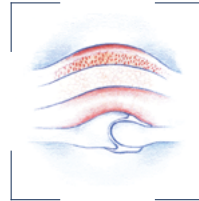


PRESSURE ULCERS STAGES & RISK EVALUATION

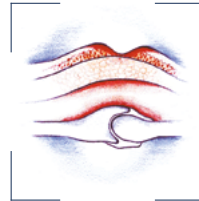
STAGE 1

Erythema not whitening on pressure, without any skin breakage. Discoloration of the skin, heat, oedema, and more or less induration can also be indicators, especially with dark skinned patients.



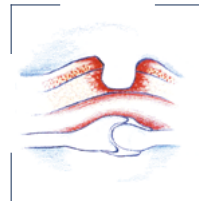
STAGE 2

Skin loss of partial thickness on the epidermis or dermis, which may be in the form of blisters, abrasions or superficial lesions.



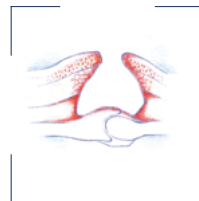
STAGE 3

Loss of skin of full thickness on the subcutaneous layer, without penetration of the fascia (membrane protecting the muscle). The ulcer is in the form of a deep lesion and may or may not affect the underlying tissues.



STAGE 4

Complete skin loss with extension of the ulcer to the muscles, or even to the bones.



NORTON SCALE

PHYSICAL CONDITION	GOOD	4
	FAIR	3
	POOR	2
	VERY BAD	1
MENTAL CONDITION	ALERT	4
	APATHETIC	3
	CONFUSED	2
	STUPOROUS	1
ACTIVITY	AMBULANT	4
	WALKS WITH HELP	3
	CHAIRBOUND	2
	BEDFAST	1
MOBILITY	FULL	4
	SLIGHTLY IMPAIRED	3
	VERY LIMITED	2
	IMMOBILE	1
INCONTINENCE	NONE	4
	OCCASIONAL	3
	USUALLY URINARY	2
	URINARY AND FECAL	1

Greater than 18	Low Risk
Between 18 and 14	Medium Risk
Between 14 and 10	High Risk
Lesser than 10	Very High Risk