

Appendices

Appendix A - Definitions

General definitions

WoundsWest utilised the following definitions and categories throughout the state-wide survey:

Competency testing	Testing of surveyors (following their exposure to an education program) to ensure consistency and agreement between surveyors in identifying and classifying wounds, i.e. pressure ulcers as well as engendering reliability in data outcomes.
Hospital-acquired	No documentation recording the presence of the wound was identified within the first 24 hours of admission; it is presumed the wound was acquired between admission and day of survey.
Incidence	The number of new cases of a particular disease or event in a population during a specific time period [7, 8, 25].
Prevalence	The number of existing cases of a particular disease or condition in a given population at a designated time [1]. Prevalence is represented as a proportion in this report.
Wound	A break in the epidermis or dermis that can be related to trauma or to pathological changes within the skin and body [1]. For this survey - excluding punctures in the skin made for the purposes of a central venous, peripheral, intrathecal, epidural or any other access line.
Wound category	WoundsWest used 7 groups to categorise wounds for data collection. These groups are: <ul style="list-style-type: none"> • Acute wounds (included surgical and traumatic) • Burns • Leg ulcers • Malignant wounds • Other wounds • Pressure ulcers¹ • Skin tears².

¹ Pressure ulcers were staged according to the Australian Wound Management Association Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers (See Appendix C).

² Skin tears were classified according to the STAR Tool (See Appendix C).

Appendix B - Project overview & governance

Further information on the WoundsWest project can be viewed at www.health.wa.gov.au/woundswest.

Project overview

Stage	Major tasks & milestones	Completed by
Year 1	(note - project year is November to October)	
	Appoint Director Establish Advisory Committee Launch project	Nov 2006
1	A. Pilot wound prevalence survey. B. Education planning and priority setting. C. Scoping and development of technical specifications for IT needs.	Mar 2007
2	A. Review of pilot survey data and methodology. B. Development of educational material for surveyors. B. Recruitment of Education Project Officers.	Apr 2007
3	A. State-wide wound prevalence survey 1. B. Development of educational material for core wound module. C. Development of detailed IT business model & technical specifications.	Jun 2007 Aug 2007
4	A. Analysis and reporting of survey 1 data. A. Investigate methods for determining cost implications of prevention and management of wound categories. B. Rollout of core wound education module. B. Development and rollout of educational material for wound categories 1 & 2 and commence development of educational material for wound categories 3 & 4. C. Development of recommendations for end-user devices. C. Contract with IT vendor in place. C. Commence development of wound imaging and remote referral software modification.	Sep 2007 Oct 2007
Year 2		
5	A. Development of recommendations for other health sector data collection (community & residential). A. Investigate methods to audit implementation and effectiveness of evidence-based wound management. B. Recruitment and associated process development of WoundsWest Wound Consultant Team (WWCT). C. Purchase and commissioning of WoundsWest server. C. Limited trial of wound imaging and documentation remote referral software.	Dec 2007 Jan 2008 Mar 2008
6	A. State-wide prevalence survey 2. B. Rollout of educational material for wound categories 3 & 4 and development of educational material for wound categories 5 & 6. B. Induction, training and trial of WWCT process. C. Review trial & plan for initial rollout of wound imaging and documentation remote expert referral system. C. Commencement Phase 1 rollout of wound imaging and documentation remote expert referral system.	May 2008 Jun 2008
7	A. Analysis and reporting of survey 2 data. B. Rollout of educational material for wound categories 5 & 6. Development of education materials for wound categories 7 & 8. B. Rollout of WWCT process. C. Review initial rollout and plan for Phase 2 rollout of wound imaging and documentation remote expert referral system.	Sep 2008

Stage	Major tasks & milestones	Completed by
Year 3		
8	<ul style="list-style-type: none"> A. State-wide prevalence survey 3. B. Rollout of educational material for wound categories 7 & 8. B. Review and refine WWCT process. C. Complete Phase 3 rollout of wound imaging and documentation remote expert referral system. C. Development of recommendations for other sector rollout (community & residential). 	May 2009
9	<ul style="list-style-type: none"> A. Analysis and reporting of survey 3 data. B. Evaluate WWCT process and development of recommendations for maintenance/ongoing program. C. Evaluate wound imaging and documentation remote expert referral system and development of recommendations for maintenance/ongoing program including usage data. 	Sep 2009
10	Finalisation and handover of project deliverables and/or ongoing processes to maintenance teams/departments.	Oct 2009

Project governance

Dr Neal Fong, Director General of Health is the WoundsWest project Patron.

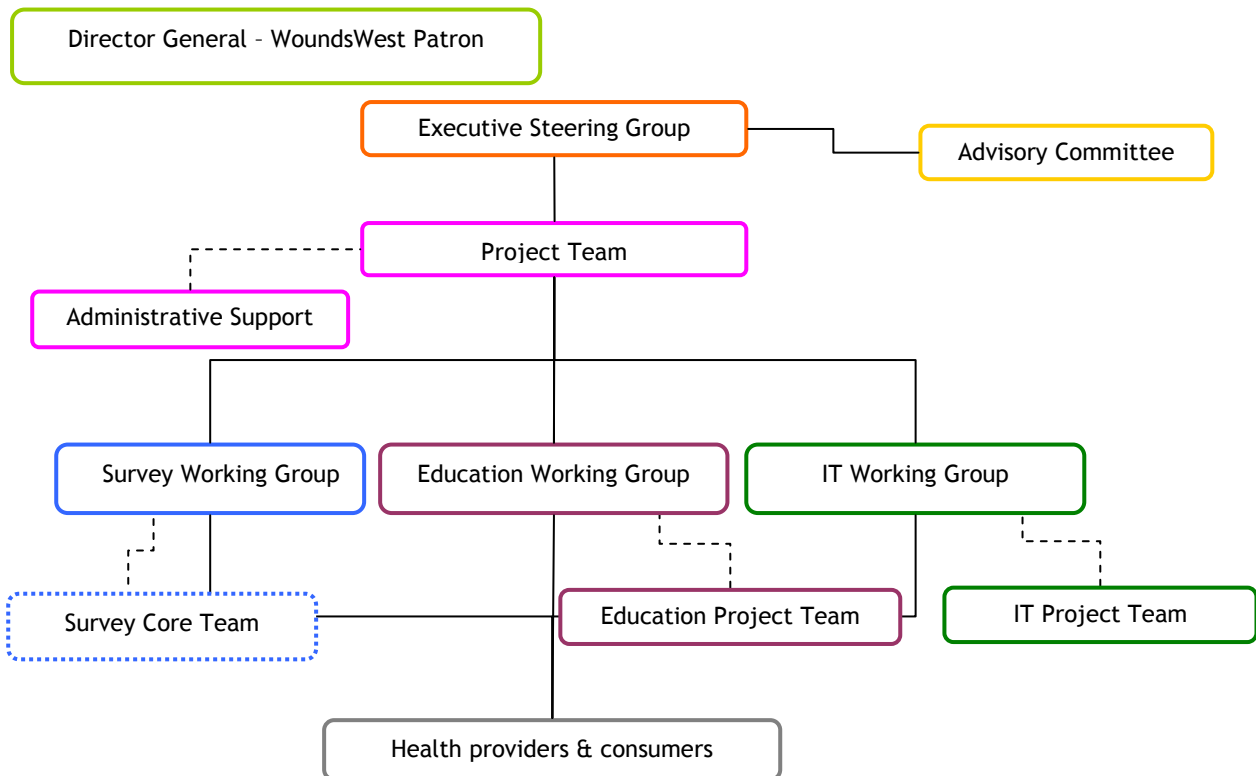
WoundsWest Executive Steering Group members: Ms Ros Elmes (Executive Sponsor), Assoc Prof Keryln Carville, Mr Peter Collard (from October 07), Dr Phillip Della, Mr Jon Harrison (till October 07), Dr Jenny Prentice, Prof Nick Santamaria, Mrs Veronica Strachan.

WoundsWest Advisory Committee members: Dr Phillip Della (Chair), Assoc Prof Keryln Carville, Ms Nola Cruickshank, Prof Jill Downie, Ms Ros Elmes, Mr Laurie Foley, Dr Rhonda Marriott, Ms Kathy McClure, Ms Sunita McGowan, Dr Jenny Prentice, Mr Graham Prior, Mr Sudhakar Rao, Ms Sue Robinson, Prof Nick Santamaria, Prof Michael Stacey, Ms Catherine Stoddart, Prof Bryant Stokes, Mrs Veronica Strachan, Dr Shiong Tan, Dr Helen Van Gessel, Prof Fiona Wood.

WoundsWest Survey Working Group members: Dr Jenny Prentice, Assoc Prof Gavin Leslie, Adj Assoc Prof Gill Lewin, Ms Sunita McGowan, Ms Nelly Newall, Ms Robyn Rayner, Mr Michael Rosenberg, Mrs Veronica Strachan, Ms Jeanne Young.

WoundsWest Core Team members (group formed for undertaking the survey only): Ms Donna Angel, Mr Rob Calcraft, Ms Beth Campbell, Ms Adele Dukamp, Ms Mandy Dobbs, Ms Marg Edmondson, Ms Kit Fielder, Ms Angela Hamilton, Ms Kirsty Holding, Ms Sue Hoskin, Ms Juliet Keaton, Ms Narelle King, Ms Sharon Lobb, Ms Judy Mackintosh, Ms Sharon McDavitt, Ms Pam Morey, Ms Sarah Piesse, Ms Nelly Ogier, Ms Robyn Rayner, Ms Helma Riddell, Ms Sheilah Schmidt, Ms Kathy Smith, Ms Jenny Spencer, Ms Jemma Watson, Ms Rae Webb, Ms Teresa Williams, Mr Thomas Woodage, Ms Jeanne Young.

Figure B1. WoundsWest project governance



Appendix C - Additional results

Demographic variables

Tables C1 and C2 below show the demographic variables for the total population (n = 2,979). There were no significant differences in age or gender between those that consented to a skin inspection and those who declined.

Table C1. Demographic variable - age

Consent status	Age					
	Mean	Count	Std Dev ¹	Range	Min	Max
No	54	202	25	98	0	98
Yes	56	2,777	27	102	0	102
Total population	56	2,979	27	102	0	102

Notes:

¹ Std Dev = standard deviation

p value for ANOVA was 0.270

Table C2. Demographic variable - gender

Consent status	Female		Male		Total	
	Count	%	Count	%	Count	%
No	118	58.4%	84	41.6%	202	100.0%
Yes	1,491	53.7%	1,286	46.3%	2,777	100.0%
Total	1,609		1,370		2,979	

Note:

p-value for a chi-square test was 0.193

Response fraction to skin inspection

The overall response fraction was 93% (n=2,777), see Table C3 below.

Table C3. Response fraction to skin inspection

Reason	Number of patients with each response	%
Consented to skin inspection	2,777	93.2%
No/declined	97	3.3%
No/other ¹	61	2.0%
No/too ill	44	1.5%
Total	2,979	100.0%

Note:

¹ 'No/other' included patients absent from the ward at the time of the survey who may have been in operating theatre, other departments or in active labour.

Referral source

The referral source for the consented population is shown in Table C4 below.

Table C4. Referral source for consented population

Referral source	Patients	Proportion of total patients ¹	Wounds	Proportion of total wounds ²
Another Hospital	546	19.7%	631	22.0%
Another institution	40	1.4%	45	1.6%
Community Services	64	2.3%	39	1.4%
Emergency Dept	1,261	45.4%	1,175	41.0%
GP	279	10.0%	191	6.7%
Outpatient Dept	287	10.3%	413	14.4%
Re-admission	39	1.4%	30	1.0%
Specialist Rooms	261	9.4%	343	12.0%
Total	2,777	100.0%	2,867	100.0%

Notes:

¹ Proportion = number of patients referred from this referral source/total number of patients who consented to a skin examination

² Proportion = number of wounds identified on patients referred from this referral source/total number of patients who consented to a skin examination

Admission source

The admission source for the consented population is shown in Table C5 below.

Table C5. Admission source

Admission source	Patients ¹	Proportion	Consented patients	Proportion
Elective	1,064	36%	986	36%
Emergency	1,915	64%	1,791	64%
Total	2,979	100%	2,777	100%

Note:

¹ n = includes all patients whether they consented to a skin inspection or not (2,797)

Wound prevalence by hospital

Wound prevalence by hospital is noted in Table C6.

Table C6 Prevalence by hospital

Hospital number	Number of patients consented to skin examination	Number of patients with 1 or more wounds	Prevalence
1	98	40	41%
2	46	23	50%
3	347	205	59%
4	136	78	57%
6	166	64	39%
7	9	4	44%
8	103	55	53%
9	92	45	49%
10	125	50	40%
11	46	26	56.5%
12	490	263	54%
13	140	70	50%
14	400	213	53%
15	14	3	21%
16	87	30	34.5%
17	53	17	32%
18	3	3	100%
19	2	0	0%
20	1	0	0%
21	1	1	100%
22	2	0	0%
23	16	7	49%
24	5	1	20%
25	25	13	52%
26	8	4	50%
27	14	5	36%
28	4	1	25%
31	4	4	100%
32	17	10	59%
33	2	0	0%
34	4	1	25%
35	11	7	64%
37	1	0	0%
38	44	27	61%
39	1	1	100%

Hospital number	Number of patients consented to skin examination	Number of patients with 1 or more wounds	Prevalence
41	3	0	0%
42	8	2	25%
43	1	0	0%
44	46	16	35%
45	6	1	17%
46	2	0	0%
47	1	0	0%
50	17	9	53%
51	2	0	0%
54	6	4	67%
55	1	0	0%
56	7	3	43%
57	4	1	25%
58	1	1	100%
60	1	0	0%
61	3	0	0%
62	5	3	60%
63	7	1	14%
64	5	2	40%
65	3	2	67%
67	19	6	32%
68	3	0	0%
69	1	0	0%
71	2	1	50%
73	6	2	33%
74	17	3	18%
75	1	1	100%
78	58	26	45%
80	3	1	33%
82	14	6	43%
83	1	0	0%
84	3	1	33%
86	3	0	0%
Total state	2,777	1,363	49%

Table C7. Demographic detail - consent & age

Consent Status	Age					
	Mean	Count	Std Dev	Range	Min	Max
No/Declined	53	97	25	93	5	98
No/Other	51	61	26	88	0	88
No/Too Ill	62	44	24	87	4	91
Yes	56	2777	27	102	0	102
Total	56	2979	27	102	0	102

Note:

There were no significant differences in age between these groups, the p-value from the ANOVA was 0.085

Table C8. Demographic detail - consent & gender

Consent Status	Female		Male		Total	
	Count	%	Count	%	Count	%
No/Declined	61	62.9%	36	37.1%	97	100.0%
No/Other	31	50.8%	30	49.2%	61	100.0%
No/Too Ill	26	59.1%	18	40.9%	44	100.0%
Yes	1491	53.7%	1286	46.3%	2,777	100.0%
Total	1609	54.0%	1370	46.0%	2,979	

Note:

There was no significant difference between gender and consent status, the p-value for a chi-square test was 0.273.

Appendix D - Regional group membership

The following table details the membership of the hospitals in each of the regional groups who contributed patient data to the survey.

Regional Group	Health Service
Metropolitan	
North Metropolitan Health Service	King Edward Memorial Hospital
	Osborne Park Hospital
	Sir Charles Gairdner Hospital
	Swan Kalamunda Health Service - Kalamunda Hospital Campus
	Swan Kalamunda Health Service - Swan District Hospital Campus
Other Metropolitan Health Service	Joondalup Health Campus
	Peel Health Service
Princess Margaret Hospital for Children	Princess Margaret Hospital for Children
South Metropolitan Health Service	Armadale-Kelmscott Memorial Hospital
	Bentley Hospital
	Fremantle Health Service - Fremantle Hospital Campus & Kaleeya Hospital Campus
	Murray Hospital
	Rockingham/Kwinana District Hospital
	Royal Perth Hospital Wellington Street Campus
	Royal Perth Hospital Shenton Park Campus
Country	
Integrated District Health Service	Busselton Hospital
	Carnarvon Hospital
	Collie Hospital
	Derby Hospital
	Esperance Hospital
	Katanning Hospital
	Kununurra Hospital
	Margaret River Hospital
	Merredin Health Service
	Moora Hospital
	Narrogin Hospital
	Newman Hospital
	Nickol Bay Hospital
	Northam Hospital
	Warren Hospital
Regional Health Service	Albany Hospital
	Broome Hospital
	Geraldton Hospital
	Kalgoorlie Hospital
	Port Hedland Hospital
	South West Health Campus

Regional Group	Health Service
Country (continued)	
Small hospital	Augusta Hospital
	Beverley Hospital
	Boddington Hospital
	Boyup Brook Soldiers Memorial Hospital
	Bridgetown Hospital
	Bruce Rock Memorial Hospital
	Corrigin Hospital
	Denmark Hospital and Health Service
	Dongara Eneabba Mingenew Health Service
	Donnybrook Hospital
	Fitzroy Crossing Hospital
	Gnowangerup Hospital
	Halls Creek Hospital
	Harvey Hospital
	Kalbarri Health Centre
	Kellerberrin Memorial Hospital
	Kojonup Hospital
	Lake Grace Hospital
	Meekatharra Hospital
	Morawa Health Service
	Nannup Hospital
	Narembeen Memorial Hospital
	Norseman Hospital
	Northampton Kalbarri Health Service
	Onslow Hospital
	Pemberton Hospital
	Plantagenet Hospital
	Quairading Hospital
	Tom Price Hospital
	Wongan Hills Hospital
Wyalkatchem-Koorda and Districts Hospital	
York Hospital	

Appendix E - Number of hospital bed group membership

The following table details the membership of the hospitals in each of the number of hospital beds groups who contributed patient data to the survey. Number of hospital beds represents the number of available acute inpatient beds as provided by the site coordinator not the number of eligible patients on the day of survey.

Bed Size Group	Health Service
A (300+ beds)	Fremantle Health Service - Fremantle Hospital Campus & Kaleeya Hospital Campus
	Royal Perth Hospital Wellington Street Campus
	Sir Charles Gairdner Hospital
B (150-299 beds)	Joondalup Health Campus
	King Edward Memorial Hospital
	Princess Margaret Hospital for Children
	Royal Perth Hospital Shenton Park Campus
C (100-149 beds)	Armadale-Kelmscott Memorial Hospital
	Osborne Park Hospital
	Peel Health Service
	Swan Kalamunda Health Service - Swan District Hospital Campus
D (50-99 beds)	Albany Hospital
	Bentley Hospital
	Geraldton Hospital
	Kalgoorlie Hospital
	Rockingham/Kwinana District Hospital
	South West Health Campus
E (20-49 beds)	Broome Hospital
	Busselton Hospital
	Carnarvon Hospital
	Collie Hospital
	Derby Hospital
	Esperance Hospital
	Katanning Hospital
	Kununurra Hospital
	Margaret River Hospital
	Merredin Health Service
	Murray Hospital
	Narrogin Hospital
	Nickol Bay Hospital
	Northam Hospital
	Port Hedland Hospital
Swan Kalamunda Health Service - Kalamunda Hospital Campus	
Warren Hospital	

Bed Size Group	Health Service
F (0-19 beds)	Augusta Hospital
	Beverley Hospital
	Boddington Hospital
	Boyup Brook Soldiers Memorial Hospital
	Bridgetown Hospital
	Bruce Rock Memorial Hospital
	Corrigin Hospital
	Denmark Hospital and Health Service
	Dongara Eneabba Mingenew Health Service
	Donnybrook Hospital
	Fitzroy Crossing Hospital
	Gnowangerup Hospital
	Halls Creek Hospital
	Harvey Hospital
	Kalbarri Health Centre
	Kellerberrin Memorial Hospital
	Kojonup Hospital
	Lake Grace Hospital
	Meekatharra Hospital
	Moorabool Hospital
	Morawa Health Service
	Nannup Hospital
	Narembeen Memorial Hospital
	Newman Hospital
	Norseman Hospital
	Northampton Kalbarri Health Service
	Onslow Hospital
	Pemberton Hospital
	Plantagenet Hospital
	Quairading Hospital
	Tom Price Hospital
	Wongan Hills Hospital
	Wyalkatchem-Koorda and Districts Hospital
York Hospital	

Appendix F - Wound categories

The following table shows the categories and subcategories used for wound data collection during the survey.

Category	Subcategory
Acute	Abscess
	Dehiscence
	Donor site
	Drain site
	Fistula
	Flap
	Laceration
	Peri-stomal breakdown
	Pilonidal sinus
	Pin site
	Skin graft
	Suture line
	Unstitched surgical incision
	Unseen/unsure
Burns	Partial <10%
	Partial 10-20%
	Partial >20%
	Full <10%
	Full 10-20%
	Full >20%
Leg Ulcer	Arterial
	Venous
	Mixed
	Neuropathic
	Unseen/unsure
Pressure Ulcer	Stage 1
	Stage 2
	Stage 3
	Stage 4
	Unseen/unsure
Skin Tears	Category 1a
	Category 1b
	Category 2a
	Category 2b
	Category 3
	Unseen/unsure
Malignant	
Other	

Appendix G - Wound definitions

For the purposes of the WoundsWest Wound Prevalence Survey 2007, the following definitions were used.

WOUND

A break in the epidermis or dermis that can be related to trauma or to pathological changes within the skin and body¹, (excluding punctures in the skin made for the purposes of a central venous, peripheral, intrathecal, epidural or any other access line).

ACUTE

Abscess - A localised collection of pus in any anatomical site. It may be associated with sinus (cavity) formation or sinus tracking as a result of spontaneous rupture or surgical incision and drainage

Dehiscence - Partial or complete separation of the wound union that has, or previously had, sutures, staples or surgical tape in situ and which results in an open cavity or sinus.

Donor site - A partial or full thickness skin graft has been removed from an anatomical site and a loss of epidermis and dermis results

Drain site - **Any** capillary drain site (i.e. Penrose, Portex, Yeates, corrugated drain) or negative pressure drain site (i.e. Redivac, Survac, Haemovac, Medinorm, sump, axiom drain) or percutaneous drain site (supra-pubic, gastrostomy, jejunostomy, biliary, pancreatic, nephrostomy, tracheostomy drain or stent, T-tube, Foley's catheter). Includes any drainage tube in situ or where a drainage tube has been removed and the wound continues to drain exudate.

Fistula - An abnormal track that connects one epithelial surface to another or an organ to another organ. Fistulae can be internal (i.e. vesicovaginal) or internal/external (i.e. vesicocutaneous). For the purpose of this survey it excludes surgically or percutaneously placed tubes such as supra-pubic, gastrostomy, jejunostomy, biliary, pancreatic, nephrostomy and tracheostomy tubes².

Flap - A surgical relocation of tissue from one part of the body to another part in order to reconstruct a primary defect. Flaps are described as cutaneous (skin and fascia) flaps and composite (fasciocutaneous, myocutaneous and osteomyocutaneous) flaps².

Laceration - An unsutured tear (not considered a skin tear), cut, stab wound or puncture.

Peri-stomal breakdown - **Any** wound that is adjacent to a stoma, may include dehiscence of the mucocutaneous junction, erosion, excoriation or ulceration (for any reason) of the peri-stomal skin.

Pilonidal sinus/peri-rectal abscess - **Any** wound in the anal/sacral area that has been surgically incised. May include rectal fistula, fissure-in-ano, rectal sinus.

Pin site - **Any** site with an orthopaedic fixator in situ or a site where the fixator has been removed but the wound still persists.

Suture line - **Any** wound that has sutures, staples or surgical tape, or surgical glue in situ to approximate wound edges to allow healing by first intention. If there is a partial dehiscence in the suture line and the dehisced portion of the wound is **managed differently** (dressings or devices) to the sutured portion of the wound then record as a suture line **and** a dehiscence.

Skin graft - A split thickness (all of epidermis and variable depth of dermis) or a full thickness (all of epidermis and all of dermis) transfer of skin to an area of the body. Includes:

- Autografts: transfer of tissue from one site to another on the same person.
- Allografts/homografts: transfer of tissue from one person to another person.
- Xenografts/heterografts: transfer of tissue from one species to another (e.g. pig skin)
- Tissue Culture: epidermal cells cultured in the laboratory
- Bio-engineered Skin: Integra, Apligraf²

Unstured surgical incision - A surgically created opening in the skin that results in a cavity or sinus healing by secondary intention or delayed primary intention.

BURNS

Any wound caused by thermal, chemical or electrical trauma. Burns are classified as:

- Partial burn - <10%, 10-20%, >20%
- Full thickness burn - <10%, 10-20%, >20%

LEG ULCERS

- **Arterial** - Any wound on a leg that is below the knee or on the foot and where there is a diagnosed arterial insufficiency (clinical or vascular study) and/or a documented Doppler ankle/brachial index of less than 0.5².
- **Neuropathic or neuro-ischaemic foot ulcer** - A diagnosed neuropathic (peripheral or autonomic) or neuro-ischaemic foot ulcer².
- **Mixed** - Any wound on a leg that is below the knee or on the foot and where there is a diagnosed arterial insufficiency (clinical or vascular study) and venous stasis and/or a documented Doppler ankle/brachial index ranging from 0.5 to 0.8².
- **Venous** - Any wound on a leg that is below the knee or on the foot and where there is a diagnosed venous stasis (clinical or vascular study) and/or a documented Doppler ankle/brachial index of 0.8 - 1.2².
- **Unsure/unseen/unclassified** - Any wound on a leg, other than a skin tear, that is below the knee or on the foot that has not been diagnosed as having an arterial, venous or neuropathic aetiology

PRESSURE ULCERS

Any lesion caused by unrelieved pressure resulting in damage of the skin and underlying tissue². Classified as:

- **Stage 1** - Observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area of the body may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues³.
- **Stage 2** - Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater³.
- **Stage 3** - Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to but not through underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue³.
- **Stage 4** - Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures (for example, tendon or joint capsule). Undermining and sinus tracts may also be associated with Stage 4 pressure ulcers³.

SKIN TEARS

A traumatic wound occurring principally on the extremities of older adults, as a result of friction alone or shearing and friction forces which separate the epidermis from the dermis (partial thickness wound) or which separate both the epidermis and the dermis from underlying structures (full thickness wound)⁴. Exclude any laceration/skin tear on the lower leg or foot where healing is compromised by arterial, venous or neuropathic disease and when the wound is considered or managed as a 'leg ulcer'. Skin tears are classified as:

- **Category 1a** - A skin tear where the edges **can** be realigned to the normal anatomical position and the skin or flap colour is **not** pale, dusky or darkened⁵.
- **Category 1b** - A skin tear where the edges **can** be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened⁵.
- **Category 2a** - A skin tear where the edges **cannot** be realigned to the normal anatomical position and the skin or flap colour is **not** pale, dusky or darkened⁵.
- **Category 2b** - A skin tear where the edges **cannot** be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened⁵.
- **Category 3** - A skin tear where the skin flap is completely absent⁵.

MALIGNANT

Any wound that is a cancerous infiltration of the epithelium.

OTHER

Any wound that does not fall into any of the above categories. Includes: primary skin lesions (i.e. benign tumour, vesicle, bulla, pustule), secondary (i.e. excoriation, erosion, fissure, ulcer) or vascular (i.e. petechiae, purpura, haemangioma) lesion **that results in an open wound**. Also rashes, allergic response, bites (insect, parasite or animal) **that lead to open wounds**. Also includes cellulitis, abscess and donor sites.

EXCLUSIONS

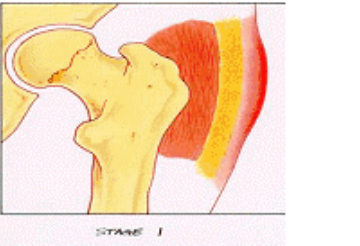
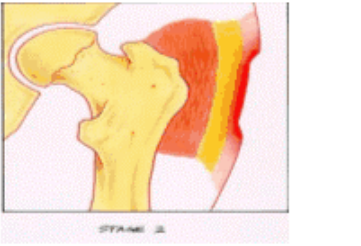
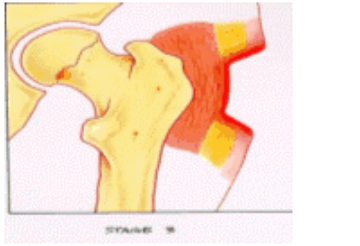

The following skin lesions are excluded: contusions, ecchymoses (bruises), warts, senile keratoses, sun damage or other manifestations when the skin is not broken. Also excluded are infusion line sites, (central venous, peripheral, intrathecal, epidural or any other access line)

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Appendix H - Classification tools






THE NATIONAL PRESSURE ULCER ADVISORY PANEL (NPUAP) PRESSURE ULCER STAGING SYSTEM ¹

Stage 1	Stage 2	Stage 3	Stage 4
<p>Observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area of the body may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation (pain, itching).</p> <p>The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.</p>	<p>Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.</p>	<p>Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to but not through underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.</p>	<p>Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures (for example, tendon or joint capsule). Undermining and sinus tracts may also be associated with Stage 4 pressure ulcers.</p>
 <p>The diagram shows a cross-section of skin with a red area on the surface. Below it is a clinical photograph of a red, well-defined area on a patient's heel.</p>	 <p>The diagram shows a cross-section of skin with a shallow crater. Below it is a clinical photograph of a shallow crater on a patient's heel.</p>	 <p>The diagram shows a cross-section of skin with a deep crater reaching the subcutaneous tissue. Below it is a clinical photograph of a deep crater on a patient's heel.</p>	 <p>The diagram shows a cross-section of skin with a deep crater reaching muscle and bone. Below it is a clinical photograph of a deep crater on a patient's heel with visible underlying structures.</p>

Reference:

¹ Australian Wound Management Association. Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers. West Leederville, Perth, Australia: Cambridge Publishing, 2001.

STAR Skin Tear Classification System¹

Category 1a	Category 1b	Category 2a	Category 2b	Category 3
A skin tear where the edges can be realigned to the normal anatomical position and the skin or flap colour is not pale, dusky or darkened.	A skin tear where the edges can be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened.	A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is not pale, dusky or darkened.	A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened.	A skin tear where the skin flap is completely absent.
				

Reference:

¹ Carville K et al. STAR: a consensus for skin tear classification. Primary Intention 2007;15:18-28.

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