

DEFENSIBLE DOCUMENTATION: WHAT EXACTLY ARE WE LOOKING AT?

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OBJECTIVES

01

Be able to accurately label wound locations based on anatomical landmarks

02

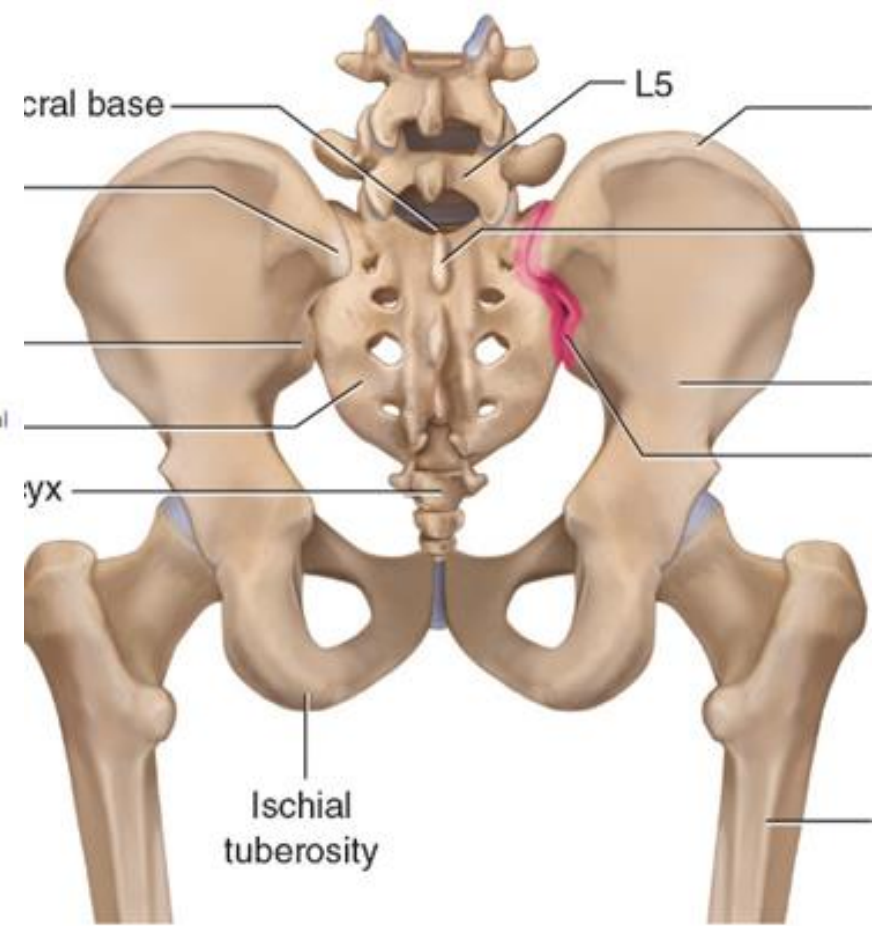
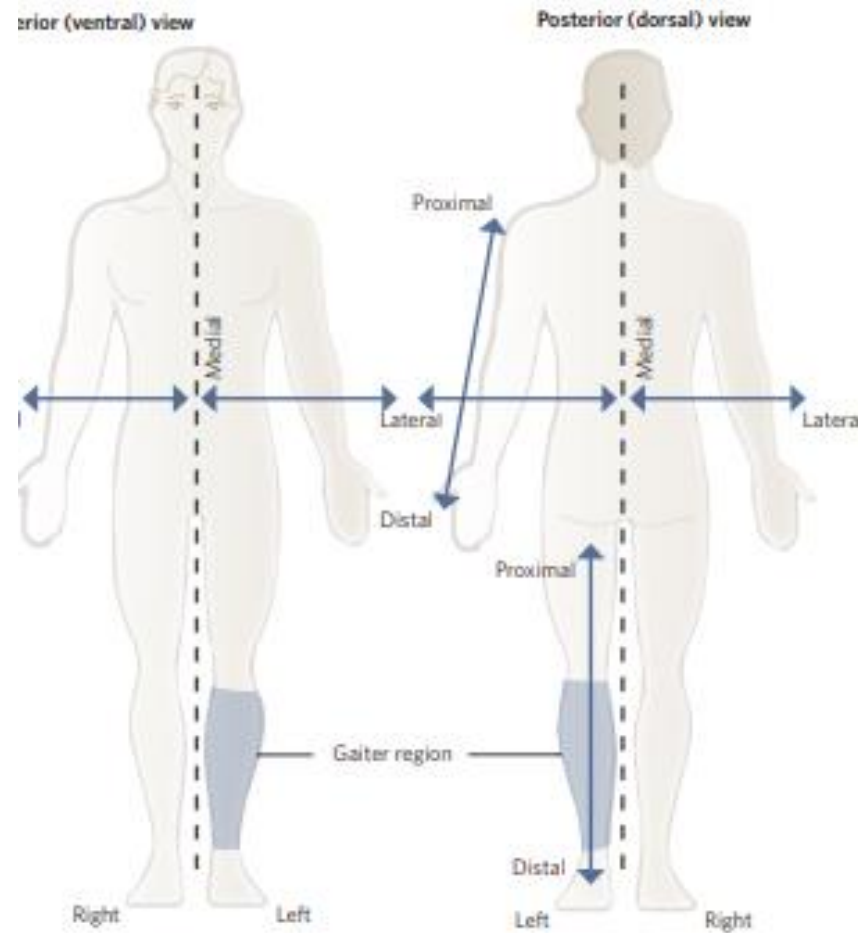
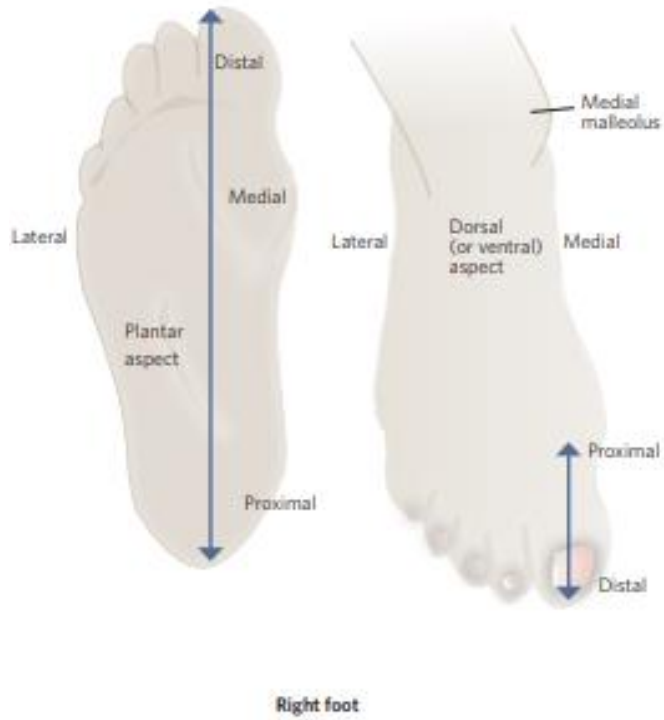
Be able to describe wound bases, edges, and peri wound

03

Be able to document drainage amount and characteristics

04

Be able to select dressings based off wound characteristics



ANATOMICAL LOCATION

ANATOMICAL LOCATION

Anterior

Posterior

Left

Right

Medial

Lateral

Plantar

Dorsal

Superior

Inferior

Proximal

Distal

Buttock

Coccyx

Sacrum

Gluteal
Cleft

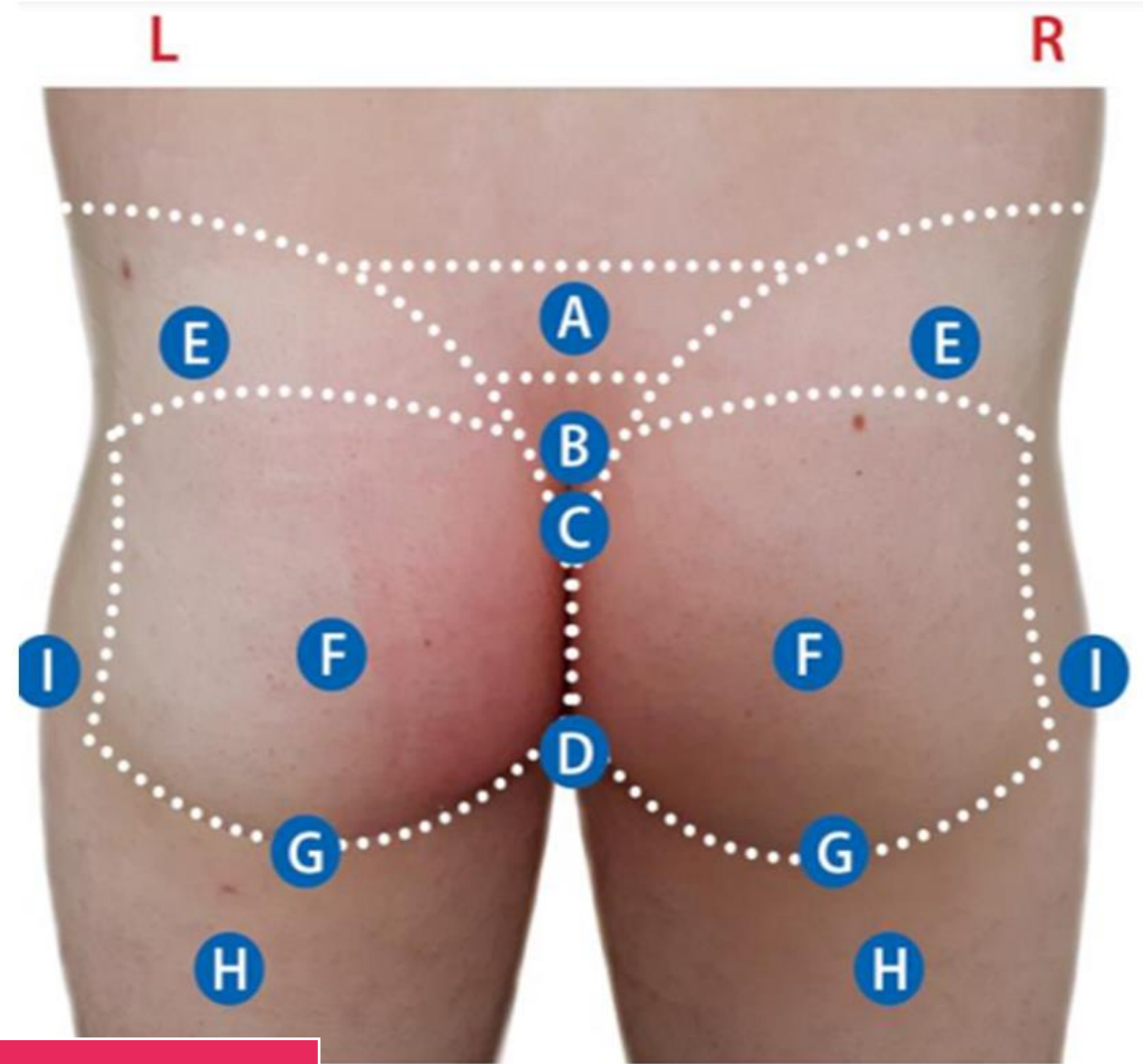
Ischial
Tuberosity

Greater
Trochanter

Posterior
Thigh

Perineum

Iliac Crest



ANATOMICAL LOCATION



Important for
coding



Important for
continuity of care

△ Incision/Wound Group

- ▶ 1 Buttock Pressure Injury

Anterior, Sacral Area Surgical incision

△ Incision/Wound Group

- ▶ A Bilateral, Medial, Sacral Area Pressure Injury
- ▶ B Left, Other: Upper Pressure Injury
- ▶ C Left, Medial Pressure Injury
- ▶ D Left, Other: Lower Pressure Injury

△ Incision/Wound Group

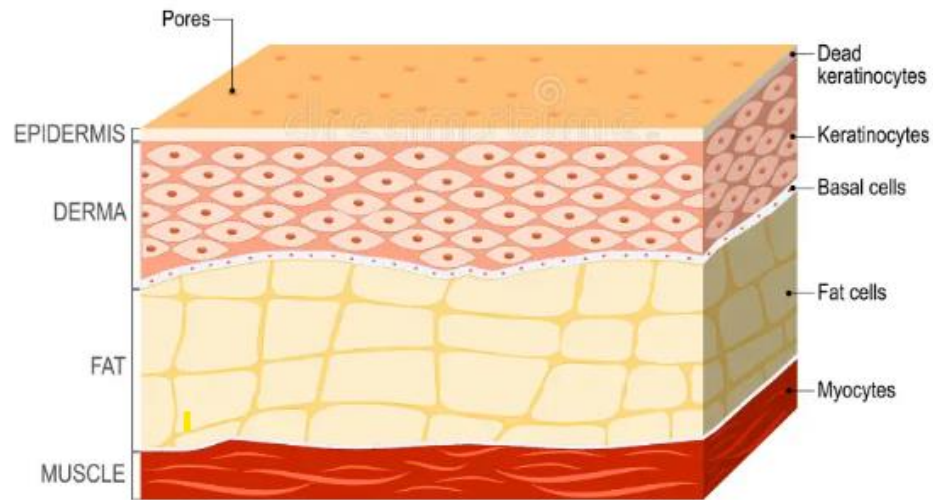
- ▶ 1 Right Surgical incision
- ▶ 1 Right, Hip Surgical incision

1 Left Surgical incision

**WE LABELED THE WOUND
LOCATION, NOW WHAT?**

WOUND ASSESSMENT

ANATOMY OF THE SKIN



Epidermis: dry, dull and usually smooth; avascular; made up of dead cells.

Dermis: thick, dense fibroelastic, connective tissue and highly vascularized.

Fat: pale yellow, waxy, globular, oily-dried fat can appear tan or yellow-brown

Muscle: pink to dark red, firm, highly vascular and striated

OTHER STRUCTURES

Tendon: gleaming yellow or white, shiny

Ligament: ribbon-like, striated, pearly white

Bone: shiny, hard, milky white

Cartilage: covers ends of bones, very white and shiny with poor vascular flow

WOUND
ASSESSMENT

Wound Base

Wound Edge

Peri-Wound

WOUND BASE

Granulation

Beefy red, puffy, bumpy, moist and shiny

Hypergranulation

Grows above surface of the wound

Epithealization

Deep pink to light pearly pink translucent
May appear light purple around edges

Slough

Yellow, gray, tan or brown

Eschar

Black or brown tissue that is flush with level of the skin

Non-granulated or Agranular

Smooth, red

 **WARNING**

**CONSIDER YOURSELF
WARNED**

WOUND EDGES

Attached



Defined



Rolled (Epibole)



Undefined



Unattached



PERI-WOUND

Minimum of 4 cm of
wound edge

Palpate

Assess

AMOUNT

None

Scant

Minimal/Small

Moderate

Large/Copious

CHARACTERISTICS

Malodorous

Odor Free

Purulent

Sanguineous

Serosanguineous

Serous

DRAINAGE



Not all dressings are created equal

DRAINAGE ACTIVITY



**WOUND
PHOTOGRAPHY**

WOUND PHOTOGRAPHY



Same patient as other heel photo. While we want to keep photo orientation consistent, this would not be a position to emulate.

Example of better orientation of photographing heel wounds.



What body part is this? Need to have the photo zoomed out a little better to determine anatomical location

WOUND PHOTOGRAPHY

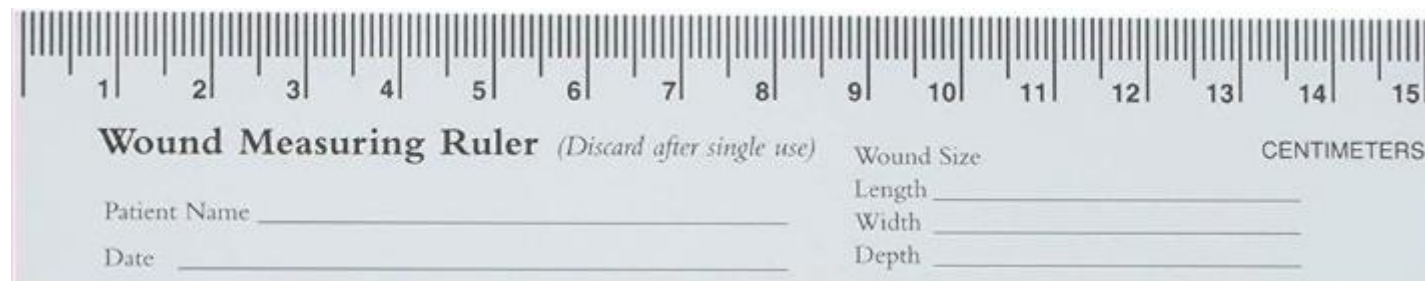
Same patient, different orientation, better patient modesty, patient label



WOUND MEASUREMENTS

WOUND MEASUREMENTS

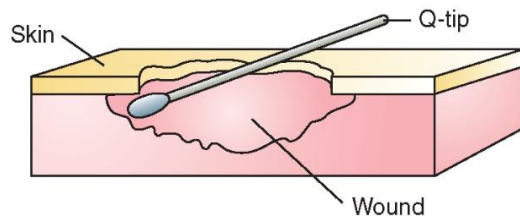
- Put patient in same position for each measurement
- Multiple types of wound measurements, most common is linear method utilizing the head-to-toe approach or clock method
- Always document length x width x depth and in centimeters



WOUND MEASUREMENTS

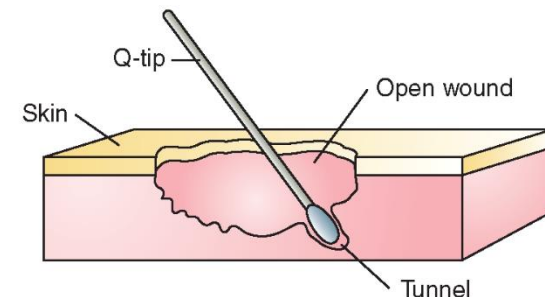
Undermining

- Destruction of underlying tissue surrounding some or all of the wound margins. May extend one or many directions under a wound edge



Tunneling

- Narrow opening or passageway that can extend any direction, resulting in dead space with potential for abscess formation
 - Also known as a sinus tract



TYPES OF DRESSINGS

FACTORS TO CONSIDER WHEN SELECTING A DRESSING TYPE

Wound Type

Wound Location

Wound Description

Wound Characteristics

Bacterial Profile

CATEGORIES OF WOUND DRESSINGS

Alginates

Collagens

Composites

Contact Layers

Foams

Gelling Fibers

Gauze

Hydrocolloids

Hydrogels

Silicone

Specialty Absorptive

Wound Fillers

CATEGORIES OF WOUND DRESSINGS

Alginates

Full or partial thickness wounds with moderate to heavy exudate

CATEGORIES OF WOUND DRESSINGS

Collagens

Full or partial thickness wounds with minimal to heavy exudate

CATEGORIES OF WOUND DRESSINGS

Composite

Full or partial thickness wounds with minimal to heavy exudate

CATEGORIES OF WOUND DRESSINGS

**Contact
Layer**

Fragile wound tissue,
pain, partial to full
thickness

CATEGORIES OF WOUND DRESSINGS

Foam

Minimal to heavy
exudate

CATEGORIES OF WOUND DRESSINGS

Gelling Fiber

Full or partial thickness
wounds with moderate
to heavy exudate

CATEGORIES OF WOUND DRESSINGS

Gauze

Used for cleaning and covering wounds

CATEGORIES OF WOUND DRESSINGS

Hydrocolloids

Partial or full thickness,
scant to moderate
exudate

CATEGORIES OF WOUND DRESSINGS

Hydrogel

Partial to full thickness,
dry or slightly moist

CATEGORIES OF WOUND DRESSINGS

Silicone

Minimal to heavy
exudate, fragile peri-
wound, skin tears

CATEGORIES OF WOUND DRESSINGS

**Specialty
Absorbative**

Heavy exudate, partial
or full thickness

CATEGORIES OF WOUND DRESSINGS

Transparent

Partial thickness, none to minimal exudate

CATEGORIES OF WOUND DRESSINGS

**Wound
Fillers**

Full thickness, wounds
that require packing

WOUND DRESSINGS

Must always have an order

Wounds are constantly evolving,
reassessment of dressings should occur

Goal of wound care is to heal the wound
as quickly as possible while minimizing
pain, discomfort and scarring

QUESTIONS?