

## Long-Term Care Survey Alert

### Clinical Assessment: WHEN TO SUSPECT A NON-PRESSURE ULCER

All wounds are not created equal. And all the pressure relief in the world won't heal a wound that isn't really a pressure ulcer. To correctly diagnose wounds and avoid an unfair pressure ulcer citation (F314), look for the following signs and conditions, suggests **Mary Foote**, principal of **Wound Care on Wheels** in Napierville, IL.

1. A lower extremity wound. Suspect possible venous stasis or arterial insufficiency wounds or a diabetic ulcer.
2. Diabetes or elevated blood sugars. A lower extremity wound in combination with a diagnosis of diabetes or elevated blood sugars and decreased sensation of the feet to light touch strongly suggest the wound may have a diabetic etiology.
3. Poor arterial pulses or circulation problems. If your initial assessment shows poor circulation to the legs and feet, the wound may be due to poor peripheral circulation. The patient needs a Doppler study to document adequacy of blood flow to the extremities.
4. Obesity and history of vascular insufficiency. A wound due to vascular insufficiency typically appears in the "gaiter area," between the knee and ankle. The wounds are shallow with jagged edges and tend to be "weepy" with lots of drainage. "The resident needs compression therapy, but only after a Doppler study has ruled out arterial insufficiency; otherwise, compression therapy could cause gangrene," says Foote. Also, therapeutic weight loss will help greatly.
5. End-stages of illness coupled with poor dietary intake and renal function. If the wound is on the sacrum, for example, it may be a "terminal wound" which is not a pressure sore.
6. **Cancer.** Some nonhealing wounds may be metastatic cancer that must be diagnosed by biopsy.