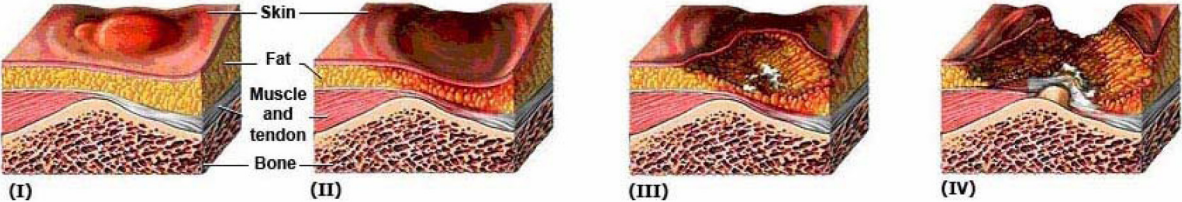


STAGE I : Skin is intact, erythematous (reddened), and does not blanch. Skin may be firm or boggy, warm or cool to the touch, painful or itchy. Indicators in darker skin are a dark red, blue or purple area; warmth; edema; induration, or hardness.

STAGE II : Superficial ulceration of the skin, appearing as an abrasion, a blister, or a crater. Partial thickness skin loss (dermis or epidermis, or both).

STAGE III : A deep crater; full thickness loss of skin tissue, also involving fascia.

STAGE IV : Full thickness skin loss, with damage to bone, muscles, tendons, or joint capsules. May involve sinus tracts.



progression of pressure ulcer

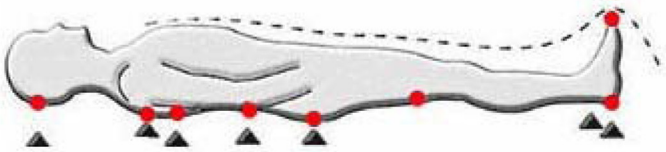


Figure 2a: Stages of pressure ulcer and Pressure distribution profiles for the supine reclining.

* illustrations "www.iasis-project.eu"