Wound Characteristics

	Pressure Injuries	Venous Ulcers	Arterial Ulcers	Diabetic Ulcers
Cause(s)	○ Presence of pressure and shear forces	○ ↑ venous pressure from CVI	○ ↓ blood flow to the lower extremities	○ Peripheral neuropathy, PAD, infection, trauma
Location	○ Can occur at any site ○ Most common over bony prominences ○ Underneath devices	○ On lower leg (including posterior calf) ○ Around the ankle ○ Rarely on foot or above the knee	○ Between toes ○ On tips of toes ○ Over phalangeal heads ○ On mid-tibial area ○ Around lateral malleolus	○ **Neuropathic ulcers:** plantar aspect of foot or areas subjected to stress in neuropathic ulcers ○ **Neuroischemic ulcers:** margins of the foot, tips of the toes, beneath toe nails
Shape & Margins	○ Rounded, crater-like ○ Can resemble shape of object causing pressure ○ Smooth, demarcated margins	○ Irregular shape & margins	○ Round shape ○ Smooth, rolled margins ○ Undermining possible	○ Round or oblong ○ Even wound margins
Depth	○ Partial or full thickness ○ Can be shallow or deep	○ Partial or full thickness ○ Shallow depth	○ Full thickness ○ Can be shallow or deep	○ Partial or full thickness ○ Can be shallow or deep
Wound Bed	○ Varies ○ Can have granulation, eschar, slough, or epithelial tissue ○ Bone, muscle, ligaments, tendons may be present ○ Undermining and tunneling	○ Ruddy red granulation tissue ○ Yellow adherent or loose slough	○ Pale non-granular ○ Slough/eschar	○ **Neuropathic ulcers:** red with healthy granular appearance ○ **Neuroischemic ulcers:** pale pink or yellow ○ Necrotic tissue may be present

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Exudate	○ Minimal to heavy	○ Moderate to heavy serous ○ Purulent if infection present	○ Minimal	○ Minimal to heavy
Peri-Wound & Surrounding Skin	○ Varies ○ Often has non-blanchable erythema or deepening of natural color in dark skin	○ Crusty, scaly, weepy ○ Dermal thickening ○ Hemosiderin staining ○ Scarring ○ Maceration	○ Thin, shiny, dry skin ○ Skin cool to touch ○ Loss of hair growth ○ Pallor on elevation ○ Dependent rubor ○ Cyanosis	○ **Neuropathic ulcers:** callus around wound edges ○ **Neuroischemic ulcers:** necrosis around wound edges
Pain	○ Variable ○ ↑ pain can indicate deterioration of wound or infection	○ Variable ○ ↑ with dependency ○ ↓ with elevation	○ Asymptomatic ○ Intermittent claudication ○ Atypical claudication ○ Noctural or positional pain ○ Resting pain	○ Painless unless infection present
Associated Findings	○ Pressure and shear must be present	○ Warm feet, good pulses and normal capillary refill ○ Shortened venous refill time ○ Normal ABI	○ Thickened toenails ○ Diminished or absent pulses with ↑ capillary refill ○ Prolonged venous refill time ○ ↓ ABI	○ Evidence of peripheral neuropathy ○ **Neuropathic ulcers:** warm foot, bounding pulses, normal ABI, dry skin, fissures ○ **Neuroischemic ulcers:** thin, shiny, cool, pale, dry skin; absent or diminished pulses; hair loss