

Pressure Injury Impostors on Buttocks

Can your clinical team differentiate these etiologies?



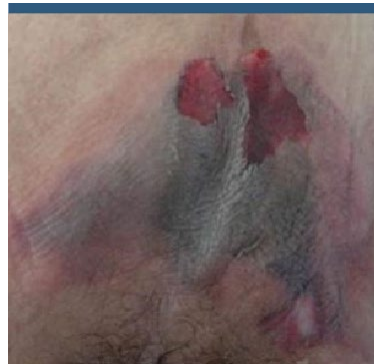
Moisture Associated Skin Damage

Prevalent in the LTC and home health settings. Due to sweating, episodes of incontinence, or wound drainage, or effluent from ostomies that leak onto the skin. NOT pressure etiology.



Deep Tissue Pressure Injury

Tissue and cellular damage at the bone-muscle interface creating full-thickness wounds. This IS pressure etiology.



Kennedy Terminal Ulcer Skin Failure

Also known as skin failure, the KTU is recognized by CMS as a form of unavoidable pressure ulcer/injury that happens when a person is experiencing organ failure and the skin, the largest organ, also begins to fail. NOT pressure etiology.



Chronic Tissue Injury

Believed to result from venous pooling/engorgement. Occurs on the fleshy portion of the buttocks. Patients and residents may be somewhat mobile. May be present for months. NOT pressure etiology.



COVID-19 Skin Manifestations

Associated with the disease COVID-19. May occur before, during, or after the disease or may be the only symptom of COVID-19. NOT pressure etiology.

Why is Accurate Recognition, Diagnosis and Reporting Important?

Pressure injuries and the associated stages and wound characteristics have clinical, regulatory (survey), costs, reimbursement, and legal implications.

Misidentification or misdiagnosis can lead to inappropriate documentation, mistakes in reporting to CMS, ineffective treatments and inappropriate use of resources.

Do NOT default to a pressure ulcer/injury diagnosis, unless all the clinical criteria point to the PU/PI etiology.

References

- WOUNDVISION.com/npiap-imposter
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- Mahoney MF, Rozenboom BJ. Definition and Characteristics of Chronic Tissue Injury. J Wound Ostomy Continence Nurs. 2019;46(3):187-191.
- Howell M, Loera S, Tickner A, Maydick D, Faust E, et al. Conditions That Mimic Pressure Ulcer/Injuries-To Be or Not To Be. Wound Management & Prevention 2021;67(2):12-38 doi:10.25270/wmp.2021.2.1238.