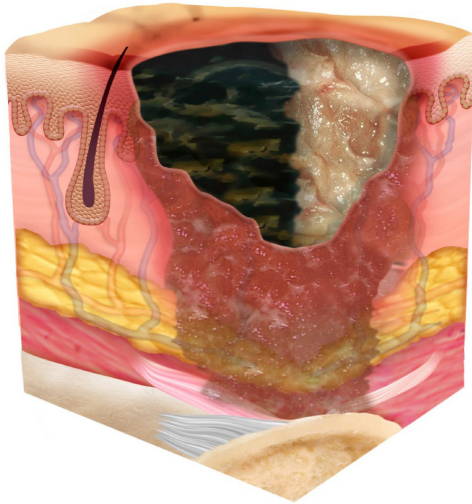
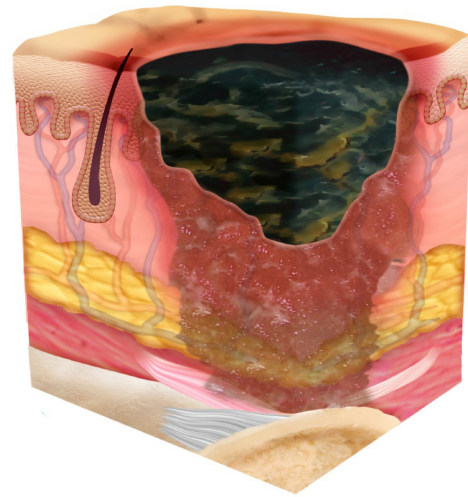


Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss

Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.



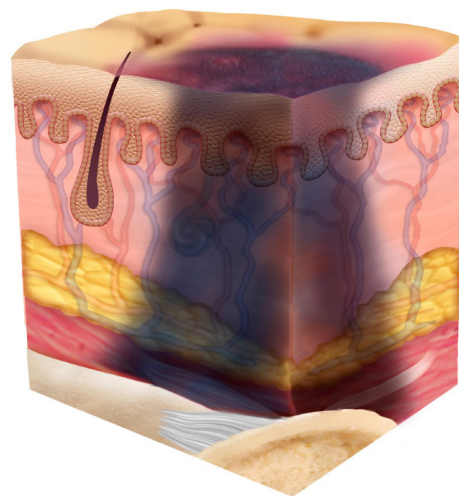
Unstageable Pressure Injury Slough and Eschar



Unstageable Pressure Injury Dark Eschar

Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.



Source: Reprinted from “NPUAP Pressure Injury Stages,” by National Pressure Ulcer Advisory Panel, 2016 (<http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/>, <http://www.npuap.org/resources/educational-and-clinical-resources/pressure-injury-staging-illustrations/>). Copyright 2016 by National Pressure Ulcer Advisory Panel. Reprinted with permission.