
Is it a Pressure Ulcer, or is it something else?

Different wound types and skin injuries can commonly be misdiagnosed and documented as pressure ulcers. Differentiating wounds is very important for identifying appropriate wound treatment.

Common conditions often misconstrued as pressure ulcers include:

- Skin tears
- Arterial Ulcers
- Diabetic Ulcers
- Venous Ulcers
- Perineal Dermatitis
- Friction
- Maceration
- Shear

Examples:

Skin Tear: A wound resulting from separation of the epidermis from the dermis. Typically found on the arms, hands and legs.
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Arterial Ulcer: A wound caused by impairment of arterial blood flow to an extremity. Typically found on the legs, feet, and toes.
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Diabetic Ulcer: An ulcer often caused by a combination of diabetes induced foot neuropathy, and diabetes induced vascular disease. Typically found on feet, heels, or toes.
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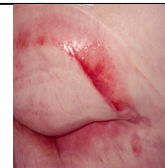
Venous Ulcer: A wound caused by a decrease in blood flow return from the lower extremities to the heart. This damage and loss of skin is typically found on the lower calf above the ankle.
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Perineal Dermatitis: Skin irritation that occurs most commonly from incontinence. Leads to irritation, inflammation, erosion, and/or infection. Typically located at the perineum, buttocks, and upper thighs.
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Friction: Resistance generated between two objects moving in opposite directions. Commonly occurs when moving residents.
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Maceration: Refers to skin changes seen when moisture is trapped against the skin for a prolonged period. The skin may soften, wrinkle, and turn white. Macerated skin can easily become infected with bacteria.
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Shear: Gravity and friction interact against the surface of the skin. Separation of tissue parallel to skin surface may occur.
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