

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 [here](#) 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.

STEP 1: 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.

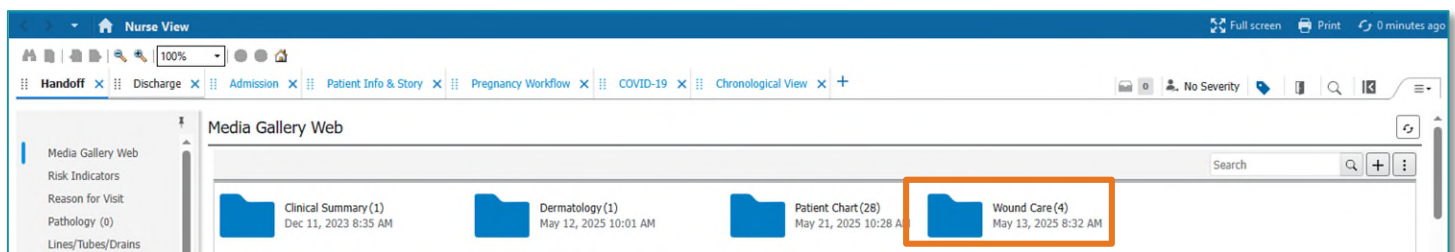
- For more information about the **Wound Multi-Patient Task List**, click [here](#).

STEP 2: **Activity View** opens to the **Suspected Pressure Injury** section.

STEP 3: Review wound documentation entered by Inpatient or ED nurse.

STEP 4: 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 [here](#).



NOTE: 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**.

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



STEP 2: Click **Type of Skin Abnormality** cell to open.

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



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

Wound is a Validated Pressure Injury

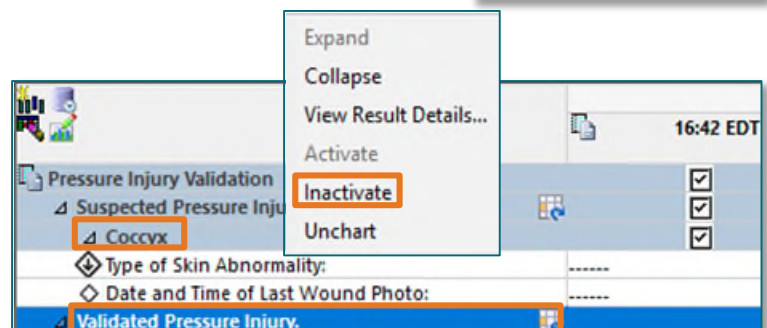
The Designated Pressure Injury Validator determines that the wound **IS** a **pressure injury**.

STEP 1: 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**.

STEP 3: **Inactivate the Suspected Pressure Injury** dynamic group by right-clicking the **Suspected Pressure Injury** label and select **Inactivate**.



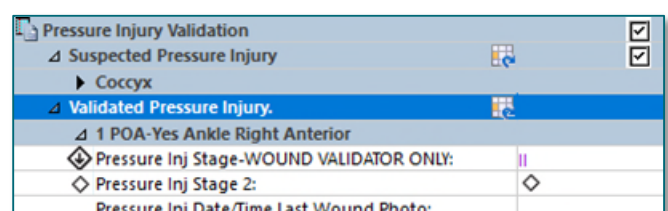
STEP 4: Click the **Validated Pressure Injury waffle icon** to create a Validated Pressure Injury dynamic group for this wound.

STEP 5: 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.

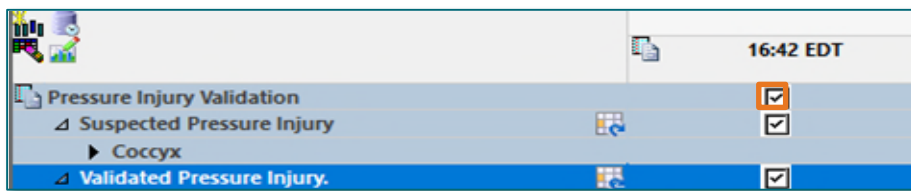
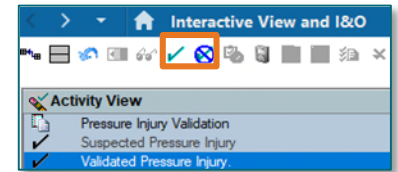
STEP 6: Select **OK**.

STEP 7: Document **Pressure Inj Stage – WOUND VALIDATOR ONLY**, **Pressure Inj Stage level**, and any other applicable fields.



STEP 8: 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.



Wound/Ostomy Note PowerForm

➤ After documenting the **Validated Pressure Injury Dynamic group**, the Wound Validator will document in the **Wound/Ostomy Note PowerForm**.

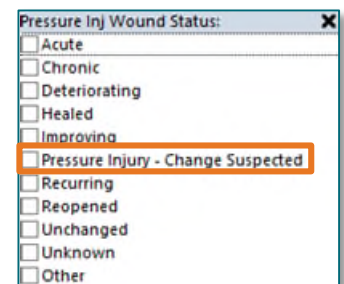
NOTE: To increase visibility of pressure injuries to providers and to make the plan of care clear and easy to find, after documenting in iView, all pressure injury validation should be completed in the Wound/Ostomy Note PowerForm regardless of the discipline documenting.

➤ Documentation in the **Wound/Ostomy Note** should include:

- **Wound Ostomy Consult** section
- **Wound/Ostomy Note** section
- **Charge and Supply** sections as applicable

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.



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