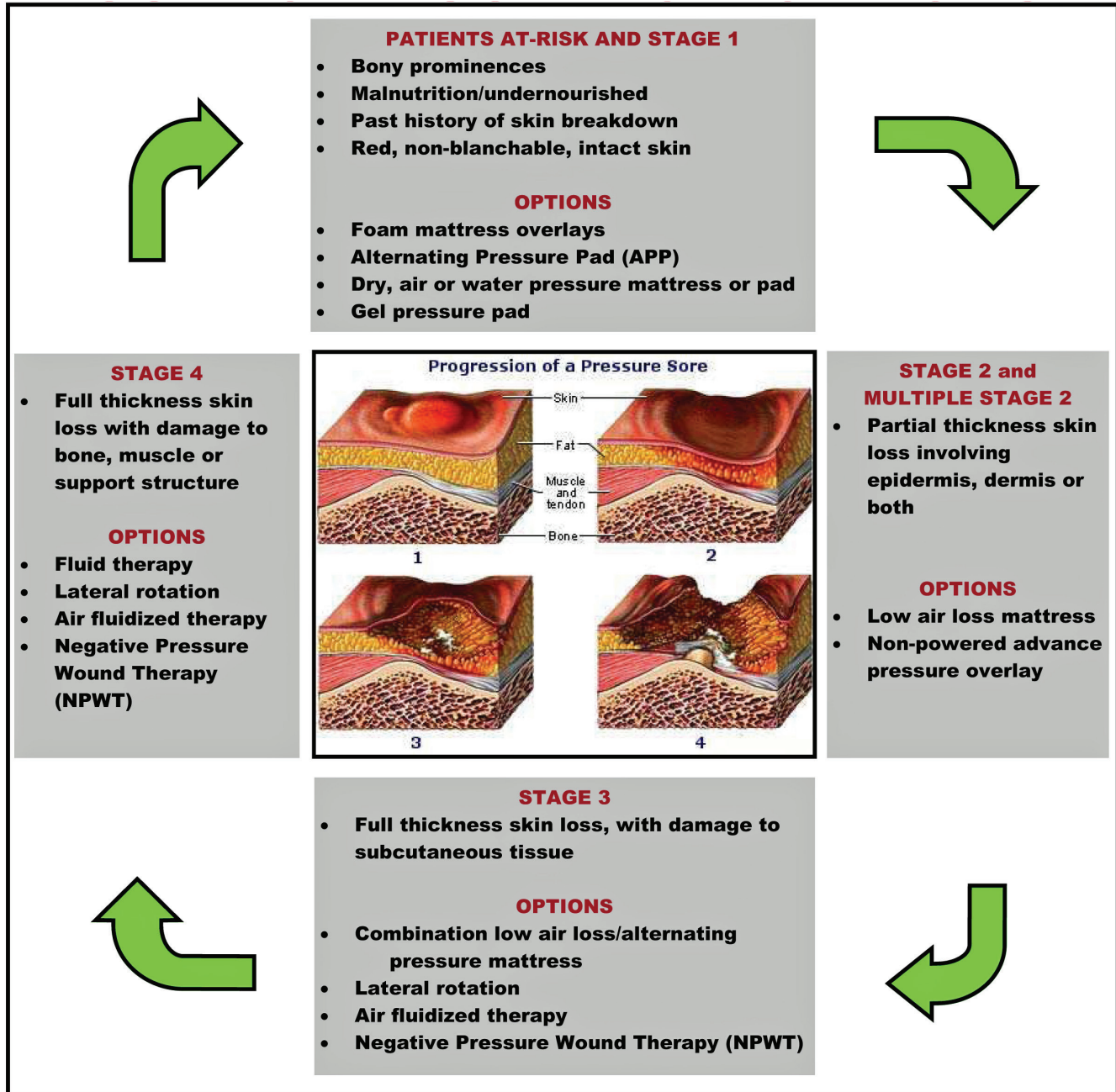




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Alternating Pressure/Low Air Loss



Lateral Rotation



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CAUSES OF WOUNDS AND POSSIBLE SOLUTIONS

*One or more of the following causes may be present for any individual wound

<u>Causes</u>	<u>Appearance</u>	<u>Solutions</u>
<u>Pressure</u> Extended exposure of skin to force greater than 37 mmhg	Wound edges are round and even	Alternating pressure Gel Therapy Lateral Rotation Wound Drainage
<u>Moisture/Heat</u> Excessive sweating Urinary incontinence	Uneven, puddling of wound often with a dark discoloration around perimeter	Low Air Loss Wound Drainage
<u>Shearing</u> Skin tears caused by transfers, repositioning	Feathered, bruised appearance under skin	Low Friction Covers
<u>Deep Tissue Injury</u> Damage to tissue where necrosis is occurring out of view, eventually manifesting as an open wound	Discoloration under tissue, often looks like a bruise	Alternating Pressure Low Air Loss Combination Therapy Gel Therapy Lateral Rotation
<u>Venous Insufficiency</u>		Compression Therapy Wound Drainage
<u>Dehiscd Surgical Incision</u>		Wound Drainage

STAGING WOUNDS

Stage 1

is non-blanchable erythema of intact skin -- the heralding lesion of skin ulceration. The ulcer appears as a defined area of persistent redness in lightly pigmented skin, where as in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.

Stage 2

is partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.

Stage 3

is full-thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

Stage 4

is full- thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts may also be associated with Stage 4 pressure ulcers.