

Wound Care Essentials:

Quick Reference Nursing Guides

What is a Stage IV Pressure Ulcer?

When unrelieved pressure causes damage to the skin and underlying structures, an ulceration can develop, known as a pressure ulcer. There are many factors that can contribute to the development of a pressure injury such as friction, shear, moisture, pressure, limited mobility, obesity, or other comorbidities. **Stage IV** is a full-thickness skin and tissue loss with exposed dermis, adipose (fat) tissue, and various underlying structures.



Photo credit: ASWC

How do you identify it?

Pressure injuries tend to occur over bony prominences on the body such as the shoulders, elbows, hips, sacrum, buttocks, ankles, heels and toes. In **Stage IV pressure injuries**, granulation tissue, slough, and/or eschar are present just as in Stage III ulcers. However, now fascia, muscle, tendon, ligament, cartilage, and/or bone are exposed. These exposed deeper structures are what differentiate a Stage III from a Stage IV pressure ulcer.

How do you treat it?

The main goal in treating a **Stage IV** injury is to relieve pressure and promote healing in the wound bed. All of the pressure relieving techniques (such as positioning and managing moisture) utilized in treating a Stage I and II applies as well as the use of a special air mattress and/or foley catheter as mentioned in the treatment of Stage III. As with Stage III, slough can be treated enzymatically with an enzymatic debridement agent or with surgically debridement. Moderate to heavy exudate can be managed with an alginate dressing. Be sure to monitor for signs and symptoms of infection and treat appropriately.