

ARE YOU REALLY  
**LOOKING?**  
ARE YOU REALLY  
**LISTENING?**

## TOP TIPS FOR CATEGORISING A PRESSURE ULCER

1. Ensure you have good lighting so you can see the pressure area clearly, If dark skin moistening the skin may help see discolouration
2. Ensure the patient is in a stable and comfortable position to give you adequate time to assess the skin / their wound. Ensure the individual has had appropriate and adequate analgesia
3. Clean the wound and surrounding skin prior to completing your assessment
4. Remove any loose tissue or debris
5. Photograph the wound as a record of what you saw
6. Have a copy of the categorisation tool, describe the wound and ask a colleague to circle the words used in your description, this may help you select the category
7. Think about the location of the wound on their body, what tissue types are present in that area. Is there bone present, is there muscle are neither of these present? What about
8. Don't just rely on what you can see, use your hands to check temperature and texture
9. Ask the patient about the presence of any pain, numbness or itching
10. If a blister try shining a light through to determine the colour / type of fluid

**Society**  
of Tissue  
Viability



**National Wound Care  
Strategy Programme**

**STOP**   
**PRESSURE**   
18<sup>th</sup>-22<sup>nd</sup> NOVEMBER 2024