

OASIS Alert

Know Your Ulcer Types

There are two types of ulcers that receive special attention on the OASIS assessment -- pressure ulcers and stasis ulcers. To respond accurately, you'll need to know the difference.

CMS defines a pressure ulcer as a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.

To identify a pressure ulcer, look for skin breakdown over bony prominences. Don't forget to check the back of the head and the ear lobes on patients who are bedridden or who had lengthy surgical procedures. Look for skin redness, especially if the area doesn't turn white when you press on it. For a patient with darker skin, look for areas that look darker or lighter than surrounding skin. After reddening, the skin may blister or form an open sore. Later, it deepens to damage underlying tissue.

A stasis (venous) ulcer, on the other hand, is caused by inadequate venous circulation in the area affected (usually lower legs). This lesion is often associated with stasis dermatitis.

A stasis ulcer may have a moist, granulating wound bed, be superficial, and have minimal to copious serous drainage unless infected. If the patient has highly pigmented skin, look for a darker area around the wound. It may be painful when the leg is in a dependent position.