

Pressure Sore
or
Electrical Sore

Etiology of P.S.

Pressure

Friction

Shear

Moisture

Malnutrition

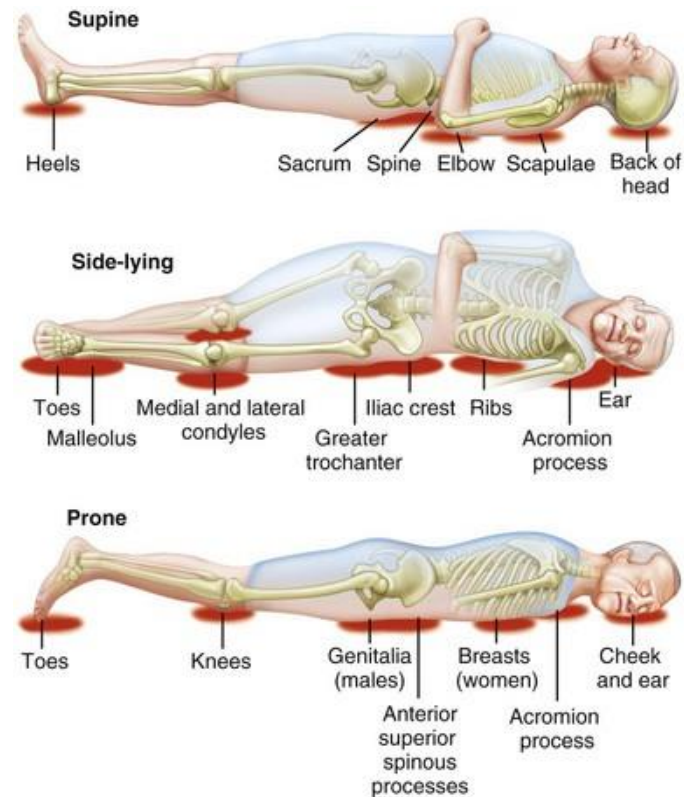
Neurological inj.

Pressure

- Capillary closing pressure : 20-30 mmhg
- Highest pressure points at supine (50-60 mmhg):
sacrum, buttocks, heel, occiput
- Highest pressure points at sitting (100 mmhg) :
ischial tuberosity
- Pressure over body doesn't equally increase the pressure over capillaries . (autoregulation of local blood flow, distribution among connective tissues)
- Double capillary closing pressure over 2 hours =P.S.

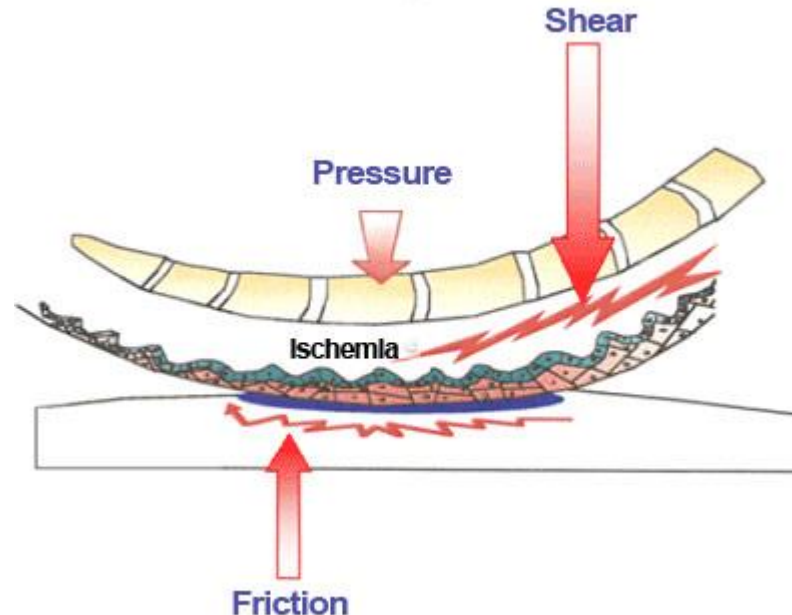
Friction

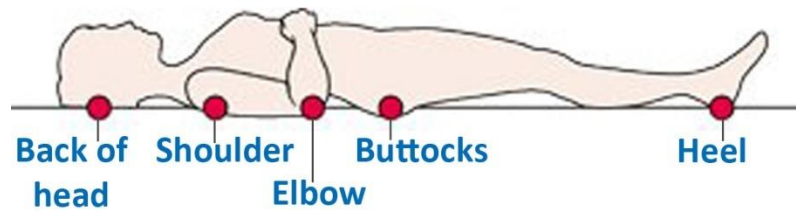
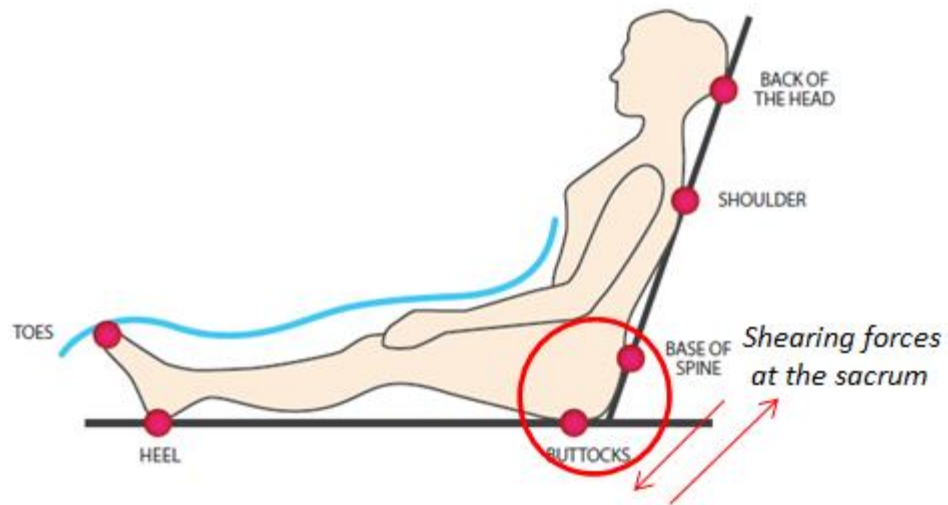
- F. is precursor to shear
- Excess F. results: superficial skin inj. (abrasions, blisters, skin tearing in fragile skins)



Shearing

- S. develops when skin & superficial tissues adhere to bed and stretched tightly over deeper structures
- Blood vessels stretched & angulated & injured
- Special positions :
semi-Fowler, sliding down position, sliding lat.





Moisture

- Incontinence dermatitis
- Perineal dermatitis
- Higher coefficient of friction
- Maceration
- Excoriation

P.S. Staging

•Stage1:

intact skin + nonblanchable redness (not pigmented skins)

Stage2:

partial derm loss(shallow open ulcer+ red pink bed Or serum-filled blister)

Stage3:

FTS loss with visible subcutaneous fat without bone, tendone or muscle exposure

Stage4:

FTS loss with exposed bone or muscle or tendon



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Pressure Ulcer Staging

Stage IV



Burn Depth

- First Degree:

Erythematous, Painfull skin without ulceration

- Superficial Second Degree :

Blistering, Painfull

- Deep Second Degree:

Painless, Mottled Pink-&-White color lesion

- Third Degree:

White, cherry red, or black ulcers with or without blister

- Fourth Degree:

Involved subcutaneous fat skin or deeper elements







Figure 1. Preoperative view.



Figure 2. Photograph of the bum site postprocedures on the day of surgery.