

**Differentiation between incontinence-associated dermatitis (IAD) and pressure ulcers category I/II/deep tissue injuries**

Incontinence-associated dermatitis (IAD)			Pressure ulcers		
	Category I	Category II	Category I	Category II	Deep tissue injuries
<b>Cause</b>	Exposure to urine or faeces		Exposure to pressure or pressure combined with shear		
<b>Location</b>	Area in contact with urine and/or faeces, or skin folds where urine and faeces can accumulate		Usually over a bony prominence or an area submitted to external pressure (e.g. medical device)		
<b>Shape</b>	Diffuse, blotchy, irregular edges		Single areas, distinct edges		
<b>Depth</b>	Intact skin	Partial thickness skin loss	Intact skin	Partial thickness skin loss	Unknown, visual signs of intact skin or partial thickness skin loss
<b>Necrosis</b>	No necrosis		No necrosis		No visual signs of necrosis, although necrosis occurs in subcutaneous tissues
<b>Wound bed</b>	Blanchable or non-blanchable erythema (persistent redness), a variety of tones may be present	Red open wound (granulation tissue)	Non-blanchable erythema	Red open wound (granulation tissue)	Non-blanchable purple or maroon intact skin or open wound, or dark red blood-filled blister
<b>Peri- wound tissue</b>	Pink or white surrounding skin due to maceration		Normal for race/ethnicity		Non-blanchable erythema surrounding the wound may be present
<b>Sensation</b>	Burning, itching, tingling, pain		Sharp pain, usually no itching; pain may worsen when patient is moved off from injured areas		
<b>Odour</b>	Urine/faecal odour, odour associated with infection		None	None unless infected	
<b>Other</b>	Satellite lesions suggest Candida albicans (most common infection)		Redness tends to resolve with offloading or repositioning of device	Ulcer bed is shallow and heals through epithelialisation	May evolve towards a thin blister (with purple or maroon wound bed), and further towards a wound covered by a thin eschar  May rapidly evolve towards pressure ulcer category III or IV

Intertriginous dermatitis



Courtesy of Trish Idensohn

Kissing ulcer



Courtesy of Kris Bernaerts

Intertrigo



Courtesy of Kris Bernaerts

Cutaneous herpes



Courtesy of Kris Bernaerts

Infected herpes



Courtesy of Kris Bernaerts

Eczema



Courtesy of Kris Bernaerts

Cutaneous herpes



Courtesy of Kris Bernaerts