

The Association for the Advancement of Wound Care
Quality of Care Wound Glossary

Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Abrasion	The removal of the epidermis or upper dermis through an external mechanical force, such as friction or trauma.	0.964
Abscess	A defined collection of purulent fluid which forms in tissue as a result of acute or chronic localized infection frequently surrounded by inflamed tissue, and swelling	0.964
Acute Wound	A wound that is following a predicted pattern that should result in complete healing	0.957
Adherence at wound edge	Continuity of wound edge and the base of the wound, indicating active epithelial resurfacing over a granulating tissue bed.	0.769
Adherent Materials	Debris or biologic matter (such as eschar, foreign particles, dirt, bacteria, etc.) which obscure the wound bed and impede the process of wound healing.	0.778
Allograft	A graft of tissue or cells between individuals of the same species but of different genotype to fill a wound defect; also called a homograft	1.000
Alopecia	Absence of hair or hair follicles from skin areas where it normally is present	1.000
Angiogenesis	The migration, proliferation, differentiation, and budding of endothelial cells to create new vasculature	0.964
Antiphospholipid Syndrome	A hypercoagulable state that is associated with recurrent arterial and/or venous thrombosis, repeated fetal loss, and/or elevated antiphospholipids	0.792
Area	See Wound Measurement - Area	
Arterial Ulcer	A wound which results from inadequate arterial blood supply or flow. Frequently, these wounds are located on the distal extremities	1.000

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Aspirate	As a verb – to draw in or out by suction or negative pressure; as a noun, it is the wound fluid, which is removed from the wound via suction or negative pressure.	0.893
Autograft	A graft of tissue or cells derived from the same organism that is receiving it.	1.000
Autolysis	The separation of non-viable from viable tissue through the natural disintegration or liquefaction of the devitalized tissue.	0.962
Autolytic Debridement - see Debridement types	See debridement types -- Autolytic debridement	0.864
Avascular	Tissue lacking in blood vessels or having a poor or limited blood supply. Tissue may be naturally occurring, such as cartilage, or may be devitalized, necrotic or nonviable due to illness, ischemia or injury	1.000
Basal	Pertaining to or situated near a base. In the skin this is the most interior cell layer of the epidermis from which all other layers evolve	1.000
Basement movement	The extracellular matrix layer that separates epithelium from the underlying tissue.	0.926
Bioburden	The amount of bacteria existing in or on the wound surface	0.962
Biofilm	A population(s) of microorganisms that are attached to the wound surface and are typically surrounded by an extracellular polymeric matrix (glyocalyx) text wounds these accumulations are often difficult to remove and eradicate; thereby, hindering wound repair.	0.926
Bioengineered tissue grafts	Single or-multiple layer structures constructed from living tissue	

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	derived from one or more skin cells, such as dermal fibroblasts and /or epidermal keratinocytes. These grafts are intended for application to an open wound surface	1.000
Biologic dressing	Tissue derived from a living source used to cover an open wound	0.852
Blanchable erythema	A reddened area of the skin that temporarily turns white or pale when pressure is applied. Once the pressure is relieved or removed, it returns to its previous reddened color.	0.963
Blanching	A temporary whitening of the skin due to transient ischemia, typically seen when testing for integrity of the capillary refill system	0.962
Bleb(s)	An irregularly shaped elevation of the epidermis by underlying fluid. Blebs can vary in size from less than 1 cm to 10 cm and may contain serous, seropurulent or bloody fluid.	0.923
Blisters	A detachment of the overlying epidermis from the dermis which is often marked by clear or pink / red fluid accumulation in the detached epidermis, between these two skin layers.	0.964
Bruise – see ecchymosis	See Ecchymosis	
Burn	Tissue injury resulting from excessive exposure to thermal, chemical, electrical, or radioactive agents. The effects vary according to the type, duration, and intensity of the agent and the part of the body involved. The effects may be local, resulting in cell injury or death, necrosis of the skin and underlying tissue, and may involve primary or secondary shock.	1.000
Burn Classification: Superficial	Damage limited to the outer layer of the epidermis with an erythematous (red) appearance and no vesiculation (blisters). Previously known as a first degree burn.	1.000

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Burn Classification: Superficial/Deep partial thickness	Damage extending through the epidermis into the dermal layer. As depth of the dermal injury progresses, tissue injury can range from erythema (redness) to vesiculation (blistering) but is not of sufficient extent to interfere with the regeneration of the epidermis. Previously known as a second degree burn.	1.000
Burn Classification: Full thickness	Destruction of epidermal and dermal layers with extension, at the minimum, into subcutaneous tissue. Tissues may be charred or coagulated. Previously known as a third degree burn.	1.000
Calf Pump	The mechanism that assists venous return from the calf. It occurs when the calf muscle contraction compresses the leg veins, pushing the blood toward the heart	0.963
Calciphylaxis	A disorder, generally found in end stage renal disease (ERSD), but not limited to renal patients, with widespread calcification of small and medium sized vessels, which leads to occlusion, thrombosis, and tissue necrosis. Extreme cases can be life-threatening.	1.000
Callus	A common, usually painless thickening of the stratum corneum at locations of repeated, external pressure or friction.	0.964
Capillary Closing Pressure	The pressure at which a capillary will be closed or occluded by external pressure	0.962
Capillary fragility	Injury to superficial capillaries resulting in small hemorrhaging into adjacent tissue	0.808
Capillary refill	A clinical test of distal arterial capillary flow. The clinician presses on the skin of the distal phalange (toe or finger) holding for 1 second, then releasing, timing the return of normal skin color. Normal capillary refilling time is less than 3 seconds.	1.000

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Cellulitis	Inflammation of cellular (epidermal and dermal) or connective tissue usually accompanied by local warmth, pain, swelling, and possibly fever.	0.963
Cellulitis (advancing)	A progressive cellular inflammation, moving distal to proximal, associated with pain, increased temperature, and swelling of tissue.	0.926
Chemotaxis	Directed migration of cells toward a chemical stimulus.	0.893
Chondritis	Inflammation of cartilage (i.e. sometimes witnessed in ear burns or in arthritic joints).	0.958
Chronic Wound	<p>A wound that experiences a physiological delay through any of the normal, orderly, sequential phases of healing. The wound may be categorized as a delayed healing or non-healing chronic wound.</p> <p>A delayed chronic healing wound does not progress through a pre-defined healing pattern due to neglect, misdiagnosis, inappropriate treatment or the inability to obtain or appropriately use necessary resources in caring for the wound. A delayed healing chronic wound may deteriorate to a non-healing wound</p> <p>A non-healing chronic wound is a wound that does not progress through a pre-defined healing pattern due to underlying concurrent disease states and co-morbidities that cannot be corrected or ameliorated.</p>	1.000
Cicatrix	Fibrous tissue formed during the healing process; commonly	0.786

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	known as a scar	
Clean Wound	A wound free of devitalized tissue, purulent drainage, foreign material or debris.	0.964
Clock Positions	Use of the hour hands of a clock to denote locations of undermining, tracts, or tunneling. The wound is the center of the clock with the body in anatomical position. The direction of the head is 12 o'clock, the feet 6 o'clock, and 9 and 3 o'clock are the lateral aspects or sides of the wound.	1.000
Closed Wound Edges	See Epibole	
Closed Wound	A wound is completely covered with epithelium.	0.964
Collagen	A fibrous insoluble protein found in the connective tissue, including skin, bone, ligaments, and cartilage, and representing about 30 percent of the total body protein.	1.000
Collagenase	A protease which degrades collagen	0.963
Colonization	Microorganisms residing in the wound bed that do not impact the health or healing of the wound	1.000
Compression Therapy	The application of a bandage, garment or device, whose purpose is to decrease venous hypertension and interstitial edema, assisting in venous return. It may also be used to remodel hypertrophic scarring (i.e. burns and plastic surgery).	1.000
Compression Stocking	Elastic stocking or garment which provides external pressure on an upper or lower extremity to aid venous return, reduce edema or remodel hypertrophic scarring.	1.000
Compression Wrap	Elastic or non-elastic wrap which is applied to provide external pressure on an upper or lower extremity to aid venous return,	1.000

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	reduce edema or reduce hypertrophic scarring.	
Contamination	Presence of bacteria, other microorganisms, or foreign material present on, but not imbedded in the wound.	1.000
Contraction	The process whereby the edges of a full thickness wound are drawn toward the center during the healing process, resulting in reduction in open wound surface area. This process is mediated by myofibroblasts.	1.000
Contracture	The shrinkage of a scar through maturation of collagen; a condition of fixed high resistance to passive elongation of a connective tissue	0.889
Crater	Tissue defect extending at least to the subcutaneous layer.	0.889
Crust	Dried secretions, exudates, and dead cells covering a wound.	0.963
Cryofibrinogenemia	The presence of plasma complex fibrin, fibrinogen, and fibronectin in the blood, which reversibly precipitates at cold temperatures, potentially leading to vessel occlusion and tissue necrosis in any organ.	0.923
Cryoglobulinemia	The presence of high levels of immunoglobulins in the blood which reversibly precipitates at cold temperatures. Aggregates of this protein can cause vessel occlusion in any organ, leading to tissue necrosis. Highly associated with hepatitis C infection.	0.962
Cyanosis/Cyanotic	A blue or purplish discoloration of the skin indicating insufficient oxygenation of the blood.	1.000
Cytokine	Small molecular weight proteins produced by a cell that act as a messenger to regulate inflammation and production of matrix metalloproteases.	1.000

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Cytokine/growth factor replacement	The application of human growth factor, either in pharmaceutical form or as a processed autologous product to a wound surface with the intention of stimulating or accelerating wound/ulcer healing.	0.880
Dead Space	An area of tissue loss leaving a defect, cavity or tract.	0.962
Debridement	Removal of devitalized tissue, cellular debris and any foreign matter from the wound.	0.962
Debridement- Conservative Sharp	Removal of loose avascular tissue above the level of viable tissue using a scalpel, curette, or scissors. This procedure does not require the administration of general anesthesia but may require local anesthesia.	1.000
Debridement- Excisional Sharp	Removal of devitalized tissue to or into the level of viable tissue by a sharp instrument, laser or selective device. This procedure may require the administration of local or general anesthesia.	1.000
Debridement-Autolytic	A natural physiologic process. Autolytic debridement uses the body's own white blood cells and proteolytic, fibrinolytic and collagenolytic enzymes to soften and break down necrotic tissue. It is a selective form of debridement that results in natural degradation of devitalized tissue. The body's white blood cells and local bacteria release enzymes into the wound site where they liquefy the necrotic tissue.	1.000
Debridement - Enzymatic/Chemical	Removal of devitalized tissue from the wound base through an externally applied chemical or enzyme. Debridement may be selective or nonselective, depending on the chemical or enzyme used.	1.000
Debridement – Mechanical	The use of a mechanical external force to remove, separate or	

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	break the adhesive forces between the necrotic tissue and the base of the wound. Mechanical methods of debridement include wound scrubbing, removal of wet-to-dry dressings and varied forms of hydrotherapy, such as high pressure irrigation, pulsatile lavage, whirlpool, and low frequency ultrasound.	1.000
Debridement- Selective	Any type of debridement which removes only nonviable tissue or foreign matter from the wound.	1.000
Debridement - Non-selective	Any type of debridement which indiscriminately removes both viable and nonviable tissue.	1.000
Debris	Remains of damaged cells, tissue, or foreign matter in the wound bed.	0.960
Decubitus	A Latin word referring to the reclining position; a misnomer and outdated term for a pressure ulcer.	0.880
Dehiscence	Separation of surgically approximated layers of an operative wound.	1.000
Demarcation	Having a visible, defined line of separation between viable and nonviable tissue.	1.000
Denuded	Loss of epidermal skin layers.	0.958
Depth	See Wound Measurement – Depth.	
Dermal	Related to the skin or dermis.	0.920
Dermatitis	Inflammation of the skin; can cause itching, redness, and skin lesions.	0.958
Dermis	The layer of skin lying beneath the epidermis. It contains blood vessels, connective tissue, nerves, lymphatics, sebaceous glands, and hair follicles.	1.000
Desiccation	An undesirable drying condition that impedes the wound healing	0.923

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	process.	
Desquamation	The normal sloughing of the outer layer of dead epidermal cells at the surface.	0.963
Deterioration	Wound breakdown, enlargement, or deviation from normal healthy color, texture, exudate or features characteristic of its current stage of healing.	0.962
Devitalized Tissue	Nonviable tissue.	1.000
Diabetic foot ulcer	Wound on the foot of a diabetic individual. About 60-70% is associated with loss of protective sensation, caused by pathology commonly associated with the disease, such as peripheral neuropathy.	0.923
Diapedesis	The process of cellular migration from an intravascular to an extravascular space.	0.846
Differentiation	A change in cell morphology and/or structure changing cell function, typically from a less specialized to more specialized function.	0.852
Distal	Farthest from the center, from a medial line or from the trunk. Opposite of proximal.	0.963
Donor Site	Area from which skin is taken for use as a skin graft elsewhere on the body.	1.000
Dorsal	Pertaining to the extensor or back side. The opposite of ventral, plantar or flexor side.	1.000
Drainage	See Exudate.	
Ecchymosis	Skin discoloration (usually black blue, purple or other color) caused by infiltration or effusion of blood from blood vessels into the skin or subcutaneous.	1.000

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Eczema	Acute or chronic inflammatory conditions of the skin, typically erythematous, edematous, papular, vesicular, and crusting; it is followed often by lichenification and scaling, occasionally by change of the erythematous area to a dusky color, and infrequently by hyperpigmentation.	1.000
Edema	The presence of abnormally large amounts of fluid in the intercellular or interstitial tissue spaces.	1.000
Edema-Non-Pitting	Skin that is stretched and shiny due to fluid accumulation, with hardness of the underlying tissues that is not displaced by pressure applied by a finger after five seconds.	1.000
Edema-Pitting	Edema in which a depression (pitting) results after pressure has been applied to edematous or swollen tissue. Once pressure is removed, the depression slowly disappears.	0.962
Edges	<p>Description of the junction of intact skin and the open wound. Further described as:</p> <p>Indistinct, diffuse= Unable to clearly distinguish wound outline.</p> <p>Attached=Even or flush with wound base, no sides or walls present; flat.</p> <p>Not attached=Sides or walls are present; floor or base of wound is deeper than edge.</p>	0.960

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	<p>Rolled under, thickened=Soft to firm and flexible touch.</p> <p>Hyperkeratosis=Callous-like tissue formation around wound & at edges.</p> <p>Fibrotic =Scarred, hard, rigid to touch</p>	
Elasticity	The quality of returning to original size and shape after compression or stretching.	1.000
Elastin	A fibrous and stretchy protein that gives elasticity to tissue that is significant in the healing cascade.	1.000
Electrical Stimulation	The application of an electrode to provide AC/DC electrical current to transfer energy to a wound to promote wound healing.	0.923
Electrolytes	Ionized salts in blood, tissue fluids and cells.	0.963
Endothelial Cells	The flat cells that line the blood and lymphatic vessels, the heart, and various other body cavities.	1.000
Enzyme	A protein that acts as a catalyst to induce chemical changes in other substances.	0.962
Epibole	The upper edges of the epidermis roll to envelop the basement membrane or lower edges of the epidermis, so that epithelial migration does not occur at wound edges.	0.870
Epidermis	Outermost layer of skin consisting of five layers of differentiating epithelial cells whose primary type is the keratinocyte.	1.000
Epithelial Tissue	New white or pink, shiny epidermal tissue that grows in from wound edges or grows upward from surviving hair follicles or sweat ducts.	0.963

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Epithelialization	The stage of wound healing where epidermal cells proliferate and migrate across the surface of the wound from the wound margins and the remaining hair follicles. These cells are pink or white at the wound edges or in islands over granulation tissue.	1.000
Epithelized	Total or complete covering of wound bed with epithelial cells.	1.000
Erythematous	See Erythema.	
Erythema	A redness of the skin caused by dilation or congestion of capillaries in lower layer of skin due to injury, infection, inflammation, or hyperemia.	1.000
Eschar	Thick leathery black, brown, or gray necrotic devitalized tissue on the surface of a wound. It may be firmly adhered or partially separated from surrounding viable wound margins.	1.000
Escharotomy	An incision made through devitalized eschar to allow for decompression of the underlying muscle compartments, vasculature and nerves.	1.000
Excision	See Debridement – Excisional Sharp	
Excoriation	Disruption of the epidermis or dermis caused by scratching, abrasion, chemical or thermal injury.	0.962
Extracellular	Pertaining to the space that exists outside of cells.	1.000
Extracellular matrix	A non-cellular combination of fibrous and non-fibrous material that is part of connective tissue. The matrix supports the formation of granulation tissue and blood vessels. The fibrous portion is comprised of collagen, elastin, and reticulin.	1.000
Exudate	Any fluid released from a tissue or its capillaries, usually due to injury or inflammation. It is characteristically high in protein and white blood cells.	1.000

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Exudate - Serous	Clear wound fluid which leaks out through cell membranes and blood vessels.	1.000
Exudate – Sanguinous	Bloody wound drainage with little, if any, serous fluid.	1.000
Exudate Serosanguinous/Hemoserous	Blood-stained wound fluid; when serous fluid mixes with blood; red/pink.	1.000
Exudate – Purulent	A product of inflammation that is characterized by a creamy, viscous wound fluid primarily composed of polymorphonuclear leukocytes and liquefied necrotic debris. It is usually pale yellow to yellow green, sometimes whitish, or sometimes bloody. It is typically associated with infection, but may be sterile.	1.000
Exudate - Amount	A subjective measurement of the amount of wound drainage. Typically described as scant, minimal, moderate or copious assessed at the time of dressing change	0.883
Exudate - None/No Drainage	Dry wound tissues with no drainage that stains the dressing during routine dressing changes.	1.000
Exudate - Scant /Small	Wound tissues moist with drainage evenly distributed in the wound, ranging from minimal measurable exudate up to 25% of the dressing being covered with exudate. Exudate is fully controlled with routine dressing changes	0.962
Exudate – Moderate	Wound drainage that has met the limit of the dressing's absorptive ability without saturating or leaking during routine and appropriately timed dressing changes. Drainage may or may not be evenly distributed in wound; drainage covers 25% to less than 75% of the dressing.	0.923
Exudate - Large/Copious	Wound exudate that saturates a dressing during a routine	

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	dressing change intervals and is considered uncontrolled. Drainage is freely expressed and may or may not be evenly distributed in wound. Drainage covers more than 75% of dressing	0.962
Factitious	Self-induced or inflicted damage to a wound.	0.883
Fascia	A network of connective tissue Superficial – thin connective tissue surrounding the subcutaneous fat located beneath the dermis Deep Fascia – Dense fibrous connective tissue that surrounds the muscles, bones, nerves and blood vessels	1.000
Fasciotomy	Incision through the fascia.	1.000
Fibrin	A whitish, insoluble protein rich exudative film formed by the action of thrombin on fibrinogen. It is the basis for the clotting of the blood.	1.000
Fibrinolysis	Breakdown of fibrin.	0.962
Fibroblasts	A cell responsible for connective tissue synthesis in the dermis. These cells are attracted to the wound site (chemotaxis) where they proliferate, migrate, attach, contract, synthesize and extrude collagen producing the matrix through which new blood vessels will grow to make and contract and remodel granulation and scar tissue.	1.000
Fibronectin	Complex molecules whose function is to bind cells that help stabilize the attachment of the extracellular matrix.	1.000
Fibroplasia	The formation of fibrous tissue as occurs in the healing of wounds.	0.923
Fibrosis	Excessive scar formation in a tissue or organ.	1.000
Fissure	Any cleft or groove, normal or otherwise, in tissue or an organ. In	

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	wound care, it refers to a crack-like break in the skin.	1.000
Fistula	An abnormal passage or communication, between an internal organ and the surface of the body, or from one internal organ to another. Further defined by starting and ending location (e.g. enterocutaneous).	1.000
Fluctuance	Wavelike motion, indicative of the presence of fluid, used to describe the appearance (or feel) of the wound or periwound tissue.	0.920
Friction	The force of resistance between two surfaces rubbing together, which may lead to wearing away of tissue, or separation of tissue layers.	0.960
Full thickness	Tissue damage involving total loss of epidermis and dermis and extending, at the minimum, into the subcutaneous tissue and possibly through the fascia, muscle or bone.	1.000
Gangrene	Necrosis due to obstruction, loss or diminution of blood supply; it may be localized to a small area or involve an entire extremity or organ.	0.958
Gangrene - Dry Gangrene	Tissue necrosis in which the involved part is dry, sharply demarcated and shriveled; usually due to slowly occlusive vascular disease	1.000
Gangrene - Gas Gangrene	Tissue necrosis occurring in a wound infected with various anaerobic spore-forming bacteria, especially Clostridium Perfringens and Clostridium Novyi, which cause rapidly advancing crepitation of the surrounding tissues (due to gas liberated by bacterial fermentation), and constitutional toxic and septic symptoms including cytotoxic damage to kidney, liver, and	0.960

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	other organs.	
Gangrene - Wet Gangrene	Moist or draining ischemic necrosis of an extremity with bacterial putrefaction, producing cellulitis adjacent to the necrotic areas.	0.920
Glycosaminoglycans	Complex extracellular matrix of molecules that are composed of a protein core with multiple polysaccharide side chains	0.826
Granulation Tissue	Tissue that is pink/red and moist, composed of new blood vessels, connective tissue, fibroblasts, and inflammatory cells that fill a healing wound. Typically, appearing with an irregular, bumpy or granular surface.	1.000
Granulocytes	A granular leukocyte, also a polymorphonuclear leukocyte. (Includes neutrophil, eosinophil, or basophil).	1.000
Growth Factors	A subclass of cytokines (proteins) that stimulate proliferation, movement, maturation, and biosynthetic activity of cells.	1.000
Hemosiderin	The iron-containing pigment carried by the red blood cell (RBC). When RBC's leak into the tissue of patients with permeable vessels, they break down and leave hemosiderin behind, which causes a characteristic brown pigmentation, commonly seen in patients with venous hypertension.	1.000
Hyperbaric Oxygen therapy	The systemic, intermittent administration of oxygen at a concentration greater than 20% delivered under pressure	0.840
Hypergranulation	Granulation tissue that is bulbous and friable suggesting heavy bacterial bioburden. Frequently raised above the level of the periwound skin, it may also be seen in wound base, below the periwound surface.	0.960
Hyperkeratosis	Thickening of the stratum corneum often associated with a qualitative abnormality of the keratin. Commonly presents as a	1.000

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	callus.	
Immunosuppressive	Acting to suppress the body's immune response to an antigen.	1.000
Indolent	Inactive; not developing; slow to heal, little or no pain.	0.833
Induration	Abnormal hardening of tissue, especially the skin and the superficial fascia, caused by congestion, edema and/or inflammation.	1.000
Infection	The presence of bacteria or other microorganisms in sufficient quantity to damage tissue or impair healing. Wounds are often classified as infected when the wound tissue contains 100,000 (10 ⁵) or greater microorganisms per gram of tissue, but the diagnostic specificity and predictive validity of this parameter is less than optimal. The best standard remains the clinical signs and symptoms of infection including purulent exudate, odor, erythema, warmth, tenderness, edema, pain, fever, and elevated white cell count. Clinical signs of infection may not be present in the immunocompromised patient, the patient with poor perfusion, or the patient with a chronic wound.	1.000
Infection – Clinical Systemic	The presence of bacteria or other microorganisms in sufficient quantity to overwhelm the tissue defenses and produce the inflammatory signs of infection e.g. purulent exudate, odor, erythema, warmth, tenderness, edema, pain, fever, and elevated white cell count. Examples of clinical infections that extend beyond the margins of the wound include cellulitis, advancing cellulitis, osteomyelitis, meningitis, endocarditis, septic arthritis, bacteremia, and sepsis.	1.000
Infection - Clinical Local	A clinical infection that is confined to the wound which or	

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	presents with erythema and induration within 2 cm of its margins.	1.000
Inferior	Used medically in reference to the under surface of an organ or indicating a structure below another structure.	1.000
Inflammation	A localized protective response of the body to irritation, injury or destruction of tissue that can be acute or chronic involving increased blood flow and capillary permeability. Cardinal signs of inflammation include redness, heat, swelling, and pain.	1.000
Inflammation – Acute	A self-limiting inflammation that occurs following tissue injury. This may be diminished or absent in immunosuppressed patients.	0.885
Inflammation – Chronic	A localized protective but abnormally prolonged biologic response elicited by injury or destruction of tissues that serves to destroy, dilute, or wall off both the injurious agent and the injured tissue.	1.000
Infrared Therapy	A form of radiant energy that provides superficial dry heat.	0.917
Intact (Skin)	Undamaged epidermis and dermis.	1.000
Intermittent Claudication	Pain in the lower extremities secondary to poor arterial blood flow. Occurs during exercise, abates with rest.	1.000
Interstitial	Relating to or situated in the small, narrow spaces between tissues or parts of an organ.	1.000
Intracellular	Pertaining to that space within a cell.	1.000
Ischemia	Deficiency of blood supply caused by constriction or obstruction, of a blood vessel to tissue leading to cellular damage. If not alleviated, may lead to tissue necrosis.	1.000
Keloid	Excessive scar formation elevated above the plane of the skin and extending beyond the boundary of the original wound,	1.000

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	resulting in a raised, firm, thickened scar that may grow for a prolonged period of time, more frequently seen in dark pigmented skin.	
Keratin	The protein that is the principal component of the outermost epidermis and of acellular hair and nails.	0.962
Keratinization	The process by which the epidermis forms its outer protective layer, the stratum corneum	0.962
Keratinocyte	An epidermal cell that synthesizes keratin.	0.962
Lesion	Any change in the function or structure of tissue due to disease or injury.	0.960
Lesion – Linear	Structural damage to the skin occurring in a line or band-like configuration.	1.000
Lesion - Primary	Primary lesions are physical changes in the skin considered to be caused directly by the disease process.	1.000
Lesion – Satellite	A similar, smaller skin disorder located near a primary lesion.	0.960
Lesion – Secondary	May evolve from primary lesions, or may be caused by external forces such as scratching, trauma, infection, or the healing process. The distinction between a primary and secondary lesion is not always clear.	0.960
Lichenification	Hardening and thickening of the skin resulting from long and heightened irritation.	0.917
Lipedema	A congenital disorder of lipid metabolism most often seen in females that occurs during puberty manifested by abnormal distribution of fat and hyperplasia of fat cells.	1.000
Lipodermatosclerosis	Induration of the tissues with the replacement of dermis and subcutaneous fat by fibrosis. Seen on the lower extremity as an	1.000

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	end stage phenomenon of venous insufficiency.	
Livedo reticularis	A net-like non-blanchable pattern of pigmentation on the skin, associated with vasculitis, microthrombic disorders, and cholesterol crystal embolization.	1.000
Lymphedema	Due to obstruction of the lymphatics, an abnormal accumulation of protein-rich fluid in the interstitium, causing chronic inflammation and reactive fibrosis of the affected tissues clinically presenting as edema.	1.000
Lymphedema - Primary	A condition caused by congenital defect in lymphatic system.	0.960
Lymphedema - Secondary	A common condition that occurs as a result of damage to the lymphatics.	0.960
Lymphocytes	Lymph cell or white blood corpuscle without cytoplasmic granules, normally comprising 20 to 50 percent of total white blood cells.	0.962
Maceration	The changes and subsequent disintegration of skin resulting from prolonged exposure to moisture. Tissue changes frequently appear white.	0.960
Macrophage	Cells of the reticuloendothelial system that have the ability to phagocytize bacteria and devitalized tissue and to release growth factors essential for wound healing. They are found in loose connective tissues and various organs of the body.	0.960
Macule	Discolored spot or patch in the skin, neither elevated nor depressed.	0.960
Mast Cells	Immune cells that reside in the tissue and contain heparin and histamine in their granules. Mast cells degranulate and initiate	1.000

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
	defense mechanisms during injury or infection.	
Melanin	The dark amorphous pigment of the skin	1.000
Melanocyte	The cell responsible for the synthesis of melanin.	0.913
Monocytes	A relatively large mononuclear leukocyte (16-22 mcm in diameter), that normally constitutes 3-7% of the leukocytes of the circulating blood and found in the lymph nodes, spleen, bone marrow, and loose connective tissue.	1.000
Monofilament testing	A screening perception test using specialized weighted filaments designed to determine the presence or absence of protective sensation. In wound care it is used to determine risk for neuropathic foot ulceration.	0.960
Myocutaneous Flap	A procedure that moves a muscle combined with a portion of overlying skin with an intact vascular supply to cover an open wound.	1.000
Myofibroblast	A fibroblast having smooth muscle characteristics; believed to be involved in wound contraction.	1.000
Nasolabial	Pertaining to the nose and lip or the area between them.	0.917
Necrobiosis Lipoidica	An inflammatory skin disorder of unknown etiology, most common in women in the third and fourth decades of life. 50-70% of patients have diabetes mellitus, however, 3-11% of diabetics develop the disorder. Characterized by central yellow-brown atrophy with telangiectasias and possible ulceration, surrounded by a red-brown border. Occurs most commonly in the anterior tibial region.	0.957
Necrosis	The local death of tissue. Tissue may be black, brown, yellow, green or white and represents devitalized tissue.	1.000

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Necrotic Tissue	Tissue that has died and has therefore lost its usual physical properties and biological activity. Also called devitalized tissue.	1.000
Necrotic – <i>Eschar</i>	Firmly adherent, hard, black, firm, leathery tissue, maybe strongly or loosely attached to wound base and edges.	0.960
Necrotic - Fibrinous Tissue/Slough	A metabolic byproduct that is composed of serum and matrix proteins; may be white, yellow, tan, brown or green. It may be loose or firmly adherent and it has a stringy or fibrous texture and appearance.	1.000
Neovascularization	The outgrowth of new blood vessels budding from endothelial cells of existing blood vessels.	1.000
Negative Pressure Wound Therapy	Application of sub-atmospheric pressure to a wound using a variety of forms: electrical pump, wall suction, bulb suction or applied vacuum. The therapy may be applied by continuous, intermittent, low or high pressures and is used to assist in extracting drainage, microorganisms as well as stimulating granulation and contraction in a wound.	1.000
Neuropathic Ulcer	A wound or ulceration forming secondary to the effects of deficits in peripheral, sensory, motor and autonomic nervous systems; often has delayed or abnormal healing.	0.960
Neuropathy	Impaired function of the sensory, motor, and/or autonomic nerves, resulting in decreased sensation, bony deformities, and loss of perspiration.	1.000
Neutrophil	A polymorphonuclear (having many lobes in its nucleus) white blood cell, among the earliest inflammatory cells to arrive at a site of injury. It is abundant and actively phagocytic.	0.960

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Nonblanchable Erythema	A red area of the skin that persists when fingertip pressure is applied and released.	1.000
Non-granulating	Absence of granulation tissue; wound surface appears smooth as opposed to granular. For example, in a wound that is clean but non-granulating, the wound surface appears smooth and red as opposed to berry-like.	0.960
Non-viable	See Necrotic	
Oasis-C	A comprehensive assessment tool utilized in the United States home healthcare system to develop a plan of care and define payment in the home health setting.	0.870
OASIS–C Early/ Partial Granulation	In the comprehensive US home healthcare system assessment tool, this is defined as 25% of the wound bed is covered with granulation tissue; there is minimal avascular tissue (i.e., <25% of the wound bed is covered with avascular tissue); may have dead space; no signs or symptoms of infection; wound edges open.	0.917
OASIS –C Fully Granulating	In the comprehensive US home healthcare system assessment tool, this is defined as a wound bed filled with granulation tissue to the level of the surrounding skin or new epithelium; no dead space, no avascular tissue; no signs or symptoms of infection; wound edges are open.	0.917
OASIS – C Non- Healing	In the comprehensive US home healthcare system assessment tool, this is defined as a wound with $\geq 25\%$ avascular tissue OR signs/symptoms of infection OR clean but non-granulation wound bed OR closed/hyperkeratotic wound edges OR persistent failure to improve despite appropriate comprehensive wound	0.917

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
	management.	
Odoriferous	Having an odor, smell or fragrance.	0.920
Offloading modalities	The use of devices to spread weightbearing forces over a greater surface area allowing blood flow to promote healing and/or prevent injury. See "Support surfaces - Physical Concepts – Pressure Redistribution".	0.957
Osteomyelitis	Infection of the bone marrow and adjacent bone.	0.920
PAD	An abbreviation for peripheral arterial disease, secondary to atherosclerosis.	0.960
Papillary	Pertaining to or resembling a papilla, or nipple-like structure. The superficial layer of the dermis is called papillary dermis because its interface with the epidermis resembles this structure.	0.960
Papule	Red elevated area on the skin, solid and circumscribed less than 5mm.	1.000
Partial thickness tissue loss	Skin loss confined to epidermal and possibly dermal skin layers; damage does not penetrate below the dermis.	0.960
Pathogen	Any disease-producing microbial or infective agent.	1.000
Petechia	A minute reddish or purplish spot containing blood that appears in skin or mucous membrane as a result of localized hemorrhage	1.000
Phagocytosis	The engulfing of microorganisms, other cells, and foreign particles by cells such as neutrophils or macrophages, which are called phagocytes when engaged in this activity.	1.000
Phototherapy	The use of radiant energy, or light therapy, for healing purposes.	0.960
Pigmentation	Coloration with or deposition of molecules or materials that add color.	0.960
Pliable	Supple, flexible.	0.923

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Posterior	Near to or at the back of the body.	0.920
Pressure Redistribution	See "Support surfaces - Physical Concepts – Pressure Redistribution".	
Pressure Ulcer	A pressure ulcer is 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. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. Previously called decubitus ulcer or bedsore.	1.000
Pressure Ulcer - Stage I	Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons (a heralding sign of risk).	1.000
Pressure Ulcer - Stage II	Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising. This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.	1.000
Pressure Ulcer - Stage III	Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a stage III	1.000

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
	pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.	
Pressure Ulcer - Stage IV	Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling. The depth of a stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.	1.000
Pressure Ulcer - Unstageable	Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or Fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed.	1.000
Pressure Ulcer - Suspected deep tissue injury	A 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. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler as compared.	1.000

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Primary Intention	The mechanical approximation of wound edges (e.g., sutures, adhesive strips, staples, etc.) to achieve closure.	0.962
Proliferation	Cell division or mitosis. In wounds, forming new cells within the granulation tissue that populate or secrete the extracellular matrix to replace lost or damaged tissue.	0.962
Protease	An enzyme that hydrolyzes proteins.	1.000
Proximal	Nearest the center, midline, point of attachment or point of origin, opposite of distal.	1.000
Pruritus	Severe itching.	1.000
Pulsed Electromagnetic Field (PEMF)	The non-contact transfer of electrotherapeutic energy through pulsed electromagnetic fields creating radio frequency signals that are delivered through coils, used to augment cellular repair.	0.950
Pulsed Lavage with Suction	A form of mechanical pressurized pulsating irrigation used for wound cleansing and debridement. The pressurized irrigation is used to cleanse and debride, while the suction collects and contains the residual irrigation fluid and debris.	1.000
Punched-out Appearance	An ulcer having sharply demarcated borders typically associated with arterial insufficiency.	0.960
Purpura	Deep purple discoloration of the skin secondary to bleeding into the tissue. The presence of palpable purpura, in which the purpuric areas are indurated and can be palpated, indicates bleeding into the skin with inflammation. This is a common sign of vasculitis.	0.792
Purulent Discharge/Drainage	A product of inflammation that is characterized by a creamy, viscous fluid primarily composed of polymorphonuclear leukocytes and liquefied necrotic debris. It is usually pale yellow	1.000

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
	to yellow green, sometimes whitish, sometimes bloody, and it is typically associated with infection.	
Pus	See Purulent drainage.	
Putrefaction	Decomposition of organic matter, especially proteins, by the action of bacteria and fungi, resulting in the formation of foul smelling compounds.	1.000
Pyoderma gangrenosum	A poorly understood ulcerative skin disorder. In 40-50% of cases, there is no associated disease. Commonly starts as a painful red papule, pustule, nodule, and/or bulla, which subsequently ulcerates. Ulcer has necrotic, purulent base with an undermined red-purple border.	1.000
Raynaud's Phenomenon	Episodic digital ischemia secondary to exaggerated reflex sympathetic vasoconstriction. The "Phenomenon" is associated with other conditions, such as autoimmune disorders.	1.000
Reactive Hyperemia	An increased amount of blood in the skin, as a response to increased metabolic need	0.900
Rete Pegs/Ridges	A network of ridges forming the epidermal-dermal junction	0.958
Reticular	Pertaining to or resembling a net; often used to describe the deeper layer of the dermis	0.917
Rolled Edges	See Epibole	
Rubor of dependency	A test of the arterial system to determine the adequacy of arterial flow in the lower extremity by evaluating color changes in the skin during both elevation and dependency with a positive test being reactive hyperemia. A classic sign of arterial insufficiency.	1.000
Sacral	The area overlying the sacrum, at the base of the spine	1.000
Sanguineous	See Exudate	

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Scab	An outmoded term used to describe coagulum, or dry clotted blood. See crust.	0.880
Scar	See Cicatrix.	
Sensate Flap	A procedure that moves muscle, skin, and a sensory nerve to a new position on or in the same patient's body. The sensory nerve provides feeling to the flap.	1.000
Sepsis	The presence of pathogenic organisms or their toxins, in the blood or tissues causing systemic symptoms.	1.000
Sequential Compression Pump	Mechanical pump with a sleeve that is applied to an extremity and exerts pressure in distal to proximal fashion to compress an extremity and propel accumulated back fluid toward the heart.	0.960
Seroma	A contained or encapsulated collection of serum or plasma within a wound.	0.920
Serosanguineous	See Exudate –types.	
Shear	A mechanical force applied horizontally or parallel to a surface causing tissue layers to slide against each other. It may result in disruption of blood vessels and separation of tissue layers.	1.000
Sickle Cell Disease	An inherited disorder resulting in abnormal hemoglobin structure (Hgb S) which functionally limits capacity of the blood to carry oxygen.	0.875
Sinus Tract	Course or path of tissue destruction occurring in any direction beneath the surface or edge of the wound. It can be distinguished from undermining by the fact that a sinus tract involves a small portion of the wound edge whereas undermining involves a significant portion of the wound edge. Sometimes	0.960

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
	called a tract or tunneling.	
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).	1.000
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 the flap; changed from one part of the flap to another; or reestablished by microvascular anastomosis once it has been placed in the new location.	1.000
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 dermis and epidermis and can be partial or full thickness.	1.000
Skin Graft - Allograft	A graft derived from a genetically dissimilar individual of the same species.	0.960
Skin Graft - Autograft	A procedure that moves a segment of dermis and a portion of epidermis from one site to another in the same individual.	1.000
Skin Graft - Full thickness	Skin graft consisting of superficial and deep layers of the skin: (i.e., epidermis and dermis).	1.000
Skin Graft - Mesh Graft	A skin graft mechanically expanded after excision to cover a larger surface area than is otherwise possible, usually has a cross-hatched or meshed appearance.	0.960

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Skin Graft - Split thickness	Skin graft consisting of the epidermis and part of the thickness of the dermis; also called partial-thickness graft or split-skin graft.	1.000
Skin Graft – Xenograft	A graft derived from a species different from that receiving it.	1.000
Skin tear	Traumatic peeling away of the epidermis from the dermis.	1.000
Slough	See Necrotic tissue type.	
Spinosum	Cellular layer or epidermis having spinous projections	0.917
Squamous Cell Carcinoma	A malignant cancerous 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.	0.957
Stasis Ulcer	See Venous ulcer.	
Stratum Corneum	Outermost layer of the epidermis.	1.000
Subcutaneous	Beneath the skin. Serves as a reservoir for fat and provides temperature insulation and shock absorption.	1.000
Support surfaces – Reactive	A powered or non-powered support surface with the capability to change its load distribution properties only in response to applied load.	1.000
Support surfaces – Active	A powered support surface, with the capability to change its load distribution properties, with or without applied load.	1.000
Support surfaces – Integrated	A bed frame and support surface that are combined into a single unit whereby the surface is unable to function separately.	1.000
Support surfaces – Non-powered	Any support surface not requiring or using external sources of energy to operate.	1.000
Support surfaces – Powered	Any support surface requiring or using external sources or energy to operate.	1.000
Support surfaces – Overlay	An additional support surface designed to be placed directly on top of an existing surface.	1.000

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Support surfaces – Mattress	A support surface designed to be placed directly on the existing bed frame.	0.960
Support surfaces - Air	A low density fluid with minimal resistance to flow.	0.880
Support surfaces – Cell/ Bladder	A means of encapsulating a support medium.	0.880
Support surfaces – Viscoelastic Foam	A type of porous polymer material that conforms in proportion to applied weight. The air exists and enters the foam cells slowly which allows the material to respond slower than standard elastic foam. (Memory foam).	0.958
Support surfaces – Elastic Foam	A type of porous polymer material that conforms in proportion to the applied weight. Air enters and exits the foam cells more rapidly, due to greater density. (Non-memory)	0.958
Support surfaces – Closed Cell Foam	A non-permeable structure in which there is a barrier between cells, preventing gases or liquids from passing through the foam.	0.960
Support surfaces – Open Cell Foam	A permeable structure in which there is no barrier between cells and gases or liquids can pass through the foam.	0.960
Support surfaces – Gel	A semisolid system consisting of a network of solid aggregates, colloidal dispersions or polymers which may exhibit elastic properties.	0.960
Support surfaces – Pad	A cushion-like mass of soft material used for comfort, protection or positioning.	0.792
Support surfaces – Viscous Fluid	A fluid with a relatively high resistance to flow of the fluid.	0.880
Support surfaces – Elastomer	Any material that can be repeatedly stretched to at least twice its original length; upon release the stretch will return to approximately its original length.	0.880

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Support surfaces – Solid	A substance that does not flow perceptibly under stress. Under ordinary conditions retains its size and shape.	0.920
Support surfaces – Water	A moderate density fluid with moderate resistance to flow.	0.920
Support Surfaces – Features-Air Fluidized	A feature or a support surface that provides pressure redistribution via a fluid-like medium created by forcing air through beads as characterized by immersion and envelopment.	0.960
Support Surfaces – Features-Alternating Pressure	A feature of a support surface that provides pressure redistribution via cyclic changes in loading and unloading as characterized by frequency, duration, amplitude, and rate of change parameters.	0.960
Support Surfaces – Features-Lateral Rotation	A feature of a support surface that provides rotation about a longitudinal axis as characterized by degree of patient turn, duration, and frequency.	0.960
Support Surfaces – Features-Low Air Loss	A feature of a support surface that provides a flow of air to assist in managing the heat and humidity (microclimate) of the skin.	0.960
Support Surfaces – Features-Zone	A segment with a single pressure redistribution capability.	0.920
Support Surfaces – Features-Multi-zoned surfaces	A surface in which different segments can have different pressure redistribution capabilities.	0.960
Support surfaces - Physical Concepts – Frictional Force	The resistance to motion in a parallel direction relative to the common boundary of two surfaces.	0.920
Support surfaces - Physical Concepts – Coefficient of Friction	A measurement of the amount friction existing between two surfaces.	0.913
Support surfaces - Physical Concepts – Envelopment	The ability of a support surface to conform, so to fit or mold around irregularities in the body.	0.917

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Support surfaces - Physical Concepts – Fatigue	The reduced capacity of a surface or its components to perform as specified. This change may be the result of intended or unintended use and/or prolonged exposure to chemical, thermal, or physical forces.	0.917
Support surfaces - Physical Concepts – Force	A push-pull vector with magnitude (quantity) and direction (pressure, shear) that is capable of maintaining or altering the position of a body.	0.870
Support surfaces - Physical Concepts – Immersion	Depth of penetration (sinking) into a support surface.	0.917
Support surfaces - Physical Concepts – Life expectancy	The defined period of time during which a product is able to effectively fulfill its designated purpose.	0.917
Support surfaces - Physical Concepts – Mechanical Load	Force distribution acting on a surface.	0.958
Support surfaces - Physical Concepts – Pressure	The force per unit area exerted perpendicular to the plane of interest.	0.958
Support surfaces - Physical Concepts – Pressure Redistribution	The ability of a support surface to distribute load over the contact areas of the human body. This term replaces prior terminology of pressure reduction, pressure relief surfaces and offloading.	0.958
Support surfaces - Physical Concepts – Pressure Reduction	This term is no longer used to describe classes of support surfaces. The term is pressure redistribution; see above.	
Support surfaces - Physical Concepts – Pressure Relief	This term is no longer used to describe classes of support surfaces. The term is pressure redistribution; see above.	
Support surfaces - Physical Concepts – Shear stress	The force per unit area exerted parallel to the plane of interest.	0.870
Support surfaces - Physical	Distortion or deformation of tissue as a result of shear stress.	0.864

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Concepts – Shear Strain		
Suppuration	The formation of purulent fluid.	0.800
Suspected Deep Tissue Injury	See Pressure ulcer stages.	
Thromboangiitis Obliterans	An inflammatory, occlusive disorder of the small and medium sized arteries and veins in the distal extremities. Most cases occur in men under the age of 40, who smoke cigarettes. Also known as Buerger’s Disease.	0.957
Tract	See Sinus Tract.	
Traumatic	Abrupt, acute tissue damage from physical, mechanical, chemical, electrical, or other means external to the body.	0.960
Trochanteric	Located over the greater trochanter.	0.917
Tunnel/ Tunneling	See Sinus Tract.	
Ultrasound	The delivery of sound energy through a connecting medium into a wound or the peri-wound tissue. An ultrasound may be used for diagnostic purposes (i.e. to visualize the wound or subcutaneous structures) or may be used to stimulate wound healing.	0.920
Underlying Tissue	Tissue that lies beneath the surface of the skin such as fatty tissue, supporting structures, muscles, and bone	0.960
Undermined/ Undermining	Area of tissue destruction under intact skin involving a significant portion of the wound edge. Undermining results in a “lip” of intact tissue overlying open space. Distinguished from a sinus tract which extends in a single direction under intact tissue.	1.000
Unna Boot	Paste bandage used as a compressive wrap to treat venous ulcers. Amount of compression varies with the skill of the	1.000

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
	practitioner and the technique used.	
Vasculitis	An immune-mediated disorder that leads to inflammation and necrosis of blood vessels. Dependent upon the particular disorder, any size blood vessel may be involved, resulting in tissue necrosis and integument injury.	1.000
Vascular Diagnostics	Invasive or non-invasive diagnostics studies that determine either structural or functional assessment of the peripheral arterial and venous system. These studies are frequently utilized to predict the potential for wound healing.	0.960
Vasoconstriction	Constriction of the blood vessels	1.000
Vasodilation	Dilation of blood vessels, especially small arteries and arterioles; preferred spelling to "vasodilatation".	1.000
Venous hypertension	Higher-than-normal blood pressure within the leg veins resulting in pathophysiologic changes including varicosities, intravascular and interstitial edema, hemosiderin deposition, dermatitis and ulceration; previously referred to as venous insufficiency or venous stasis.	1.000
Venous ulcers	Ulcerations related to venous hypertension.	0.960
Vesicle	A blister-like elevation less than 5 mm on the skin that contains serous fluid.	1.000
Wound Bed/Base	Visible tissue at the base of the wound.	1.000
Wound Closure	The absence of a visible wound achieved by primary or secondary healing marked by complete epithelialization.	1.000
Wound Contraction	See Contraction.	
Wound drainage	See Exudate.	
Wound Margins	Rims or borders of a wound.	1.000

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Wound Word	Definition	Item Content Validation Index Number (Polit Formula)
Wound Measurement	A clinical description of wound surface area and volume which commonly includes length by width by depth and notations of undermining, tunneling or sinus tracts obtained by either a two-dimensional linear method or a three-dimensional method.	1.000
Wound Measurement – Length	Wound measurement of the longest dimension of the wound (geometric length) or along the vertical axis (i.e., head to toe is from 12 to 6 o'clock) of the body (anatomic length).	1.000
Wound Measurement – Width	Wound measurement along either the longest perpendicular to geometric wound length or if anatomically measured, a horizontal axis, (i.e. side to side is a 3 to 9 o'clock) of the body, perpendicular to the length.	1.000
Wound Measurement – Depth	Measurement from the top of the intact epidermis to the deepest part of a wound perpendicular to the plane of the skin surface that would cover that wound.	1.000
Wound Measurement – Area	Wound area is the number of square centimeters of body surface covered by the wound typically measured from tracings, image analysis or planimetry. It can be estimated reliably over time by multiplying the longest (geometric) wound length by the longest perpendicular area.	0.960

This educational material is made available by the Association for the Advancement of Wound Care (AAWC) and is approved by the AAWC for use by Sarah DiDomenico's speaker session "Wound Care for the Hand Therapist: Understanding the 'Why' Behind the 'How'" at the 2020 ASHT Virtual Conference for educational purposes. Reproduction of the document for any other purpose is prohibited.