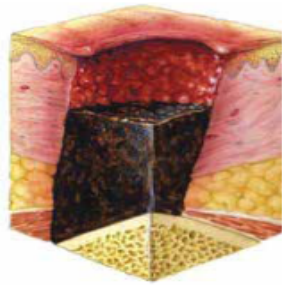


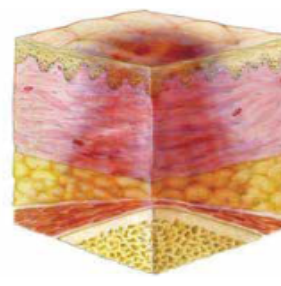
Appendix 4 **Decision guide – Unstageable or Deep Tissue Injury (DTI)?**

Unstageable Ulcer – Depth unknown

Deep Tissue Injury (DTI) – Depth Unknown



Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore Category/Stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as ‘the body’s natural (biological) cover’ and should not be removed.



Purple or maroon localized area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

Document your findings – wound assessment chart, document if the patient has had a long lie or been on a trolley for an extended time, photograph with consent and in line with policy (CCRBPD017 – Clinical digital photography of wounds and skin abnormalities)

If you are unsure of the classification, take a photograph, upload to RiO and seek advice from the TVCNSs

Refer to podiatry if below the ankle

Complete a Datix – Upload the photograph to the Datix and inform your line manager

- Is the wound?**
- **Inherited (POA)**– Present on first assessment/first skin assessment
 - **Developed (New)**– Discovered during a routine visit or skin assessment

The wound requires **weekly review*** and photographs by a clinician with suitable experience

- Schedule in the work plan **weekly reviews***.
- Take weekly photographs and upload to RiO and Datix.

IF WOUND DEBRIDES AND BASE OF THE WOUND IS VISIBLE – Categorise using categories 1, 2, 3 or 4. Take photograph and upload to Datix and RiO. Inform Line Manager

IF THE WOUND DOES NOT DEBRIDE – Continue with weekly reviews* and photographs. If by week 6 this has not debrided then discuss with TVCNS or Podiatry

* in some instances of hard eschar, a longer review period maybe agreed with TVN or Podiatry