







**Appendix 2: Staging of Pressure Injuries**

<b>STAGING OF PRESSURE INJURIES</b>			
	<p><b>STAGE 1:</b></p> <p>Intact skin with non-blanchable redness of a localized area usually over a bony prominence.            The area may be painful, firm, soft, warmer or cooler compared to adjacent tissue.</p>		<p><b>STAGE 2:</b></p> <p>Partial thickness skin loss involving the dermis.            The pressure injury may also present as an intact or open/ruptured serum-filled blister. Presents as a shiny or dry, shallow ulcer without slough or bruising.</p>
	<p><b>STAGE 3:</b></p> <p>Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to but not through, underlying fascia.            Slough may be present but does not obscure the depth of tissue loss.</p>		<p><b>STAGE 4:</b></p> <p>Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures (for example, tendon or joint capsule).</p>
	<p><b>UNSTAGEABLE PRESSURE INJURY:DEPTH UNKNOWN</b></p> <p>Full thickness tissue loss in which the base is covered by slough and /or eschar.            Until the slough and eschar is removed the true depth and stage cannot be determined.</p>		<p><b>SUSPECTED DEEP TISSUE INJURY: DEPTH UNKNOWN</b></p> <p>Purple or maroon localized area or discolored, intact skin or blood filled blister due to damage of underlying soft tissue.</p>

Source: Pan Pacific Clinical Practice National Guidelines for the Prevention and Management of Pressure Injury. Australian Wound Management Association 2012. Reprinted with permission.