

August 4, 2025

Designated Pressure Injury Validators are staff trained to identify and stage pressure injuries. Designees at each member organization validate pressure injuries using the Multi-Patient Task List and iView documentation.

NLH System Pressure Injury and Management – Skin Care Policy

Click <u>here</u> to review the NLH System Pressure Injury and Management – Skin Care policy for more information about wound care.

Pressure Injury Validation

Designated Pressure Injury Validators receive a **INP Ostomy-Wound Pressure Injury Eval** task on the **Multi-Patient Task List.** The task notifies that a wound suspected to be a pressure injury needs assessment and validation. Wound documentation including assessment and validation are in iView.

- **<u>STEP 1</u>**: Go to the **Multi-Patient Task List** in the toolbar and select the **Ostomy Pressure Inj Eval** tab to view a list of patients with **Pressure Injury Suspected** documented by an Inpatient or ED nurse.
 - For more information about the **Wound Multi-Patient Task List**, click <u>here</u>.
- **<u>STEP 2</u>**: Activity View opens to the Suspected Pressure Injury section.
- **<u>STEP 3</u>**: Review wound documentation entered by Inpatient or ED nurse.
- **<u>STEP 4</u>**: Navigate to **Media Gallery Web** on the **workflow MPage** to review the wound photo(s).
 - For more information about the Media Gallery Web component, click <u>here</u>.

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Media Gallery Web Risk Indicators		Search	Q + ::
Reason for Visit Pathology (0) Lines/Tubes/Drains	Clinical Summary (1) Dec 11, 2023 8:35 AM Dermatology (1) May 12, 2025 10:01 AM Patient Chart (28) May 21, 2025 10:28 A Wound Care (4) May 31, 2025 8:32 AM		l

<u>NOTE</u>: Assess the wound at the patient's bedside if needed.

Wound is not a Pressure Injury

The Designated Pressure Injury Validator determines that a wound is **NOT** a **pressure injury**.

<u>STEP 1</u>: Navigate back to Activity View in Interactive View and I&O using the left facing arrow to begin wound documentation.



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<u>STEP 2</u>: Click **Type of Skin Abnormality** cell to open it.

- Uncheck **Pressure Injury Suspected**.
- Select the appropriate Abnormality Type(s) for the wound.
- Documentation options are conditional on the skin abnormality type(s) selected.

	5	16:42 EDT
Pressure Injury Validation		
Suspected Pressure Injury		
A Corony		
Type of Skin Abnormality:	Pressur	e Injury - Suspected
Date and Time of Last Wound Photo:	\diamond	
Next Wound Photo Due Date:	٥	
Pressure Point:	♦	

<u>STEP 4</u>: Document fields applicable for the wound, once complete, sign documentation by clicking the green checkmark. ✓

Wound is a Validated Pressure Injury

The Designated Pressure Injury Validator determines that the wound **IS** a **pressure injury**.

- **<u>STEP 1</u>**: After reviewing the wound photo(s) in **Media Gallery**, navigate back to **Activity View** in **Interactive View and I&O** using the left facing arrow to begin wound documentation.
- STEP 2:In the Suspected Pressure Injury
section, clear Pressure Injury
Suspected by right-clicking the
cell and selecting Clear.
- <u>STEP 3</u>: Inactivate the Suspected Pressure Injury dynamic group by rightclicking the Suspected Pressure Injury label and select Inactivate.
- A Nurse View 👫 🐚 | 🖶 🖿 | 🔍 🔍 | 100% II Handoff × II Admission × I Expand Collapse <u>nu</u> 1 View Result Details... E, 16:42 EDT Activate Pressure Injury Validation $\mathbf{\nabla}$ Inactivate $\mathbf{\nabla}$ ⊿ Suspected Pressure Inju C. Unchart ⊿ Coccvx 2 Type of Skin Abnormality: O Date and Time of Last Wound Photo: alidated Pressure Injury
- **<u>STEP 4</u>**: Click the **Validated Pressure Injury waffle icon** to create a Validated Pressure Injury dynamic group for this wound.
- **<u>STEP 5</u>**: Document the required fields and appropriate options in the **Label** for this wound.
 - Validated Pressure Injury label should match the label of the discontinued Suspected Pressure Injury dynamic group.
- STEP 6: Select OK.
- STEP 7:Document Pressure Inj Stage WOUNDVALIDATOR ONLY, Pressure Inj Stagelevel, and any other applicable fields.

Pressure Injury Validation		$\mathbf{\nabla}$
⊿ Suspected Pressure Injury		$\overline{\mathbf{\nabla}}$
Coccyx		
⊿ Validated Pressure Injury.	e.	
⊿ 1 POA-Yes Ankle Right Anterior		
Pressure Inj Stage-WOUND VALIDATOR ONLY:	1	
Pressure Inj Stage 2:	\diamond	
Pressure Inj Date/Time Last Wound Photo:		

- **<u>STEP 8</u>**: **Sign** the documentation using the green checkmark.
- NOTE: If the patient has multiple wounds and all of them are not being documented on at this time, select the circle with an X in it next to the green sign icon or uncheck the Pressure Validated check box below the time header to clear the documentation that is pulling in as last charted value.



	16:42 EDT
Pressure Injury Validation	
⊿ Suspected Pressure Injury	
► Coccyx	
Validated Pressure Injury.	

Wound/Ostomy Note PowerForm

- After documenting the Validated Pressure Injury Dynamic group, the Wound Validator will document in the Wound/Ostomy Note PowerForm.
- <u>NOTE</u>: To increase visibility of pressure injuries to providers and to make the plan of care clear and easy to find, after documenting in iView, all pressure injury validation should be completed in the <u>Wound/Ostomy Note PowerForm regardless of the discipline documenting</u>.
- > Documentation in the **Wound/Ostomy Note** should include:
 - Wound Ostmy Consult section
 - Wound/Ostomy Note section
 - Charge and Supply sections as applicable
- Certain documentation within the Wound/Ostomy Note will flow to the Providers Note.

Validated Pressure Injury Status Change

When an Inpatient or ED nurse determines a validated pressure injury has changed and needs subsequent validation, they will select **Pressure Injury – Suspected Change** in **Wound Status.** This option fires a re-eval task to the **Multi-Patient Task List** to notify Pressure Injury Validators that a validated pressure injury needs to be reassessed.

Pressure Inj Wound Status:	×
Acute	
Chronic	
Deteriorating	
Healed	
Improving	
Pressure Injury - Change Suspected	
Recurring	
Reopened	
Unchanged	
Unknown	
Other	

<u>NOTE</u>: EMMC will continue to use the Skin Response Protocol for wound re-evaluation.

For questions regarding process and/or policies, please contact your unit's Clinical Educator. For questions regarding workflow, please <u>place a ticket</u> to Health Informatics. For any other questions please contact the Customer Support Center at: 207-973-7728 or 1-888-827-7728.