## Clinical Care – Completing a wound Chart and Ordering Ongoing wound Care



Digital Health Quick Reference Guide

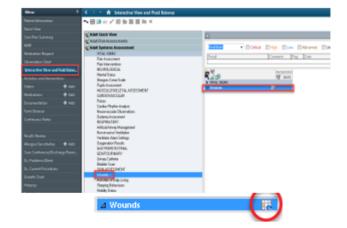
This Quick Reference Guide will explain how to:

Complete a Wound Chart and Ordering Ongoing Wound Care

## Completing a wound chart

To complete a wound chart documentation, go to:

- Interactive View and Fluid Balance from Table of Contents
- Choose the Adult Systems Assessment band
- Select Wound:



- Set up your wound via the Dynamic Group icon
- Click on Dynamic Group icon
- Dynamic Group window will open
- To accurately describe your wound/s Complete:
  - Wound Location.
  - Wound Laterality.
  - Wound Digit No (if required).
  - Wound Location Description.
- Each individual wound must be created via the Dynamic group icon.
- When this is completed click OK.
- Your wound description will appear in Interactive View

⊿ <Foot Left 1st Lateral>



Clinical Care - Completing a wound chart and ordering ongoing wound care

- Complete the wound chart by clicking through the chart and entering the relevant information about the wound:
  - In Activity identify if the wound is new or present on admission.
  - Identify Wound Type.

Note: Each wound must have information describing the wound base with **every** dressing change.

- The wound dimensions must also be documented at every dressing change
- Document exudate colour and amount based on the dressing removed from wound

Aim of treatment is based on assessment of wound base i.e., if sloughy or

Wounds	ie.	
⊿ <foot 1st="" lateral="" left=""></foot>		
Activity 🕹		Present o
Wound Care Provided By		Ross, Kyl
Wound Frequency		BD
Wound Present on Admission		9/10/201
🐼 Wound Type		Pressure i
Pressure Injury Stage		Stage 1
Wound Status		Improving
Pressure Injury Present on Admission		Yes
Wound Base Tissue Type	%	Granulati
Granulating/Red	%	60
Epithelium/Pink	%	40

**Digital Health** 

Wound Duration		2 - 6 weeks
Width	cm	2
Length	cm	2
Wound Depth Known		Yes
♦ Depth	cm	1

Exudate Present	Yes
🛇 Exudate Amount	Moderate
Exudate Type	Haemose
♦ Exudate Odour	Nil
Surrounding Skin Condition	Normal/H
^	140

Document pain score

necrotic aim would be autolytic debridement

Aim of Treatment	Prior to Dressing
Clean/Irrigate With	During Dressing
Primary Dressing	After Dressing

Wound Associated Pain

Aim of Treatment	
Clean/Irrigate With	
Primary Dressing	
Secondary Dressing	
Fixation/Secure With	
Suture/Staple Removal	
Compression	
Tubigrip	
Further Comments	

Wound Associated Pain 🗙

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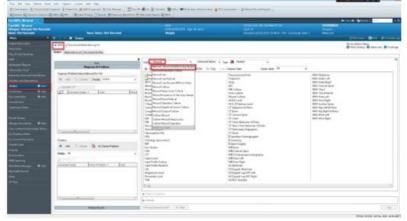
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## **Ordering Ongoing Wound Care**

When documentation is complete an order must be placed for **Each** wound to guide ongoing continuity of wound care. Note: one order can be completed if multiple wounds have the same frequency.

\* Details for Wound - Assessment/Dressing Review

- Select Orders from Table of Contents .
- Click on +Add
- In search box type in wound .
- Select Wound Assessment/ . Dressing Review from the drop-down menu and the Order window will open.



## 1. To fill in the Wound Assessment / Dressing Review

- Change the requested date/time to 0800 (this will then alert the staff member at beginning of the AM shift that the dressing is due).
- Select Frequency from the drop-down menu.
- Select NO from the PRN section

Requested Start Date/Time: Duration:		÷ • 000	ABOT	Frequency daily *
Sop Data/Time: Speciallin/tractions:	-1-1-		ALDT	HR C Vis 6 Ro
			1	

Click on the Order Comments tab to add details and special instructions and then Sign to complete the order:

Important Note: if entering multiple orders, complete all orders before signing.

Details for Wound - Assessment/Dressing Review	
2 Datain D Order Comments 2 Disgraces	
Order comments Ing Left Lateral	
Postcann weak, Sorbact, Zetwitt Plus and Grepe Daily	
	*
0 Hinning Required Datals Dx Table	Sign

Version: 1



- The Signed orders will appear in the Orders screen under Patient Care as Processing. ٠
- Refresh the page and the order status will change to Ordered.
- The Order will drop a task, daily at 0800hrs, on the Activity page on Care Compass. Only sign the task in Care Compass after it has been completed.

4 Patien	t Care		
$\checkmark$	Wound -	Ordered	04/02/2019 08:00:00, daily
	Assessment/Dressing		Leg Left Lateral Prontasan wash, Sorbact, Zetuvit Plus and Crepe Daily
~	Malnutrition Screening	Ordered	16/01/2019 15:49:46, ONCE a week on(same day each week)
			Order entered secondary to inpatient admission
$\sim$	Weight Measured	Ordered	16/01/2019 15:49:44, ONCE a week on (g) Sun
	(Weekly)		Order entered secondary to inpatient admission
$\checkmark$	Basic Admission	Ordered	16/01/2019 15:49:43, Stop Date 16/01/2019 15:49:43
	Assessment Adult		Order entered secondary to inpatient admission
$\checkmark$	Initial Patient	Ordered	16/01/2019 15:49:43, Stop Date 16/01/2019 15:49:43
	Assessment Adult		Order entered secondary to inpatient admission
$\checkmark$	Risk Assessment Adult	Ordered	16/01/2019 15:49:43, Stop Date 16/01/2019 15:49:43
			Order entered secondary to inpatient admission
$\checkmark$	Valuables/Belongings	Ordered	16/01/2019 15:49:43, Stop Date 16/01/2019 15:49:43
			Order entered secondary to inpatient admission

