

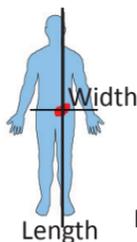


## Key Points

- Position consistently
- May need 2 or more clinicians to position patient
- Flex upper leg when on side to maximize ulcer's surface area and enhance visualization
- Place marked applicator beside a rigid ruler
- Measure in cm.

## Surface Area

- Area = length x width
- Measure uninterrupted area



Mark the applicator

Measure inside to inside

## Depth

Place on skin surfaces



Measure to deepest aspect

Mark vertical applicator



## Edges

- Assess rolling, thickness, fibrosis, scarring, and hyperkeratosis
- Identify worst case



## Tunneling

- Measure greatest distance
- Mark applicator where os and ulcer bed meet



Cannot see lift from tip

## Undermining

- Measure greatest distance
- Mark at ulcer edge



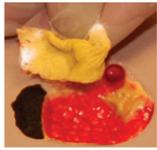
Can see lift from tip





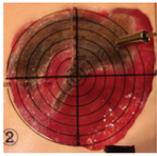
### Exudate

- No exudate
- Serous: clear
- Sanguineous: bloody
- Green/Purulent: opaque



### Necrotic Tissue

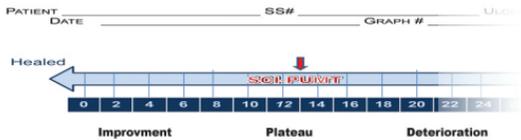
- Use transparent measuring guide
- Assess slough and eschar
- Add necrotic tissue amounts for %



### SCI-PUMT Graph

Score = Geometric + Substance subscores

**SCI-PUMT**  
SCI PRESSURE ULCER MONITORING TOOL  
HEALING CONTINUUM & GRAPH



SCORE	Base-line (Date)	Week 2 (Date)	Week 3 (Date)	Week 4 (Date)	Week 5 (Date)	Week 6 (Date)	Week 7 (Date)	Week 8 (Date)	Week 9 (Date)	Week 10 (Date)
0										
1										
2										
3										
4										
5										

### SCI-PUMT Specificity

The SCI-PUMT is specific to Stages II–IV and unstageable pressure ulcers. The reliability and validity of the PUMT have not been established to track healing of Stage I pressure ulcers, deep tissue injury, dermatitis, excoriations, macerations, skin tears, or neuropathic, venous, and arterial ulcers.

