Brundage Group
EXCELLENCE IN REVENUE CYCLE

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Deep Tissue Injury

Pressure and non-pressure ulcers and deep tissue injuries should be documented in a timely fashion and using specific language (i.e., Present on Admission, when appropriate).

Pressure	**Non-Pressure**
Stage 1 – non-blanching erythema of intact skin	Skin breakdown
Stage 2 – abrasion, blister, partial thickness skin loss with exposed epidermis/dermis	Exposed fat
Stage 3 – full thickness skin loss involving damage or necrosis of subcutaneous tissue	Muscle necrosis
Stage 4 – necrosis of soft tissues through to underlying muscle, tendon or bone	Bone necrosis
Unstageable – obscured, full thickness skin and tissue loss; depth unknown	Unstageable
Cannot be determined	Cannot be determined

Site(s): Sacral, back, elbow, hip, heel, etc.

Measurements
Length, width, depth in tissue layers

LINK Causative factor(s)
Diabetes: w/ neuropathy, w/ vasculopathy
Infection (specify)
Shearing forces (moving in bed), mechanical stress (immobility in bed)

LINK Associated findings
Gangrene
Atherosclerosis of the lower extremities
Diabetic ulcers
Varicose ulcers

Staging: Can be coded from nursing documentation, but the clinician must document the presence of the wound

Each anatomic location must be documented when there is more than one skin injury, e.g., sacral and heel

Present on Admission

CRITICAL documentation element: Skin ulcers that are not Present on Admission are considered complications of hospital care.

Medscape slide show with examples – test your staging: https://reference.medscape.com/slideshow/classifying-pressure-injuries-6005748
Pressure Injury Staging – National Pressure Ulcer Advisory Panel (images & definitions) https://npuap.org/page/PressureInjuryStages