NHS England

Classification and aetiology of pressure ulcers summary

Pressure ulcers arise when the skin and underlying soft tissues are damaged as a result of their blood supply being impaired by prolonged pressure.
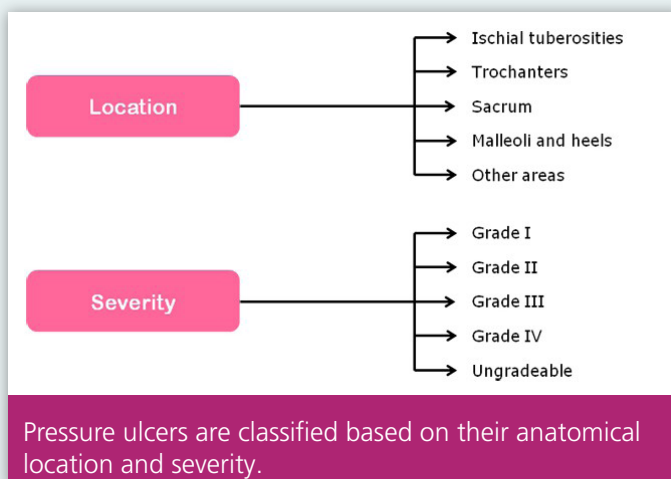
They tend to be encountered in people with reduced mobility who are confined to a bed, chair or wheelchair and so are not able to independently shift their position in order to relieve the pressure.

Extrinsic factors

- Pressure
- Shear
- Friction

Location → Ischial tuberosities / Trochanters / Sacrum / Malleoli and heels / Other areas

Severity → Grade I / Grade II / Grade III / Grade IV / Ungradeable

Pressure ulcers are classified based on their anatomical location and severity.

Intrinsic factors

- Advanced age
- Immobility
- Loss of sensation
- Malnutrition
- Excess moisture
- Trauma
- Mental health issues
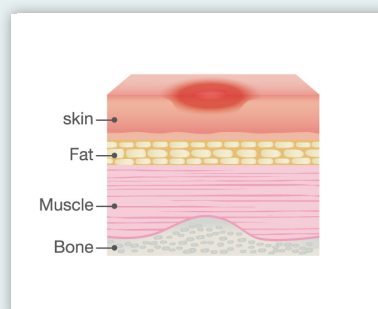- Other conditions e.g. heart / lung disease

The European Pressure Ulcer Advisory Panel (EPUAP) and American National Pressure Ulcer Advisory Panel (NPUAP) have developed a system of classification of pressure ulcers according to their severity.

Grade 1

Demonstrate non-blanching erythema of intact skin, which can be difficult to assess in patients with darker skin types.
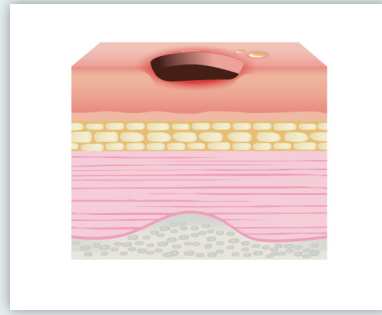
Other features may include oedema, induration and warmth of the skin overlying a bony prominence.

skin
Fat
Muscle
Bone

Grade 2

Demonstrate partial skin loss involving the epidermis, dermis or both.
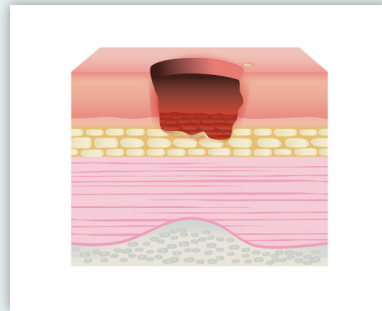
They present as shallow, open ulcers with red-pink wound beds.

Grade 3

Demonstrate full-thickness skin loss with damage to, or necrosis of, the subcutaneous tissue down to (but not through) the underlying fascia (i.e. the underlying muscle and bone are not exposed).
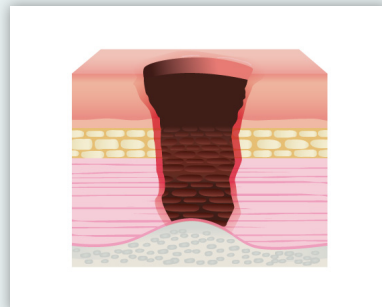
They present as a deep cavity, with or without undermining around the margins.

Grade 4

Grade IV pressure ulcers demonstrate full-thickness skin loss with extensive destruction, necrosis or damage to muscle, bone or supporting structures. Undermining and sinus tracts may also be present.

Patients with a grade IV pressure ulcer have a high-risk of developing life-threatening infection.

Ungradeable

Accurate grading is not possible if an eschar is present. These ulcers should be classified as ungradeable until the eschar has separated or been removed, at which time they can be reclassified.