Pressure Injury Staging: Easy as Apple P.I.E

Follow this **P**ressure **I**njury **E**xplanation guide to explore the stages of a pressure injury and see comparisons to the state of an apple.

Stage 1

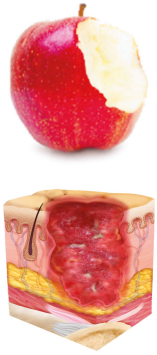
Intact skin with a localised area non-blanchable erythema, which may appear differently in darkly pigmented skin

Stage 2

Partial-thickness loss of skin with exposed dermis; wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister

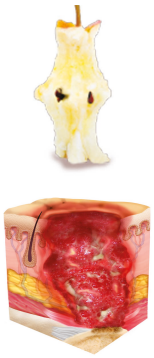
Stage 3

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are present



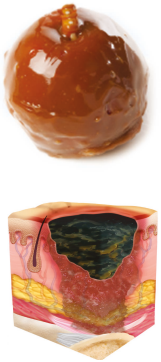
Stage 4

Full-thickness skin and tissue loss with directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer



Unstageable

Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar



Deep Tissue Pressure Injury (DTPI)

Intact or non-intact skin with localised area of persistent non-blanchable deep-red, -purple, and/or -maroon discolouration, or epidermal separation, revealing a dark wound bed or blood-filled blister

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