

## Acute Training Solutions

### Pressure Area Care & Tissue Viability - Moisture lesions vs pressure ulcers

There are a number of characteristics that help to differentiate a moisture lesion from a pressure ulcer outlined in the table below.

<b>Pressure ulcer</b>	<b>Moisture lesion</b>
<ul style="list-style-type: none"> <li>History of immobility, short or long term</li> </ul>	<ul style="list-style-type: none"> <li>History of faecal and/or urinary incontinence</li> </ul>
<ul style="list-style-type: none"> <li>Will be circular and symmetrical in shape</li> </ul>	<ul style="list-style-type: none"> <li>May be associated with sweating in skin folds or natal cleft</li> </ul>
<ul style="list-style-type: none"> <li>May take on a butterfly wing shape if it spans out from sacrum</li> </ul>	<ul style="list-style-type: none"> <li>Irregular and asymmetrical shape</li> </ul>
<ul style="list-style-type: none"> <li>Will be over a bony prominence (unless a piece of equipment is the cause)</li> </ul>	<ul style="list-style-type: none"> <li>Lesions will be over fatty parts of the buttocks and thighs, and are not isolated to being located over the bony prominences</li> </ul>
<ul style="list-style-type: none"> <li>May have necrotic or thick sloughy tissue present</li> </ul>	<ul style="list-style-type: none"> <li>Lesions may extend into perineal area, scrotum and vulva</li> </ul>
<ul style="list-style-type: none"> <li>If associated with an external device causing the pressure the lesion will take the shape of the device</li> </ul>	<ul style="list-style-type: none"> <li>Usually there is no necrotic tissue or slough</li> </ul>
<ul style="list-style-type: none"> <li>Grade according to EPUAP classification tool</li> </ul>	<ul style="list-style-type: none"> <li>Do not grade</li> </ul>