



What type of wound is it?

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Each issue, *Apple Bites* brings you a tool you can apply in your daily practice.

One of the most important—and most difficult—steps in wound management is to determine the etiology of the wound. Incorrect wound identification can result in delayed or no healing, can waste money, and can create problems for you if misidentification causes you to embark on incorrect care.

Determining wound etiology requires a

Characteristics of wound types

	Pressure	Incontinence-associated dermatitis	Intertriginous dermatitis	Arterial	Venous	Neuropathic (diabetic)
Location	<ul style="list-style-type: none"> At any site Over bony prominences 	<ul style="list-style-type: none"> Fatty tissue of buttocks Perineum Inner thigh Groin Possibly over bony prominence 	<ul style="list-style-type: none"> Intergluteal cleft Skin folds Beneath pannus Beneath breasts Groin crease 	<ul style="list-style-type: none"> Tips of toes Between toes Over phalangeal heads Around lateral malleolus Pressure points from foot wear 	<ul style="list-style-type: none"> Medial lower leg and ankle Malleolar area Seldom on foot or above knee 	<ul style="list-style-type: none"> Plantar aspect of foot Over metatarsal heads Beneath heel Toes Areas of foot exposed to repetitive trauma
Distribution	<ul style="list-style-type: none"> Isolated individual ulcers 	<ul style="list-style-type: none"> Consolidated or Patchy 	<ul style="list-style-type: none"> Mirror image on each side of skin fold 	<ul style="list-style-type: none"> Isolated individual lesions 	<ul style="list-style-type: none"> Isolated lesions 	<ul style="list-style-type: none"> Isolated individual lesions
Shape	<ul style="list-style-type: none"> Rounded, craterlike shape Shape of object that caused pressure 	<ul style="list-style-type: none"> Diffuse Kissing ulcer (copy on both sides) Anal cleft between buttocks; linear shape 	<ul style="list-style-type: none"> Linear 	<ul style="list-style-type: none"> Round Even wound margins Punched-out appearance 	<ul style="list-style-type: none"> Irregular Poorly defined 	<ul style="list-style-type: none"> Well defined Round or oblong

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comprehensive and holistic wound assessment with a full review of clinical characteristics and the systemic, psychosocial, and local factors that affect wound healing. The above chart shows some of the most common findings according to the type of wound.

Nancy Morgan, cofounder of the Wound Care Education Institute, combines her expertise as a Certified Wound Care Nurse with an extensive background in wound care education and program development as a nurse entrepreneur.

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Characteristics of wound types (continued)

	Pressure	Incontinence-associated dermatitis	Intertriginous dermatitis	Arterial	Venous	Neuropathic (diabetic)
Depth	<ul style="list-style-type: none"> • Partial or • Full thickness 	<ul style="list-style-type: none"> • Partial thickness 	<ul style="list-style-type: none"> • Partial thickness 	<ul style="list-style-type: none"> • Shallow to deep 	<ul style="list-style-type: none"> • Superficial • Deep, with associated complications 	<ul style="list-style-type: none"> • Deep
Wound bed	<ul style="list-style-type: none"> • Erythema • Slough • Eschar • Granulation • Epithelial • Bone • Ligaments • Tendons 	<ul style="list-style-type: none"> • Nonuniform redness • Pink/white • Perianal redness • No necrosis 	<ul style="list-style-type: none"> • Mild erythema • Inflammation with erosion • Oozing • Exudation • Maceration • Crusting 	<ul style="list-style-type: none"> • Pale • Slough • Eschar • Epithelial • Nongranular • Minimal exudate 	<ul style="list-style-type: none"> • Red, ruddy, granular • Possible slough or eschar • Moderate to heavy exudate 	<ul style="list-style-type: none"> • Varies • Granular • Necrotic • Pale if coexisting arterial disease
Surrounding skin	<ul style="list-style-type: none"> • Varies • Nonblanchable erythema 	<ul style="list-style-type: none"> • Varies 	<ul style="list-style-type: none"> • Maceration • Secondary bacterial or fungal infections 	<ul style="list-style-type: none"> • Pale • Hairless • Cyanosis • Cool to touch • Skin thin and shiny 	<ul style="list-style-type: none"> • Dry or wet thin, scaly skin • Lipodermatosclerosis • Hemosiderin • Firm edema • Evidence of healed ulcers 	<ul style="list-style-type: none"> • Callused
Associated findings	<ul style="list-style-type: none"> • Pressure or shear must be present. 	<ul style="list-style-type: none"> • Moisture must be present. • If necrosis occurs, reassess for pressure. 	<ul style="list-style-type: none"> • Pain, itching, burning, and odor • Perspiration with or without friction 	<ul style="list-style-type: none"> • Absent or diminished pulses • ABI* ≤ 0.9 • Intermittent claudication • Resting pain 	<ul style="list-style-type: none"> • Perfusion diminished with coexisting arterial disease • Dilated superficial veins • Dry, thin skin 	<ul style="list-style-type: none"> • Diminished or absent sensation in foot • Foot deformities • Palpable pulses • Warm foot