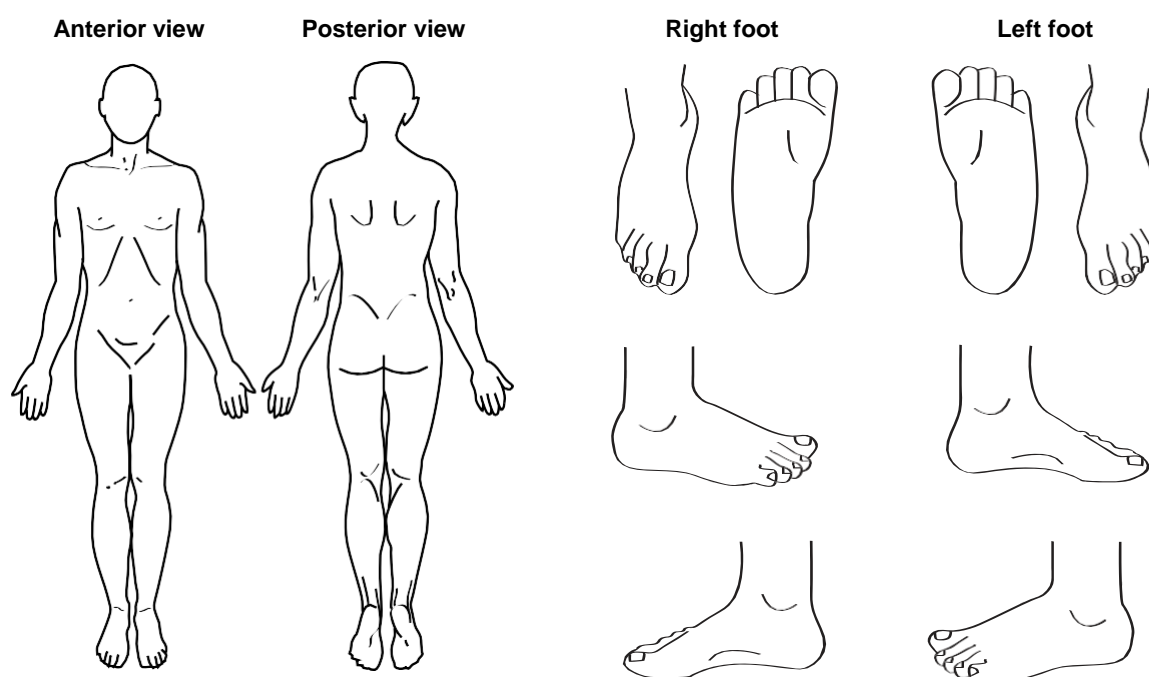


Pressure Ulcer Grade Recording Chart	Sheet No. _____	Addressograph, or Name: _____ DOB: __/__/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Unit No./CHI: _____
Patient's location:		
<ol style="list-style-type: none"> 1. Indicate by circling and numbering all pressure damage on the diagrams, then complete box below 2. Initiate care plan 3. Initiate Wound Assessment Chart if grade 2 and above 		



Date	Ulcer Number	Ulcer Location	Grade	Nurses's Signature
___/___/___				
___/___/___				
___/___/___				
___/___/___				
___/___/___				
___/___/___				
___/___/___				

Pressure Ulcer Grade Description

Grade 1

Non Blanching Erythema (redness) of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin

Grade 2

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

Grade 3

Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.

Grade 4

Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

Suspected Deep Tissue Injury

Epidermis will be intact but the affected area can appear purple or maroon or be a blood filled blister over a dark wound bed. Over time this skin will degrade and develop into deeper tissue loss. Once grade can be established this must be documented.

Ungradable

Full thickness skin/tissue loss where the depth of the ulcer is completely obscured by slough and/or necrotic tissue. Until enough slough and necrotic tissue is removed to expose the base of the wound the true depth cannot be determined. It may be a Grade 3 or 4 once debrided. Once grade can be established this must be documented.

Mucosal Pressure Ulcer

Pressure ulcers found on the mucous membranes with a history of a medical device in use at the location of the ulcer.

Any Pressure Ulcers Grade 2 and above which develop in your ward/departments/patient's home should be reported as a clinical incident