

MDS Alert

Assessment and Coding: Stage Pressure Ulcers Correctly on the MDS 3.0 With These Key Strategies

Be aware of this difference between a stage 2 and stage 3.

Staging pressure ulcers accurately allows you to capture fair payment and keep your quality assurance on track. But achieving that goal can be tricky in some cases.

Challenge: "It's easy to mistake a Stage 2 for a Stage 3 no matter what care setting you are in," says **Dorothy Doughty, MN, RN, CWCN, FAAN**, director of the Emory University of WOC Nursing Education Center in Atlanta. "Even people who stage pressure ulcers all the time can have difficulty."

You can rely on a couple of ways to tell them apart, however. One is to look for evidence of epithelial islets, which are bright red patches within a pale wound bed, says Doughty. She notes that the epithelial islets tell you that the pressure ulcer has not extended into the fat and is still confined to the deep dermis. "That's an indication of a Stage 2 as opposed to a Stage 3 pressure ulcer."

Another tip: "Stage 2 pressure ulcers do not have slough or eschar," adds Doughty.

Coding tip: When coding M0700 (most severe tissue type for any pressure ulcer), the RAI User's Manual says you should not code stage 2 pressure ulcers "as having granulation, slough, or necrotic tissue as by definition they do not have this extent of tissue damage." You should code all stage 2 pressures as being a "1" (epithelial tissue), the manual directs (see the coding quizzier on page 22).

Look for This Key Difference Between a Stage 3 and Stage 4

People sometimes have trouble telling the difference between a Stage 3 and Stage 4 pressure ulcer, Doughty says. But "if it's a Stage 4, you are going to see muscle, tendon, or bone. You can see the striations in the muscle, which has distinct characteristics."

Differentiate Between Stage 1 and Suspected DTI

Overall, a stage 1 is one of the easier stages to distinguish, Doughty says. The skin will be intact but you'll see color or temperature changes -- "or changes in tissue turgor where the tissue feels boggy or firm."

Caveat: It's "very easy" to miss a Stage 1 pressure ulcer when assessing someone with darkly pigmented skin, Doughty cautions.

"For most people, it's not hard to distinguish between a stage 1 and a suspected deep tissue injury," Doughty adds. "The only time it would be difficult probably is with darkly pigmented skin. A Stage 1 basically has persistent, non-blanchable erythema whereas suspected DTI is more purple red."

Currently, there aren't good guidelines for assessing deeply pigmented skin, Doughty says. "We know to use more palpation than inspections and to check for change in temperature."