GLOSSARY OF TERMS

A

Abrasion - Wearing away of the skin through some mechanical process (friction or trauma).
Abscess - Localized collection of pus in any part of the body. A circumscribed collection of pus that forms in tissue as a result of acute or chronic localized infection. It is associated with tissue destruction and frequently swelling.
Adherent Materials - Matter attached to the wound bed such as eschar, dirt particles or bacteria.
Absorption Dressings - Products which absorb wound exudate and conform to wound surface, thus obliterating dead space. Includes gauze dressings and copolymer starch dressings. APPROPRIATE ONLY FOR EXUDATIVE* WOUNDS.
Acute Respiratory Distress Syndrome - Inability of the lungs to perform their ventilatory function. This may be due to impairment of gas exchange in the lung or obstruction of the free flow of air to the lung.
Aerobe - A microorganism which lives and grows in the presence of free oxygen.
Allergic Sensitization - The development of antibodies to a foreign substance (e.g. medication) that results in an allergic reaction.
Altered Tissue Perfusion - When oxygenated blood does not flow freely through the vessels to the tissue.
Amyloidosis - A condition characterized by the formation and accumulation of insoluble proteins (amyloid) in various organs of the body, compromising vital function. Amyloid may collect in a chronic wound, such as a pressure ulcer.
Anaerobe - A microorganism which grows in the absence of free oxygen.
Analgesia - Relief of pain without loss of consciousness.
Angular Stomatitis - Single or multiple fissures at the corners of the mouth, one cause of which may be riboflavin deficiency.
Antibacterial - An agent that inhibits the growth of bacteria.
Antiseptic (Topical) - Product with antimicrobial activity designed for use on skin or other superficial tissues; may damage cells.
Autolysis - Disintegration or liquefaction of tissue or of cells by the body's own mechanisms (leukocytes/enzymes).

B

Bacteremia - The presence of viable bacteria in the circulating blood.
Bactericidal - An agent that destroys bacteria.
Bacteriostatic - An agent that is capable of inhibiting the growth or multiplication of bacteria.
Bariatrics - is the branch of medicine concerned with the management (prevention and control) of obesity and related diseases.
Bitot's Spots - Superficial, triangular, foamy gray spots on the conjunctiva that consists of keratinized epithelium and are associated with a vitamin A deficiency.
Blanchable - Becomes white with pressure.
Body Mass Index - you already have this definition in the site reference, I just put it in here so you would know where to put the following terms—they need to fall under this definition so we can keep them altogether.

- ***Underweight*** - The lower limit of the range of desirable or acceptable weight.
- ***Overweight*** - Body weight of 20% or more above desirable weight.
- ***Severe overweight*** - Body weight of 40% or more above desirable weight.
- ***Morbid or extreme obesity*** - Twice desirable weight or 100 lb. over desirable weight.

Body Substance - A system of infection-control procedures routinely used with all patients to prevent Isolation (BSI) cross-contaminated of pathogens. The system emphasizes the use of barrier precautions to isolate potentially infectious body substances. According to Lynch, Jackson, Cummings, et al. (1987), BSI has six components:

1) Wear gloves for anticipated contact with blood, secretions, mucous membranes, non-intact skin, and moist body substances for all patients. Change gloves before treating another patient. Handwashing between patients is essential.
2) After other types of patient contact, wash the hands for 10 seconds with soap and friction to remove transient microbial flora, and then rinse with running water. (Garner and Favero, 1986.)
3) Wear additional barriers such as gowns, plastic aprons, masks, or goggles when moist body substances (secretions, blood or body fluids) are likely to soil the clothing or the skin or splash in the face. The panel notes that protective eyewear, mask (or a face shield that covers the eyes and face), gloves, and in some cases protective gowns should be used for pressure ulcer irrigation when there is a reasonable exception that wound secretions might be aerosolized.
4) Place soiled reusable articles and linen, as well as trash, in containers that are securely sealed to prevent leaking. Double bagging is not necessary unless the outside of the bag is visibly soiled.
5) Place needles (without recapping them) and sharp interments in puncture-resistant, rigid containers. If such containers are not available, recapping using the one-hand technique is acceptable.
6) Assign to private rooms those patients with diseases that could be transmitted by the airborne route (e.g.) pulmonary tuberculosis) and other diseases listed under precautions for strict isolation in the category-specific isolation (CDC, 1970). The use of private rooms is also indicated for those patients likely to soil articles in their environment with body substances.

Bottoming Out - Expression used to describe inadequate support from a mattress overlay or seat cushion as determined by a "hand check." To perform a hand check, the caregiver places an outstretched hand (palm up) under the overlay or cushion below the pressure ulcer or that part of the body at risk for a pressure ulcer. If the caregiver feels less than an inch of support material, the patient has bottomed out and the support surface is therefore inadequate.

C

Capillary Closing Pressure - Pressure applied to the capillary bed that is sufficient to collapse the capillary; pressure commonly considered to be 25-32 mmHg in a healthy individual.
Cell Migration - Movement of cells in the repair process.
Cellulitis - Inflammation of tissue around a lesion, characterized by redness, swelling and tenderness. Signifies a spreading infectious process. Inflammation of cellular or connective tissue. Inflammation may be diminished or absent in immunosuppressed individuals.
Cellulitis (Advancing) - Cellulitis that is visibly spreading in the area of the wound. Advancement can be monitored by marking the outer edge of the cellulitis and assessing the area for advancement or spread 24hours later.
Cheilosis - Chapping and fissuring of the lips, which may be caused by vitamins B2 deficiency.
Clean - Containing no foreign material or debris.
Clean Dressing - Dressing that is not sterile but is free of environmental contaminants such as water damage, dust, pest and rodent contaminants, and gross soiling.
Clean Wound - Wound free of purulet drainage, devitalized tissue or dirt.
Collagen - Main supportive protein of skin, tendon, bone, cartilage and connective tissue.
Collagenase - An enzyme which facilitates debridement.
Colonized - Presence of bacteria which cause no local or systemic signs or symptoms. The presence of bacteria on the surface or in the tissue of a wound without indications of infection such as a purulent exudate, foul odor, or surrounding inflammation. All Stage II, III, and IV pressure ulcers are colonized.
Contaminated - Containing bacteria, other microorganisms, or foreign material. The term usually refers to bacterial contamination and in this context is synonymous with colonized. Wounds with bacterial counts on 10[T1] (organisms per grams of tissue or less are generally considered contaminated; those with higher counts are generally considered infected.)

Contamination - The soiling by contact or introduction of organisms into a wound.
Contraction - The pulling together of wound edges in the healing process.
Crater - Tissue defect extending at least to the subcutaneous layer.
Culture (Bacterial) - Removal of bacteria from a wound for the purpose of placing them in a growth medium in the laboratory to propagate to the point where they can be identified and tested for sensitivity to various antibiotics. Swab cultures are generally inadequate for this purpose.
Culture (Quantitative) - Performing a bacterial culture in a manner that allows the number of bacteria present in a known quantity of tissue biopsy, wound aspirate, or sampled surface to be quantified.
Culture and Sensitivity - Removal of bacteria from a wound for the purpose of placing them in a growth medium in the laboratory to propagate to the point where they can be identified and tested for sensitivity to various antibiotics.
Culture (Swab) - Technique involving the use of a swab to remove bacteria from a wound and place them in a growth medium for propagation and identification. Swab cultures obtained from the surface of a pressure ulcer are usually positive because of surface colonization and should not be used to diagnose ulcer infection.
Cytotoxic Cleaners - Agents that can be used to cleanse wound (to remove undesirable matter ***Dakin's (Solution)*** - Buffered sodium hypochlorite; a bactericidal wound irrigant.

D

Darkin's (Solution) - Buffered sodium hypochlorite; a bactericidal wound irrigant.
Dead Space - Areas of tissue destruction/loss extending out from main body of wound (sinus tract formation; results in potential for premature closure of wound and abscess formation if not properly packed to keep open for healing from the bottom out).
Debridement - Removal of foreign material and devitalized or contaminated tissue from/or adjacent to a lesion until healthy tissue is exposed. Various methods can be used for this purpose:

- **Autolytic** - The use of synthetic dressings to cover a wound and allow eschar to self-digest by Debridement the action of enzymes present in wound fluids.
- **Enzymatic (Clinical)** - The topical application of proteolytic substances (enzymes) to breakdown devitalized Debridement tissue.
- **Mechanical** - Removal of foreign material and devitalized or contaminated tissue from a wound by Debridement physical forces rather than by chemical (enzymatic) or natural (autolytic) forces. Examples are wet-to-dry dressings, wound irrigation, whirlpool, and dextranomers.
- **Sharp** - Removal of foreign material or devitalized tissue by a sharp instrument such as a Debridement scalpel. Laser debridement is also considered a type of sharp debridement.

Debris - Remains of damaged cells or tissues.
Dehiscence - Separation of the layers of a surgical wound.
Denude - Loss of epidermis.
Dermal - Related to skin or derma. SYN: Integumentary.
Dermal Wound - Loss of skin integrity; may be superficial or deep.
Dermis - The inner layer of skin in which hair follicles and sweat glands originate; involved in Grade II-IV pressure ulcers.
Deterioration - Negative course. Failure of the pressure ulcer to heal, as shown by wound enlargement that is not brought about by debridement.
Dextranomers - Highly hydrophilic dextran-polymer beds that are poured into secreting wound to absorb wound exudates and act as a debriding agent.
Disinfection - A process that eliminates many or all pathogenic microorganisms on inanimate objects, with the exception of bacterial spores. Disinfection of pressure ulcers is neither desirable nor feasible.
Dressing - The material applied to a wound for the protection of the wound and absorbance of drainage.

- **Alginate Dressing** - A non-woven absorptive dressing manufactured from seaweed.
- **Film Dressing** - A clear, adherent, non-absorptive, polymer-based dressing that is permeable to oxygen and water vapor but not to water.
- **Foam Dressing** - A sponge-like polymer dressing that may or may not be adherent; it may be impregnated or coated with other materials and has some absorptive properties.

- **Gauze Dressing** - A cotton or synthetic fabric dressing that is absorptive and permeable to water, water vapor and oxygen. This dressing may be impregnated with petrolatum, antiseptics or other agents.
- **Wet-to-Dry Saline** - A dressing technique in which gauze moistened with normal saline is applied wet to Gauze the wound and removed once the gauze becomes dry and adheres to the wound bed. The goal is to debride the wound as the dressing is removed.
- **Continuously Moist Saline** - A dressing technique in which gauze moistened with normal saline is applied to the Gauze wound and remoistened frequently enough so it will remain moist. The goal is to maintain a continuously moist wound environment.
- **Hydrocolloid Dressing** - an adhesive, moldable wafer made of a carbohydrate-based material, usually with a waterproof backing. This dressing usually is impermeable to oxygen, water and water vapor and has some absorptive properties.

Hydrogel Dressing (Pastes/Powders/Beads) - A water-based, non-adherent, polymer-based dressing that has some absorptive properties. Agents formulated primarily to fill wound cavities that may have some absorptive properties

E

Edema - The presence of abnormally large amounts of fluid in the interstitial space (space between cells), resulting in swollen tissues.
Electrical Stimulation - The use of an electrical current to transfer energy to a wound. The type of electricity that is transferred is controlled by the electrical source.
Endocarditis - Inflammation of the innermost tunic of the heart, which includes the endothelium and subendothelial connective tissue.
Enzymatic Agents - Products which break down necrotic tissue, denatured collagen and/or fibrinous exudates through proteolytic enzymatic action.
Enzymes - Biochemical substances that are capable of breaking down necrotic tissue.
Epidermis - The outer cellular layer of skin.
Epithelialization - Regeneration of the epidermis across wound surface. The stage of tissue healing in which the epithelial cells migrate (move) across the surface of a wound. During this stage of healing, the epithelium appears the color of "ground glass" to pink.
Erythema - Redness of the skin surface produced by vasodilatation; diffuse redness of skin.

- Blanchable - Reddened area that temporarily turns white or pale when pressure is applied with a fingertip. Blanchable erythema over a pressure site is usually due to a normal reactive hyperemic response.
- Nonblanchable - Redness that persists when fingertip pressure is applied. Nonblanchable erythema over a pressure site is a symptom of a Stage I pressure ulcer.

Eschar - Thick, leathery necrotic tissue; devitalized tissue.
Excoriation - Linear scratches on skin.
Exudate - Material, such as fluid, cells or cellular debris, which has escaped from blood vessels and has been deposited in tissues surfaces, usually as a result of injury or inflammation. Any fluid that has been extruded from a tissue or its capillaries. It is characteristically high in protein and white blood cells.

F

Fascia - Sheet of connective tissue covering or binding together body structures.
Fibroblasts - Cells from which connective tissue develops.
Fluctuance - Wavelike motion, indicative of the presence of fluid, used to describe the appearance of wound tissue.
Fluid Irrigation - Cleansing by means of a stream of fluid, preferably saline.
Friction - Surface damage caused by skin rubbing against another surface.
Full-thickness - Ulceration extending through dermis to involve subcutaneous tissue and possibly muscle/bone.

G

Gel Dressing - Maintain moist wound surface; some provide minimal absorption. Available in sheet and liquid/granular form. Must be kept hydrated (moist).
Glossitis - Inflammation of the tongue which may be due to multiple B-vitamin deficiencies.
Granulation Tissue - The pink/red, moist tissue that contains new blood vessels, collagen, fibroblasts and inflammatory cells, which fills an open, previously deep wound when it starts to heal.
Growth Factors - Proteins that affect the proliferation, movement, maturation and biosynthetic activity of cells. For the purposes of these guidelines, these are proteins that can be produced by living cells.

H

Hammocking - Occurs when a tight sheet or cover prevents immersion of bony prominences into the surface. The result may be increased pressure and shear leading to tissue breakdown.
Handwashing - Handwashing is the cornerstone of any infection-control program.
Healing - A dynamic process in which anatomical and functional integrity is restored. This process can be monitored and measured. For wounds of the skin, it involves repair of the dermis (granulation tissue formation) and epidermis (epithelialization). Healed wound represent a spectrum of repair: they can be ideally healed (tissue regeneration), minimally healed (sustained functional and anatomical result). The acceptably healed wound is the ultimate outcome of wound healing but not necessarily the appropriate outcome of all patients.
Heterotopic Bone - Growth of bone at an abnormal site on the body. Such growth may be a complication of pressure ulcers.
Hydrocolloid Wafer Dressings - Moldable wafer dressings which interact with wound exudate to form moist "gel" which protects wound bed. Impermeable to environmental contaminants and bacteria. MOST ARE IMPERMEABLE TO OXYGEN AND SHOULD NOT BE USED IN WOUNDS WITH KNOWN OR SUSPECTED ANAEROBIC INFECTION.
Hydrophilic - Attracting moisture.
Hydrophobic - Repelling moisture.
Hydrotherapy - Use of whirlpool or submersion in water for wound cleansing.
Hyperbaric Oxygen - Oxygen at a greater than atmospheric pressure that can be applied either to the whole patient inside a pressurized chamber or to a localized area (such as an arm or leg) inside a smaller chamber.
Hyperemia - Presence of excess blood in the vessels; vascular engorgement.
Hypoalbuminemia - An abnormally low amount of albumin in the blood. A value less than 3.5 mg/dL is clinically significant. Albumin is the major serum protein that maintains plasma colloidal osmotic pressure (pressure within blood vessels) and transports fatty acids, bilirubin and many drugs as well as certain hormones, such as cortisol and thyroxine, through the blood. Low serum albumin may be due to inadequate protein intake, active inflammation or serious hepatic and renal disease and is associated with pressure ulcer development.

I

Incidence - Rate at which new cases of condition occur during a specific time period.
Infection - The pressure of bacteria or other microorganisms in sufficient quantity to damage tissue or impair healing. Clinical experience has indicated that wound can be classified as infected when the wound tissue contains 105 or greater microorganisms per gram of tissue. Clinical signs of infection may not be present, especially in the immunocompromised patient or the patient with a chronic wound.
Infection (Clinical) - The presence of bacteria or other microorganisms in sufficient quantity to overwhelm the tissue defenses, and produce the inflammatory signs of infection - i.e. purulent exudate, odor, erythema, warmth, tenderness, edema, pain fever and elevated white cell count.

Inflammation - Defensive reaction to tissue injury; involves increased blood flow and capillary permeability and facilitates physiologic cleanup of wound. Accompanied by increased heat, redness, swelling and pain in the affected area.
Inflammatory Response - A localized protective response elicited by injury or destruction of tissues that serves to destroy, dilute or wall off both the injurious agent and the injured tissue. Clinical signs include pain, heat, redness, swelling, and loss of function. Inflammation may be diminished or absent in immounosuppressed patients.
Innervation - Nerve supply to an area of the body. Innervation is considered adequate if it is sufficient to sense temperature, touch and pressure/pain and communicate this sensory information to the brain.
Insulation - Maintenance of wound temperature close to body temperature.
Irrigation - Cleansing by a stream of fluid, preferably saline.
Ischemia - Deficiency of blood supply to a tissue, often leading to tissue necrosis.

K

Kinetic Therapy - Defined by the CDC as lateral rotation of at least 40 degrees to each side using a specialty bed.

L

Lesion - Any pathological or traumatic discontinuity of tissue.
Leukocytosis - Increase in the number of leukocytes (above IO, 000 per cu. mm.) in the blood.

M

Maceration - Softening of tissue by soaking in fluids.
Macrophage - Cells which have the ability to destroy bacteria and devitalized tissue.
Malnutrition - State of nutritional insufficiency due to either inadequate dietary intake or defective assimilation or utilization of food ingested. Clinically significant malnutrition is diagnosed if:

1) serum albumin is less than 3.5 mg/dL,
2) the total lymphocyte count is less than 1,800/mm3, or
3) body weight has decreased more than 15 percent.

Moisture - In the context of this document, moisture refers to skin moisture that may increase the risk of pressure ulcer development and impair healing of existing ulcers. Primary sources of skin moisture include perspiration, urine, feces, drainage from wounds or fistulas.

N

Necrotic - Dead; avascular.
Necrosis - Death of tissue.
Necrotic Tissue - Tissue that had died and has therefore lost its usual physical properties and biological activity. Also called "devitalized tissue."
Needle Aspiration - Removal of fluid from a cavity by suction, often to obtain a sample (aspirate) for culturing.
Nosocomial Infection - Infection acquired in a hospital.
No-Touch Technique - Method of changing surface dressings without touching the wound or the surface of any dressing that may be in contact with the wound. Adherent dressings should be grasped by the corner and removed slowly, whereas gauze dressings can be pinched in the center and lifted off.

O

Operative Repair - In the context of guideline, operative repair refers to a variety of surgical procedures designed to repair the pressure ulcer.

- **Delay of Flaps** - the development and transfer of a flap to a recipient site in more than one step to ensure its vascular supply.
- **Direct Closure** - Direct primary closure with sutures. This approach stretches the skin and creates tension that frequently leads to dehiscence and therefore is seldom used except for small, superficial ulcers.
- **Free Flap** - A procedure involving a muscle-type flap in which the vein and artery are disconnected a the donor site and reconnected to the vessels at the recipient site with the aid of a microscope.
- **Muscle Flap** - A procedure that moves a known muscle along with its vascular supply (either intact or reestablished) into a defect.
- **Musculocutaneous Flap** - A procedure that moves muscle combined with a portion of overlying skin having an intact vascular supply. The portion of skin overlying the muscle is fed by perforators within the muscle. This type of flap has several advantages: It is fed by named, identifiable blood vessels; supplies higher concentrations of oxygen to underlying bone, which may help heal osteomyelitis; can limit the effects of shear and ulcer recurrence; and provides more bulk, which may limit the effect of ischemia. However, muscle tolerates warm ischemia less well than skin.
- **Sensate Flap** - A procedure that moves muscle, skin and sensory nerve. The sensory nerve provides feeling to the flap.
- **Skin Flap** - A procedure that moves a section of skin and associated subcutaneous tissue from one part of the body to another, with the vascular supply maintained for nourishment. The vascular attachment can be the original vessel, rotated along with the flap; changed from one part of the flap to another; or reestablished by microvascular anastomoses once it has been placed in the new location. One disadvantage of local flap closure is that the flap essentially redistributes an already inadequately perfused tissue and is randomly dependent on an unpredictable local blood supply.
- **Skin Graft** - A procedure that moves a segment of dermis and a portion of epidermis. The graft is completely separated from its blood supply and donor site and moved to a recipient site. Skin grafts contain varying portions of epidermis and dermis and can be full thickness or partial thickness, depending upon how much dermis is included in the graft. One disadvantage of skin grafts applied to granulating bone is that there is no padding and they quickly erode.
- **Tissue Expansion** - A surgical technique during which an expandable device is placed beneath viable skin. The device is expanded with serial injections of saline and when the skin has stretched, it is moved to cover a nearby defect.
- **V-Y Advancement** - This procedure derives its name from the appearance of the postoperative wound. After an incision is made in the shape of a "V" the apex of the "V" is closed by advancing the central portion. This leaves a scar that looks like a "Y."

Osteomyelitis - Inflammation of the bone marrow and adjacent bone, often due to infection.

P

Partial-Thickness - Loss of epidermis and possible partial loss of dermis.
Pathogen - Any disease-producing agent or microorganism.
Percussion - Use of the fingertips to tap the body lightly but sharply to determine position, size and consistency of an underlying structure and the presence of fluid or pus in a cavity.
Perenial-Urethral Fistula - An abnormal passageway between the perineum (area between the scrotum or vulva and the anus) and the urethra (canal conveying urine from the bladder to the exterior of the body). Such a fistula may be a complication of pressure ulcer(s).
Phagocytic Demand - The amount of particulate material (such as bacteria) that white blood cells must ingest in an area.

Phagocytosis - The process of ingestion and digestion of bacteria, cells, necrotic tissue, or debris by white blood cells in an injured area.
Pneumonia - Inflammation of the lungs caused primarily by bacteria, viruses, and chemical irritants.
Polypharmacy - The administration of many drugs concurrently, usually meaning that a patient is receiving an excessive number of medications. Polypharmacy may negatively affect adherence to the pressure ulcer treatment plan.
Pressure - Force per unit area that acts perpendicularly between the body and the support surface. This parameter is affected by the stiffness of the support surface, the composition of the body tissue, and the geometry of the body being supported.
 ***Pressure Redistribution*** - The ability of a support surface to distribute load over the contact areas of the human body.
~~***Pressure Reduction Devices*** - Surfaces that do not consistently maintain interface pressure below capillary closing pressure.~~ This term is no longer used to describe classes of support surfaces. The term is Pressure Redistribution, see above.
~~***Pressure Relief Devices*** - Surfaces that consistently reduce interface pressure to a level below capillary closing pressure, and can be used to prevent skin breakdown.~~ This term is no longer used to describe classes of support surfaces. The term is Pressure Redistribution, see above.
Pressure Sore - An area of localized tissue damage caused by ischemia due to pressure.
Pressure Ulcer - Any lesion caused by unrelieved pressure resulting in damage of underlying tissue. Also called decubitus ulcer, pressure sore, and bed sore. Pressure ulcers are usually located over bony prominences and are graded or staged to classify the degree of tissue damage observed. Such staging is used as a tool for communication and assessment. The recommendations regarding staging are consistent with those of the National Pressure Ulcer Advisory Panel Consensus Development Conference (NPUAP, 1989), as derived from previous staging systems proposed by Shea (1975) and the Wound Ostomy and Continence Nurses Society (WOCN). Pressure ulcers are stages as follows:

- **Stage I** - An observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.
- **Stage II** - Partial loss of skin thickness involving epidermis and/or dermis. The ulcer is superficial and presents clinically (appears) as an abraision, blister or shallow crater.
- **Stage III** - Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to (but not through) the underlying fascia. The ulcer presents clinically as a deep crater with or without undermining adjacent tissue.
- **Stage IV** - Full thickness skin loss with extensive destruction; tissue necrosis; or damage to muscle, bone or supporting structures (e.g. tendon, joint capsule). Note: Undermining and sinus tracts may also be associated with Stage IV pressure ulcers.

Prevalence - The number of cases present in a population at one point in time.
Pseudoaneurysm - Dilatation and tortuosity of a blood vessel, a potential complication of pressure ulcers.
psi - Pounds per square inch - a unit of pressure, in this case, the pressure exerted by a stream of fluid against one square inch of skin or wound surface.
Pulsation - The rhythmic beat, as of the heart and blood vessels
Purulent Discharge/Drainage - A product of inflammation that contains pus - i.e. cells (leukocytes, bacteria) and liquefied necrotic debris.
Purulence **-** Exudate consisting of or containing pus.
Pus **-** Thick fluid containing leukocytes, bacteria, and cellular debris; may be indicative or infection

Q

Qualitative Data - Information that describes the nature or qualities of a subject.

Quantitative Data - Information that describes the characteristics of a subject in numerical or quantitative terms.

R

Reactive Hyperemia - Extra blood vessels in response to a period of blocked blood flow.
Repositioning - Any change in body position that relieves pressure from tissue overlying bony prominences. Periodic repositioning of chair-bound and bedfast individuals is one of the most basic and frequently used methods of reducing pressure. The overall goal of repositioning is to allow tissue reperfusion and thus prevent ischemic tissue changes. The term "repositioning" implies a sustained relief of pressure, not just a temporary shift. Specific repositioning techniques and the frequency of repositioning should be individualized according to the patient's level of risk and the goals of care.

S

Scab - Dried exudate covering superficial wounds.
Sepsis - The presence of various pus-forming and other pathogenic organisms or their toxins, in the blood or tissues. Clinical signs of blood- borne sepsis include fever, tachycardia, hypotension, leukocytosis and a deterioration in mental status. The same organism is often isolated in both the blood and the pressure ulcer.
Septic Arthritis - Inflammation of joints caused by bacterial invasion, a potential complication of pressure ulcers.
Seroma - A collection of serum/plasma within a wound.
Shear (Shear Stress) - Trauma caused by tissue layers sliding against each other; results in disruption or angulation of blood vessels.
Shear Strain- Distortion or deformation of tissue as a result of shear stress
Sinus Tract - A course or pathway which can extend in any direction from the wound surface; results in dead space with potential for abscess formation.
Skin Equivalent - A material used to cover open tissue that acts as a substitute for nascent (beginning) dermis and epidermis and that has at least some of the characteristics of human skin (e.g. amniotic tissue, xenografts, human allografts). For the purpose of this guideline, only tissue with viable, biological active cells is given this designation.
Slough - Loose, stringy necrotic tissue.
Squamous Cell Carcinoma - A malignant new growth that arises from epithelial cells and has a cuboid appearance. When arising within a chronic ulcer, it is commonly referred to as Marjolin's ulcer.
Stasis Ulcer - Ulceration associated with ambulatory venous hypertension.
Stratum Corneum - Outermost layer of the epidermis
Strip - Remove epidermis by mechanical means; denude.
Support Surfaces - Special beds, mattresses, mattress overlays, or seat cushions that reduce or relieve pressure while sitting or lying.

- **Air-Flotation Bed** - Generic descriptor for low-air loss beds and air fluidized beds. Air fluidized beds class of support surfaces that uses a high rate of air flow to fluidize fine particulate material (such as sand) to produce a support medium that has characteristics similar to a liquid.
- **Alternating-Air Mattress or overlay** - Mattress with interconnecting air cells that cyclically inflate and deflate to produce alternating high and low pressure intervals. Cells with larger depth and diameter produce greater pressure relief over the body.
- **Donut-Type Device** - A rigid, ring-shaped device created to relieve pressure on the sitting surface. This device is not recommended, because even though pressure is relieved in the tissue over the center of the ring, pressure in the tissue resting on the ring causes vascular congestion and may impede circulation to the tissue.
- **Dynamic Device (Dynamic Support Surface)** - Pressure-reducing device designed to change its support characteristics in a cyclical fashion. Examples include alternating-air mattress and mechanical seats that change shape and redistribute pressure.

- **Foam Mattress** - Thick foam slab with a textured surface designed to be placed on top of the standard hospital mattress to reduce pressure by enveloping the body. Its effectiveness ins influenced by its thickness, density and stiffness.
- **Low-Air Loss Bed** - A series of interconnected woven fabric air pillows that allow some air to escape through the support surface. The pillows can be variably inflated to adjust the level of pressure relief.
- **Mattress Replacement** - Mattress with pressure-reducing or pressure-relieving features that can be placed on an existing bed frame.
- **Overlay** - General term used to describe support surfaces placed on top of a standard hospital mattress.
- **Static Air Mattress** - A vinyl mattress overlay composed of interconnected air cells that are inflated with a blower before use. The shifting of air among the cells distributes pressure uniformly over the support area to create a flotation effect.
- **Static Device** - Pressure-reducing device designed to provide support characteristics that remain constant - i.e., do not cycle in time. Example include foam overlays, cushions and water mattresses.
- **Static Water Mattress** - A vinyl mattress or overlay composed of interconnected compartments that are filled with water to distribute pressure uniformly over the support surface to create a flotation effect.

Surfactants - A surface-active agent that reduces the surface tension of fluids to allow greater penetration

T

Tissue Biopsy - Use of a sharp instrument to obtain a sample of skin, muscle or bone.
Tissue Expansion - see under Operative Repair.
Tissue Load - The distribution of pressure, friction and shear on tissue.
Topical Antibiotic - A drug known to inhibit or kill microorganisms that can be applied locally to a tissue surface.
Topical Antiseptic - Product with antimicrobial activity designed for use on skin or other superficial tissue; may damage some cells.
Trochanter - Bony prominence on the upper part of the femur.
Tunneling - A passageway under the surface of the skin that is generally open at the skin level; however, most of the tunneling is not visible.

U

Underlying Tissue - Tissue that lies beneath the surface of skin such as fatty tissue, supporting structures, muscle and bone.
Undermining - A closed passageway under the surface of the skin that is open at the skin surface. Generally it appears as an area of skin ulceration at the margins of the ulcer with skin overlying the area. Undermining often develops from shearing forces.

W

Wound Base - Uppermost viable tissue layer of wound, may be covered with slough or eschar.
Wound Margin - Rim or border of wound.
Wound Healing - see Healing.
Wound Repair - Healing process. Partial-thickness involves epithelialization; full-thickness involves