



TOOLKIT 12 · PRESSURE-INJURY PREVENTION · TOOL 3 OF 5

Pressure Injury — Staging and Reporting Card

Stage 1 to 4, unstageable, deep tissue. What each looks like, what to do, and the report line

Stage	What you see	Do now
Stage 1	Intact skin, non-blanchable redness over a bony point (darker skin: purple or maroon, warmth, firmness)	Relieve pressure completely; reposition; protect; reassess risk; document and report
Stage 2	Partial-thickness skin loss — shallow open wound with a pink-red bed, or an intact/ruptured blister	As stage 1 + moist wound dressing; keep clean; no pressure on it
Stage 3	Full-thickness skin loss; fat visible; may have slough, undermining, tunnelling	Wound-care referral; nutrition review; pressure-redistributing surface; pain control; incident report
Stage 4	Full-thickness loss with exposed bone, tendon or muscle	As stage 3 + surgical review; consider osteomyelitis; sentinel-event review if hospital-acquired
Unstageable	Full-thickness loss, base covered by slough or eschar — depth unknown	Wound-care referral; do not remove stable dry eschar on heels
Deep tissue injury	Intact or non-intact skin, persistent non-blanchable deep red, maroon or purple; or blood-filled blister	Offload completely; reassess daily — it may evolve to stage 3–4 within days

Present on admission or hospital-acquired?

Inspect and document the skin fully within 8 hours of admission. Anything found then is present on admission. Anything found later is hospital-acquired and is reported on the incident form (Toolkit 8); stage 3, 4 and unstageable hospital-acquired injuries are reviewed under the Sentinel Event Policy.

Report line: patient · site · stage · present on admission ☐ / hospital-acquired ☐ · date found · risk score at admission · bundle in place ☐ · reported by

Staging per the NPIAP/EPUAP international guideline (2019), as used in the AHRQ toolkit.

ASF standards: Standard 4 — pressure injury management; incident reporting; Sentinel Event Policy