


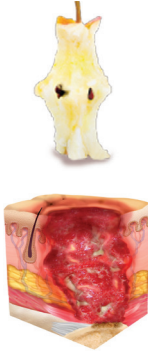




Pressure Injury Staging is as easy as Apple P.I.E.

Follow this **P**ressure **I**njury **E**xplanation guide to see how the state of an apple compares to the stage of a pressure injury.

<p>Stage 1</p> <p>Intact skin with a localized area non-blanchable erythema, which may appear differently in darkly pigmented skin.</p>		<p>Stage 2</p> <p>Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister.</p>	
<p>Stage 3</p> <p>Full-thickness loss of skin, in which adipose (fat) is visible in the injury and granulation tissue and epibole (rolled wound edges) are present.</p>		<p>Stage 4</p> <p>Full-thickness skin and tissue loss with directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the injury.</p>	
<p>Unstageable</p> <p>Full-thickness skin and tissue loss in which the extent of tissue damage within the injury cannot be confirmed because it is obscured by slough or eschar.</p>		<p>Deep Tissue Pressure Injury (DTPI)</p> <p>Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister.</p>	

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