

Is This a Pressure Ulcer or Another Wound?

	Pressure	Arterial	Diabetic	Venous	Incontinence Associated Dermatitis	Intertriginous Dermatitis
Photograph						
Location	Usually on bony prominences	Tips of toes, between toes, lower leg	Bottom of foot, especially on metatarsal heads	Lower leg, especially around ankle	In folds of buttocks, perineum	Between folds of skin
Size and Shape	Variable length and depth depending on stage	Small wounds, sharp borders	Even wound edges, callus often present	Irregular shaped shallow wounds	Small open areas in skin exposed to moisture	Small open wounds
Wound bed	Varies by stage, can be red and intact, purple, blistered, open and shallow or deep	Pale wound, may have dried exudate (scabs)	Granulation tissue or necrotic tissue	Bright red and granular, small amounts of slough common, tunneling and undermining not seen	Bright red, no slough or undermining or tunneling	Bright red, no slough or undermining
Exudate	Variable from serous to purulent depending on inflammation	Minimal due to poor blood flow	Variable from serous to purulent if infection is present	Large amounts of serous (if limb is swollen), can become purulent if infection present	No drainage from wounds, skin may have odor of stale urine	Light serous and perspiration, if any at all
Surrounding skin	May be normal, or edematous or erythematous, especially if inflamed. May also be healed ulcer	Erythematous halo or fluctuance if infected	May be normal or have fluctuance if inflamed or infected	May be macerated, crusted or scaling	Inflamed, red, at times shiny	Normal in areas that are dry
Pain	Painful at all stages	Cramping pain in leg especially when elevated	No pain due to neuropathy	Aching pain especially if leg lower than body	Burning sensation especially when exposed to urine or during cleaning	Burning, may be itchy if fungal infection present