






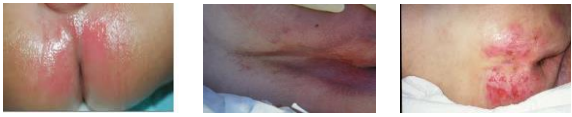
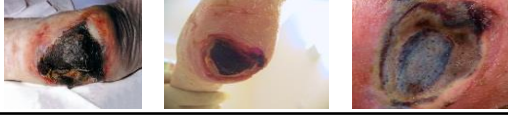


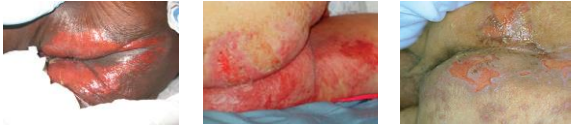


Pressure ulcer or moisture lesion?

	PRESSURE ULCER Pressure and /or shear must be present	MOISTURE LESION Moisture from urine, sweat or faeces must be present
LOCATION	Usually over a bony prominence but can occur anywhere on the body where there is sustained pressure. 	Can occur over a bony prominence but pressure and shear must be excluded and moisture must be present. A linear split in the natal cleft is a moisture lesion . A 'teardrop' shape wound to the natal cleft is a pressure ulcer. 
SHAPE	 circular = direct pressure  teardrop = pressure and shear 	Diffuse and superficial in appearance, can 'mirror' where 1 buttock ulcer matches another. Often more than one in a group. 
DEPTH	Variable according to categorisation (1-4) 	Very superficial; size and depth may change if it becomes infected. 
NECROSIS	Necrotic tissue on a pressure point is a pressure ulcer. 	Moisture lesions have no necrosis. 
EDGE	Usually well defined edges that may mirror the cause. 	Irregular edges, may be 'jagged' where friction is also present. 
TREATMENT	Use the wound management dressings Formulary to identify a dressing suitable for the stage of healing.	Identify the cause, implement good hygiene, educate carers and prescribe suitable preventative measures i.e. barrier cream or film.

If in doubt contact your Tissue Viability team on 01509 410 225