# Accurate Assessment of Stage II Pressure Ulcers

Katherine Thurs, RN, MSN, APNP
Aspirus Hospital Wound Clinic, Wausau, WI

Two recent events relate to pressure ulcers. In February 2007, the National Pressure Ulcer Advisory Panel (NPUAP) restated its definitions of and staging process for pressure ulcers. Included in the staging process are modifications of the original four stages plus new categories: *deep tissue injury* and *unstageable*. In October 2008, the Centers for Medicare and Medicaid Services (CMS) put into effect "non-payable codes" for Stage III and Stage IV pressure ulcers that develop in a hospital setting. These changes underscore the need to understand Stage II pressure ulcer staging and assessment.

According to the NPUAP's former definitions, Stage II pressure ulcers were described as *partial-thickness skin loss involving the epidermis or dermis; the ulcer presents clinically as an abrasion, a blister, or a shallow crater*. In the new definition, Stage II is described *as partial-thickness loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough; the ulcer may also present as an intact or open/ruptured serum-filled blister*. Thus, if slough is noted at the base of the wound, it is not a Stage II ulcer.

After identifying the stage of the ulcer, the next step is to determine factors contributing to skin breakdown. Key elements to address are nutrition, incontinence, immobility, and location. Consider what is happening at the ulcer location to cause the breakdown. Are circumstances controllable? Ask the patient leading questions in a non-judgmental, inquisitive manner to glean important insights — eg, the patient admits to sleeping in the same position all day, leading to skin breakdown.

Stage II pressure ulcers are "ulcers of opportunity" because contributing causes can be identified and interventions implemented before further damage occurs. ■

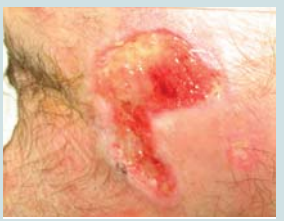
## Share your Pearls for Practice.

If your Pearl is selected for publication, you will receive cash honoraria or a free copy of *Chronic Wound Care IV.* Send your Pearls to the Editor: bzeiger@hmpcommunications.com.

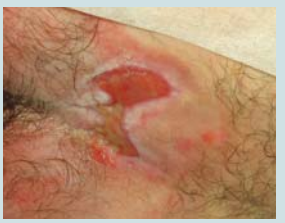
## Commentary from Ferris Mfg. Corp.

PolyMem® QuadraFoam® dressings help deliver improved healing results for Stage I through Stage IV pressure ulcers.[1-3] The continuous cleansing provided by the dressings helps reduce the risk of slough developing at the base of the ulcer. When applied to ulcers in which the base of the wound is obscured by slough, the dressings quickly help remove the slough while usually eliminating the need for additional wound bed cleansing during dressing changes.

In a representative case study,[1] an unstageable pressure ulcer was managed with enzymatic debriders for more than 2 months without improvement. When use of PolyMem Silver® Sacral dressings was initiated, the 4-cm x 4-cm wound was 40% covered with stringy slough and was 60% avascular. After 2 weeks of sacral dressing use, the long-stalled wound was fully granulated. The wound fully closed after only 6 weeks of PolyMem Silver Sacral dressing use.



**January 22: 4-cm x 4-cm wound is unstageable. PolyMem Silver Sacral dressings started.**



**February 5: After 2 weeks, the wound is 3 cm x 3 cm and fully granulated.**

### References

1. Wilson D. Quick Slough Removal, Granulation Formation and Wound Healing Using Polymeric Membrane Dressings. Poster presented at the National Pressure Ulcer Advisory Panel Conference. Arlington, VA. February 27–28, 2009.
2. Stenius M. Fast Healing of Pressure Ulcers in Spinal Cord Injured (SCI) People Through the Use of PolyMem Dressings. Poster presented at the European Wound Management Association. Lisbon, Portugal. May 2008.
3. Agathangelou C. Unique Dressing Provides Nutrients for Wound Closure in a Profoundly Malnourished Patient. Poster presented at the National Pressure Ulcer Advisory Panel Conference. Arlington, VA. February 27–28, 2009.

*Pearls for Practice is made possible through the support of Ferris Mfg. Corp, Burr Ridge, IL (www.polymem.com). The opinions and statements of the clinicians providing Pearls for Practice are specific to the respective authors and are not necessarily those of Ferris Mfg. Corp., OWM, or HMP Communications. This article was not subject to the Ostomy Wound Management peer-review process.*