STAGES OF BEDSORES

5 Phases of Pressure Injuries
HEALTHY SKIN

DEEP TISSUE INJURY

STAGE 1

STAGE 2

STAGE 3

STAGE 4

UNSTAGEABLE
HEALTHY SKIN
DEEP TISSUE INJURY

Deep Tissue Pressure Injury
STAGE 1 BEDSORE

Stage 1 Pressure Injury - Lightly Pigmented
STAGE 2 BEDSORE

Stage 2 Pressure Injury
STAGE 3 BEDSORE

Stage 3 Pressure Injury
STAGE 4
BEDSORE

Stage 4 Pressure Injury
UNSTAGEABLE BEDSORE

Unstageable Pressure Injury - Slough and Eschar
Pressure Injury: A pressure injury is localized damage to the skin and underlying soft tissue, usually over a bony prominence. The injury occurs as a result of intense and/or prolonged pressure.

Stage 1: A sore or localized area of redness that may have changes in sensation, temperature, or firmness. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2: Partial-thickness skin loss with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured blister.

Stage 3: Full-thickness loss of skin, in which fat is visible in the ulcer and granulation tissue and rolled wound edges are often present. The depth of tissue damage varies by anatomical location. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed.

Stage 4: Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Dead tissue may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location.

Information from: National Pressure Ulcer Advisory Panel
Deep Tissue and Unstageable

**Unstageable Pressure Injury:**
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 (dead tissue).

**Deep Tissue Pressure Injury:**
Persistent deep red, maroon or purple discoloration. A dark wound or blood filled blister. Pain and temperature change often precede skin color changes. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss.

Information from: National Pressure Ulcer Advisory Panel
If you notice a bedsore on yourself or your loved one, and you suspect nursing home abuse or neglect, call us today!

Our trial attorneys represent victims of nursing home abuse and neglect. When a nursing home’s negligent care leads to a resident’s serious injury or death, we hold the nursing home accountable. We’ve recovered millions for nursing home residents, and their families, who have suffered abuse or neglect at the hands of someone they should have been able to trust. We believe that all long-term care residents deserve to live in a safe and positive environment, and that families deserve the peace of mind their loved one is well taken care of.