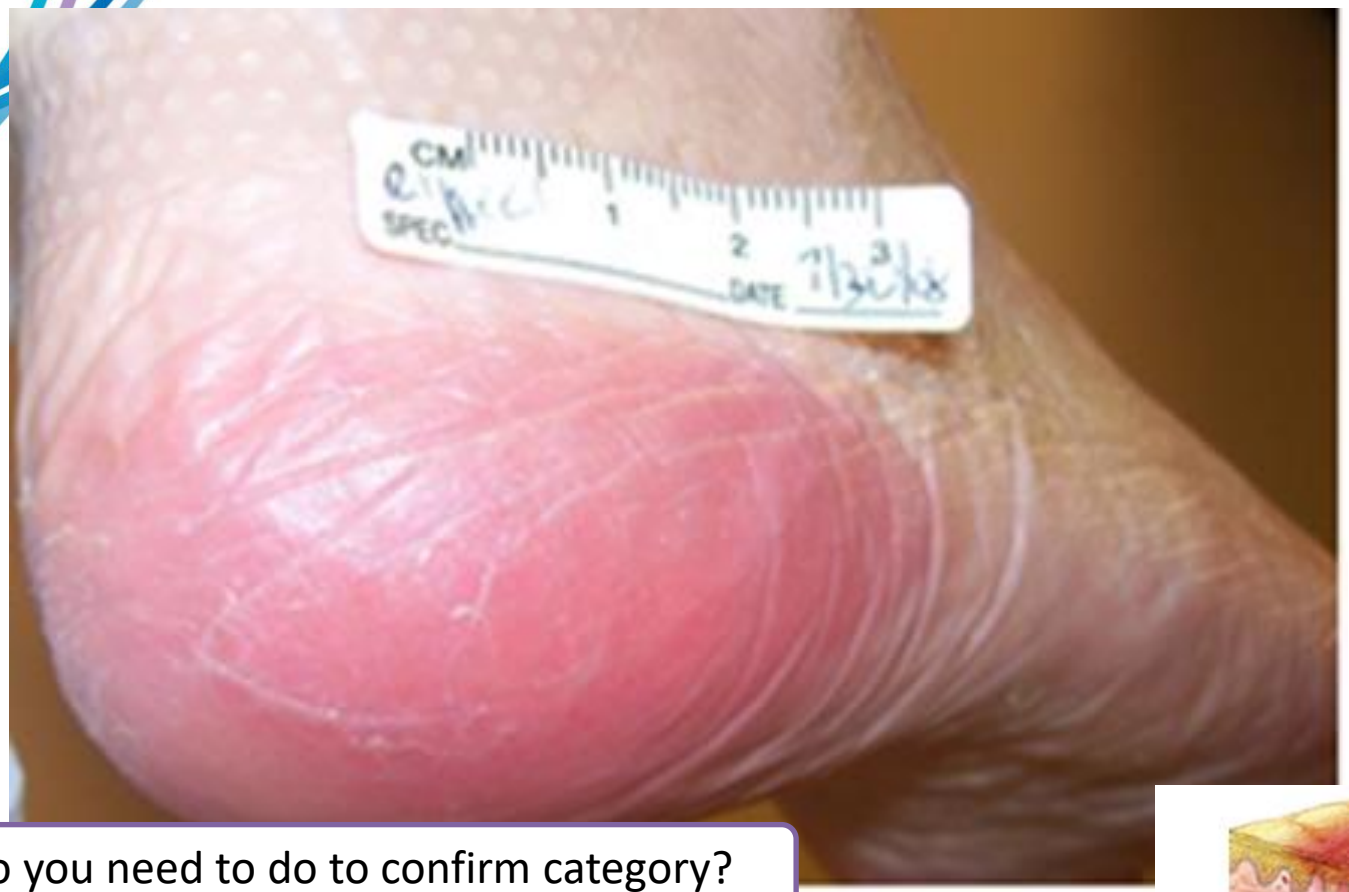
Unable to categorise – report as Category 3 with full depth unknown due to slough/necrosis

May be a category 3 or 4 but we do not know until pressure ulcer is debrided (if appropriate)

A suspected deep tissue injury pressure ulcer.

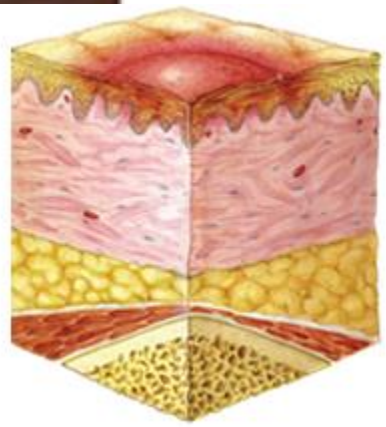
Purple/maroon discolouration – not dry black necrosis. Skin is beginning to break away and this is likely to deteriorate to a category ¾ pressure ulcer.

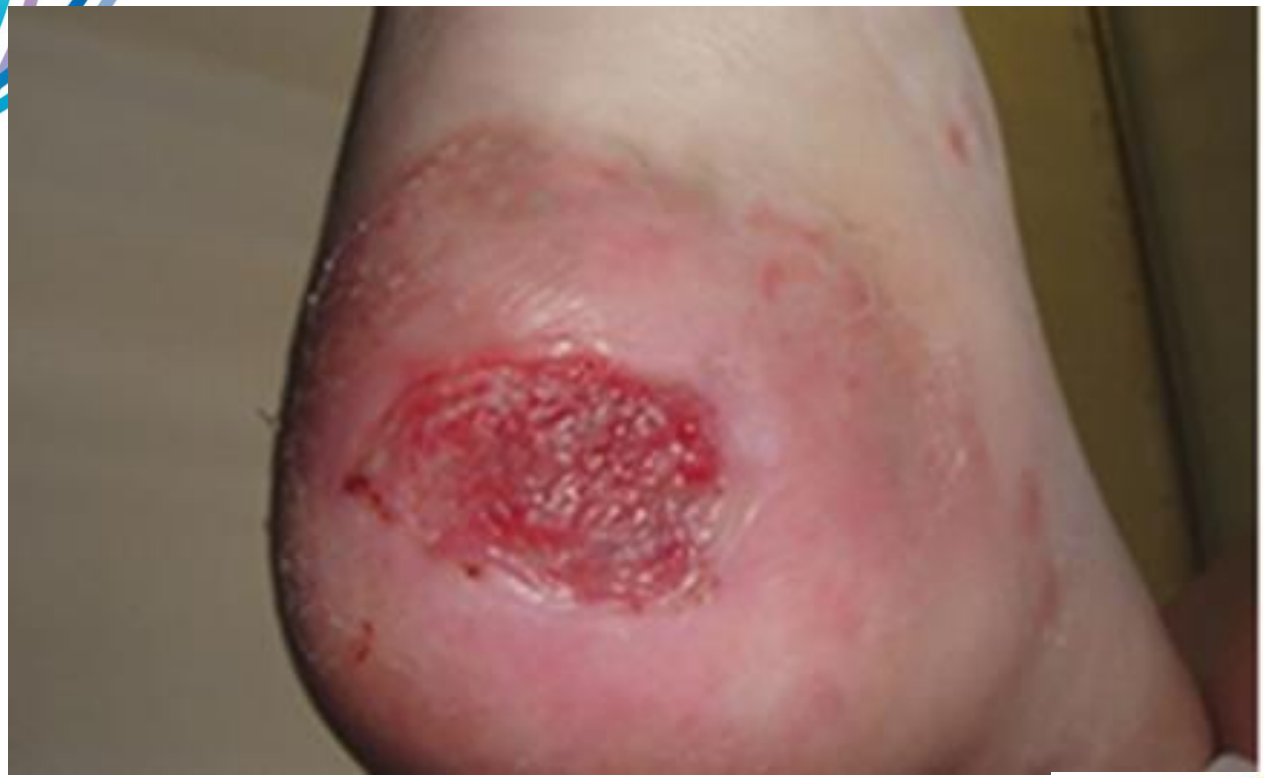




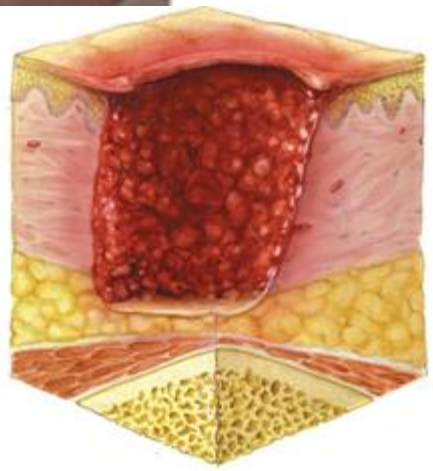
What do you need to do to confirm category?

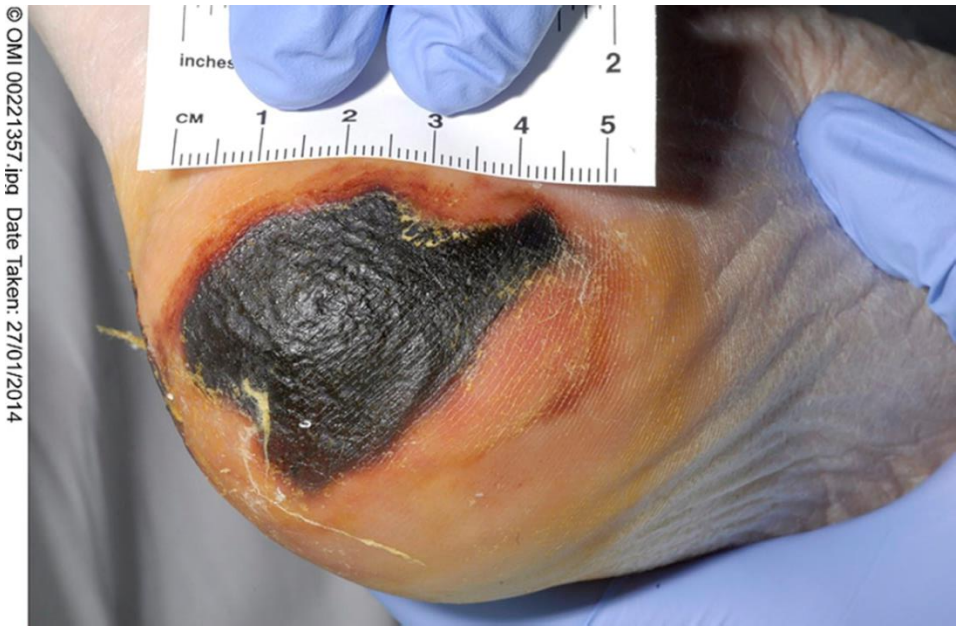
If non blanchable – **Category 1 pressure ulcer**





Category 3 pressure ulcer
Full thickness skin loss (Epidermis and dermis), some category 3 ulcers may look shallow on locations such as heels, elbows or above ears.





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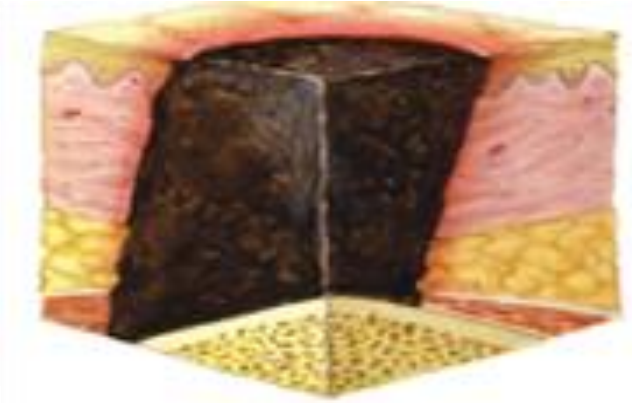
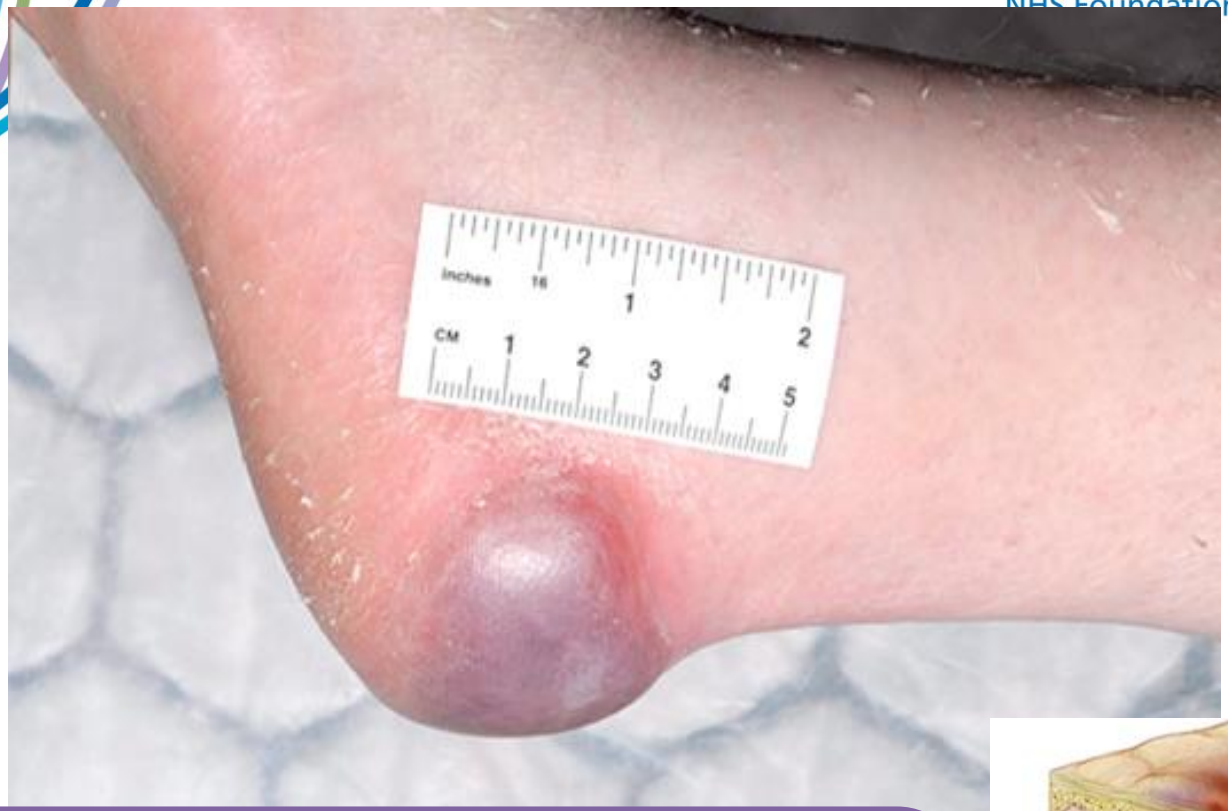
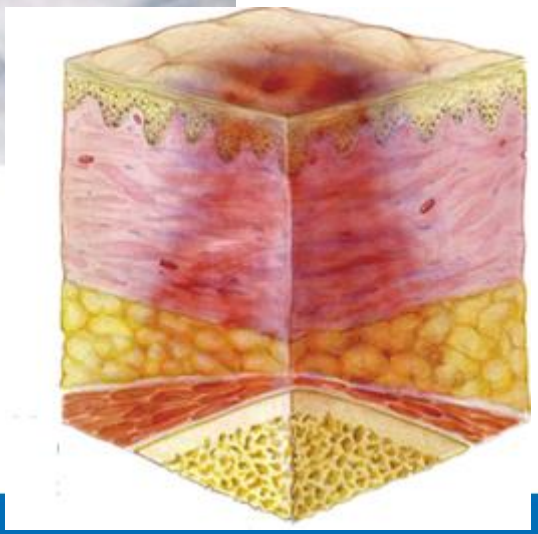
DO NOT debride heels without review from podiatry, tissue viability or vascular – high risk of osteomyelitis.

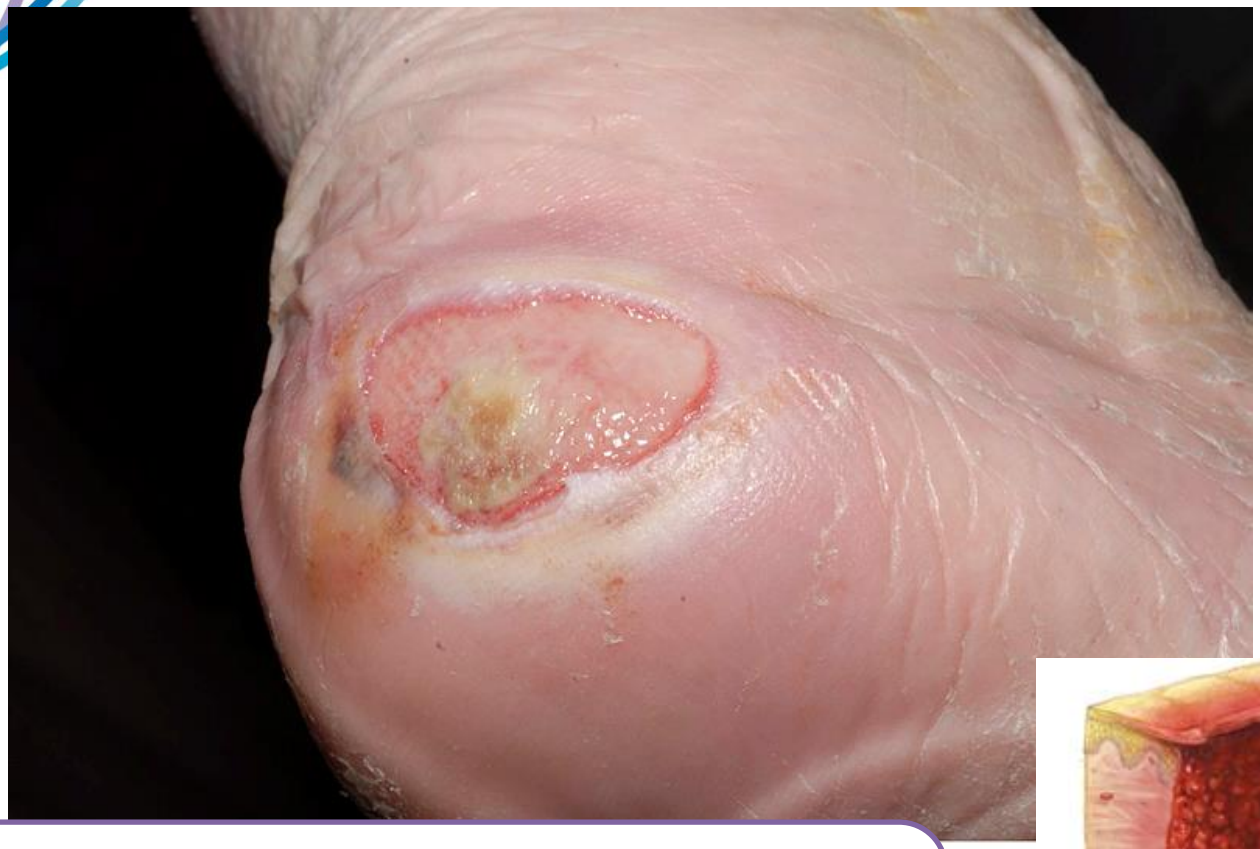


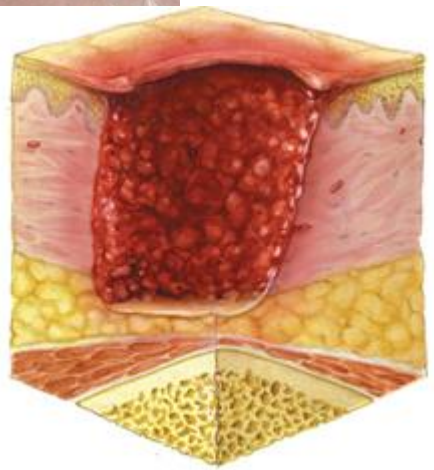


A suspected deep tissue injury pressure ulcer.

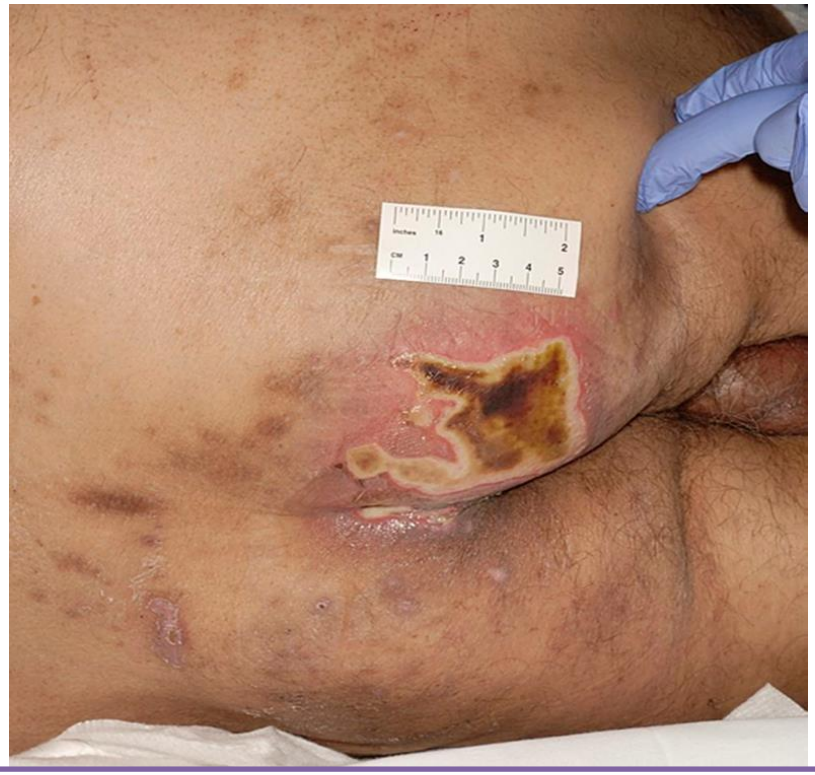
Purple/maroon discoloured blister – not dry black necrosis or a serous blister. Commonly misclassified as a category 1, as skin not broken, or Category 2 due to it being a blister. Likely to deteriorate to a category ¾ pressure ulcer.







Category 3 pressure ulcer
Full thickness skin loss (Epidermis and dermis), some superficial slough is present but you can see the wound bed, no bone, tendon or muscle is visible.



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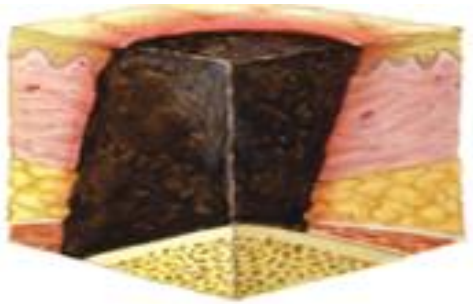

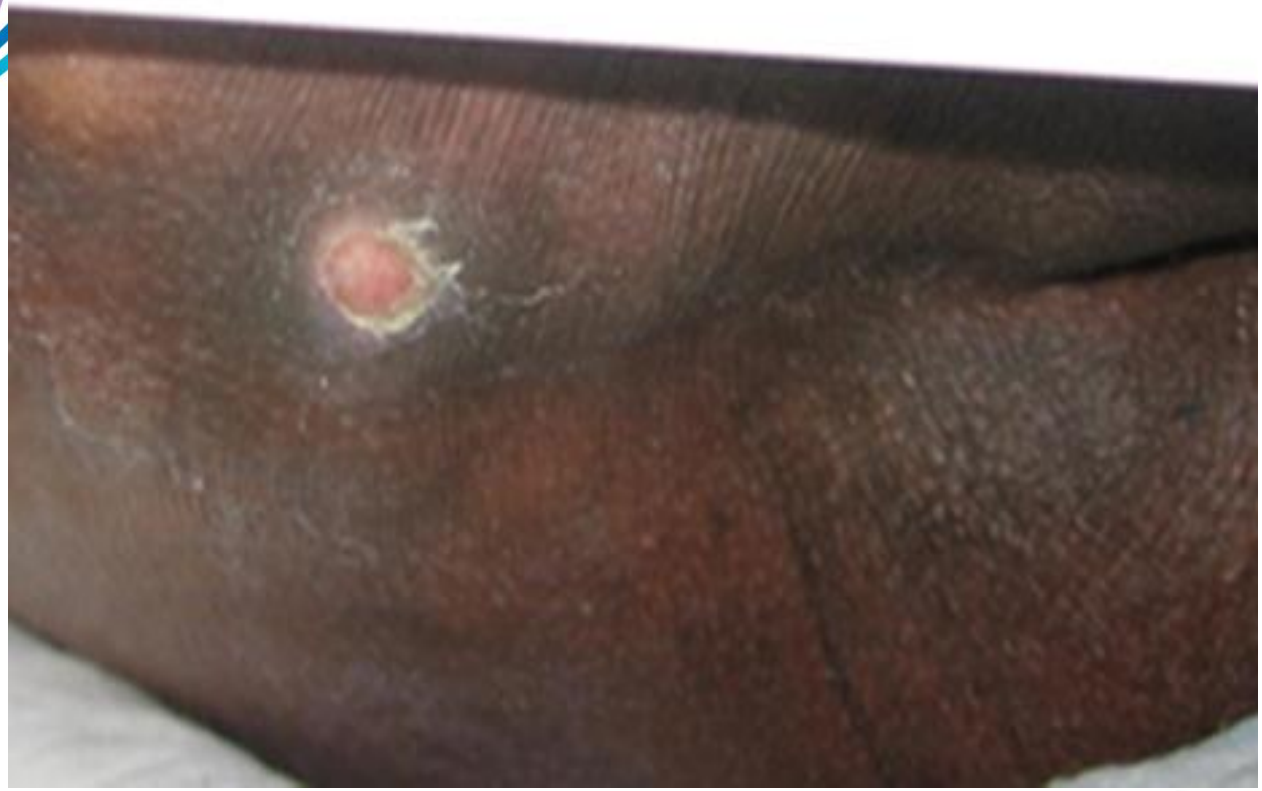

Category 2 pressure ulcer
Partial thickness skin loss (Epidermis and part of the dermis).
Superficial ulcer with no/superficial slough visible in the wound bed.