

WHAT ARE THE 4 MAIN TYPES OF PRESSURE ULCER? THE EPUAP PRESSURE ULCER GRADING SYSTEM

The European Ulcer Advisory Panel (EPUAP) Pressure Ulcer Grading System offers a standardised and straightforward categorisation formulated by a panel of doctors, nurses and other tissue viability specialists. The EPUAP defines pressure ulcers as injuries to the skin and underlying tissue that are caused by prolonged pressure on the skin.[1]

Pressure ulcers, often known as bed sores or pressure sores, affect around 700,000 people in the UK each year.[2]

Pressure ulcers have an enormous impact on an individual's quality of life as they are associated with pain, discomfort, reduced mobility, isolation, depression, and infection. In rare cases, improper pressure ulcer treatment can become life-threatening.



Individuals that develop pressure ulcers typically have other comorbidities that impact their mobility and ability to change positions. Most pressure ulcers occur over the bony prominences of the body such as the elbows.

Despite being largely preventable, pressure ulcers remain one of the costliest wounds to treat in the NHS, averaging more than £1.4 million a day.[3]

Best practice guidance for pressure ulcers stresses the importance of implementing pressure-reducing strategies for at-risk individuals. In cases where a pressure ulcer has already developed, early identification and accurate classification are imperative for determining the treatment requirements of individual patients.

Using the EPUAP Pressure Ulcer Grading System to identify the severity of the pressure ulcer is one of the most important steps in treating an existing pressure ulcer.

EPUAP Pressure Ulcer Grading System

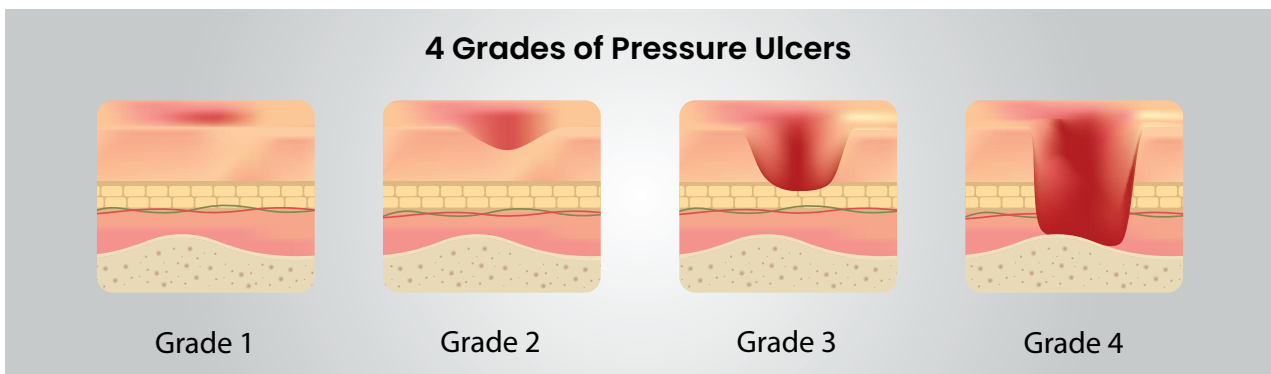
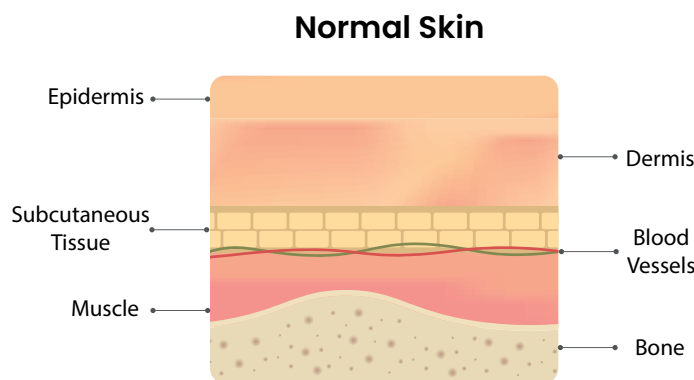
Grade 1: The skin is not broken, but requires monitoring and care. The skin appears reddened, even when no pressure has been applied. The skin will usually feel warmer and harder than the surrounding skin. It may also be more sensitive to pain.

Grade 2: A Grade 2 pressure ulcer involves partial-thickness skin loss. This means the top layers of the skin are damaged. The skin may resemble a superficial blister or abrasion.

Grade 3: A Grade 3 pressure ulcer is characterised by full-thickness skin loss. This is because all the skin's layers are damaged, and the wound extends into the subcutaneous tissue. The wound may be covered in slough (dead skin and pus) and there may be the presence of necrotic tissue (dead skin).

Grade 4: The wound and surrounding skin have sustained extensive damage, with much of it becoming necrotic. The muscles, tendons, and bones may also have significant damage. The wound is usually either covered in slough or has begun to scab.

Grades of Pressure Ulcers



Using the EPUAP's Pressure Ulcer Grading System requires a thorough understanding of the body's anatomy.

It requires knowledge of different types of tissue and being able to tell the difference between healthy and damaged tissue.

References:

1. *Beldon, Pauline. Categorising Pressure Ulcers: Getting it Right. Wound Essentials 2013; 8(1): 62*
2. *White, Katie. Clinical Audit of Examining Pressure Ulcer Incidence Among End-of-Life Patients. Wounds UK 2017; 12 (1): 42*
3. *Pressure Ulcers: Applying All Our Health, GOV.UK: Office for Health Improvement and Disparities, June 10, 2021, Pressure ulcers: applying All Our Health – GOV.UK (www.gov.uk)*

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Richardson Healthcare Ltd, 310 Centennial Avenue, Centennial Park,
Elstree, Hertfordshire, WD6 3TJ, UK.
Phone: +44 (0) 800 170 1126. Email: info@richardsonhealthcare.com
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