

New guidance and definitions

November 2018



Essex Partnership University
NHS Foundation Trust

#StopThePressure

NHS national stop the pressure

A **Pressure Ulcer** is localized damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful

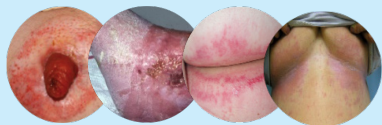
Category is the new term for Grade, i.e. the level of severity

Pressure Ulcer on Admission (POA) is one that is observed during the skin assessment undertaken on admission to that service. If a patient presents with a POA, ensure this information is included in the Datix as well as the patient notes

New is one that developed in the current episode of care

MASD

Moisture Associated Skin Damage



Inflammation or skin erosion caused by prolonged exposure to a source of moisture such as urine, stool, sweat, exudate, saliva, or mucus.

Complete Datix for MASD

Refer to TVN may be required according to severity of MASD

Medical Device Related Pressure Ulcer

Pressure ulcers that result from the use of devices designed & applied for diagnostic or therapeutic purposes (e.g. catheter, NG, splints, O2 tubing). (The pressure ulcer often conforms to the pattern or shape of the device)



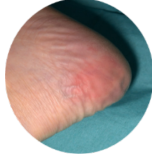
Complete drop-down box on Datix to indicate category of pressure damage & (d) device related

Refer to TVN if Category 3, 4, DTI or unstageable

EPUAP Pressure Ulcer Classification

Category 1

Non-blanching erythema of INTACT skin

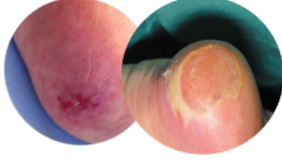


No Datix required

No TVN referral required

Category 2

Partial-thickness skin loss with exposed dermis (*not through*)

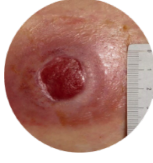


Complete Datix

No TVN referral required

Category 3

Full thickness skin loss (*extends to fat layer, Slough may be present but does not obscure depth of tissue loss. Often includes undermining and tunneling*)



Complete Datix & escalate as SI if EPUT acquired

Must be referred to TVN

Category 4

Full thickness loss of skin & tissue (*extends to fascia, muscle and or bone*)



Complete Datix & escalate as SI if EPUT acquired

Must be referred to TVN

DTI

Persistent non-blanchable deep red, maroon, purple discoloration (*may also look like blood-filled blister*)

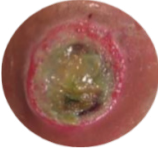


Complete Datix

Refer to TVN but must be monitored in community at least weekly by registered nurse

Unstageable

Wound base obscured (*with necrosis of slough*) full-thickness skin & tissue loss



Complete Datix

Refer to TVN but must be monitored in community at least weekly by registered nurse