

When documenting wounds in a patient chart always be sure to include the three items below:

1. **Wound Type** – PU, Venous stasis, DM, Surgical, Trauma, etc.
2. **Wound Location and Laterality** – Location of the body **AND** laterality (left or right)
3. **Wound Bed Description** – % of granulation tissue, slough, eschar, size, depth etc. Keep in mind that if you aren't sure, describe what you see (drainage, colors in wound bed, etc.) **When in DOUBT-JUST DESCRIBE**

Pressure Ulcer Staging

Pressure Ulcer Stage	Pressure Ulcer Stage Description
Stage 1	Nonblanchable erythema
Stage 2	Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured blister.
Stage 3	Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
Stage 4	Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.
Unstageable due to Non-Removable Dressing	Known but not stageable due to non-removable dressing/device
Unstageable due to Slough and/or Eschar	Known but not stageable due to coverage of wound bed by slough and/or eschar
Unstageable: Deep Tissue Injury	Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

M1320: Status of Most Problematic Pressure Ulcer that is Observable

Score	Healing Status Description	Healing Status Definition
0	Newly Epithelialized	<ul style="list-style-type: none"> – Wound bed completely covered with new epithelium; and – no exudate; and – no avascular tissue (eschar and/or slough); and – no signs or symptoms of infection.
1	Full Granulation	<ul style="list-style-type: none"> – Wound bed filled with granulation tissue to the level of the surrounding skin; and – no dead space; and – no avascular tissue (eschar and/or slough); and – no signs or symptoms of infection; and – wound edges are open.
2	Early/Partial Granulation	<ul style="list-style-type: none"> – Wound bed covered with ≥ 25% of granulation tissue; and – wound bed covered with < 25% of avascular tissue (eschar and/or slough); and – no signs or symptoms of infection; and – wound are edges open.
3	Not Healing	<ul style="list-style-type: none"> – Wound with ≥ 25% avascular tissue (eschar and/or slough); or – signs/symptoms of infection; or – clean but nongranulating wound bed; or – closed/hyperkeratotic wound edges; or – persistent failure to improve despite appropriate and comprehensive wound management.

M1340 - Surgical Wounds	M1340 - Not Surgical Wounds
<ul style="list-style-type: none"> - Trauma wounds with surgical repair vs. sutures - Muscle flap or skin graft to a pressure ulcer even if the graft or flap fails. - Anything used for dialysis - Central lines – not peripheral IV or PICC line placed peripherally (vs. in a central vein) - Implanted ports - Wounds of another etiology once a drain is inserted, even if via a puncture site and even after the drain is removed including needle puncture sites with a drain - Implanted ports, implanted infusion devices, AV fistulas and left ventricular assist device (LVAD) exit sites even when no longer functional - Orthopedic pin and other external fixation device exit sites - ON-Q catheter sites - Burn with a skin graft - Kyphoplasty via an open approach - Left ventricular assist devices (LVAD) - MammoSite breast brachytherapy - Surgical take-down of an ostomy - Biopsy sites and donor skin graft sites - Excised abscess or excised pressure ulcer - Laparoscopic surgery, arthroscopy and other minimally invasive surgical procedures 	<ul style="list-style-type: none"> - Ostomies, including chest tubes (thoracostomy) and any ostomy closing on its own - Surgery on mucous membranes or the eyes - Puncture sites for heart catheterization, kyphoplasty, paracentesis, arthrocentesis, etc. - Enterocutaneous fistulas - Retentions sutures & buttons - PPM/AICD sites once ≥ 30 days epithelialized - Removal of callus or nail (unless complicated) - I&D on a wound of a different etiology (unless a drain is inserted) - Traumatic wounds that are sutured – only a surgical wound if repairing damage to deeper areas such as muscles, tendons, bones and organs - Surgical debridement, unless complicated such as excision of an abscess vs. I&D or if a drain is inserted

M1342: Status of Most Problematic Surgical Wound

Score	Healing Status Description	Healing Status Definition
0	Newly Epithelialized	<ul style="list-style-type: none"> – Wound bed completely covered with new epithelium; and – no exudate; and – no avascular tissue (eschar and/or slough); and – no signs or symptoms of infection.
1	Full Granulation	<ul style="list-style-type: none"> – Wound bed filled with granulation tissue to the level of the surrounding skin; and – no dead space; and – no avascular tissue (eschar and/or slough); and – no signs or symptoms of infection; and – wound edges are open.
2	Early/Partial Granulation	<ul style="list-style-type: none"> – Wound bed is covered with ≥ 25% of granulation tissue; and – wound bed is covered with < 25% of avascular tissue (eschar and/or slough); and – no signs or symptoms of infection; and – wound edges are open.
3	Not Healing	<ul style="list-style-type: none"> – Wound with ≥ 25% avascular tissue (eschar and/or slough); or signs/symptoms of infection; or – clean but nongranulating wound bed; or – closed/hyperkeratotic wound edges; or – persistent failure to improve despite appropriate and comprehensive wound management.