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| Braden, Skin, & Wound Documentation-- Frequently Asked Questions | |
| Question | Response |
| If patient is high risk, and charting *Positioning Care* q2 is necessary, is charting positioning care "done" enough? | Yes, *Positioning Care* “done” is now adequate. |
| Where can it be documented that the patient turned themselves. | If the patient is repositioning themself, this would be considered compliance with *Positioning Care* and you would chart "done". |
| Is it OK to NOT have the Pressure Ulcer Prevention and Treatment orders generated from Wiz | Yes. We have verified that these orders are not required to support charging and they are not required from medical-legal perspective. The hover over for each Braden sub scale now includes advice on interventions for pts. at risk for that sub-scale and hover for Pressure Ulcer prevention measures explain interventions***. Links*** includes access to Pressure Ulcer Prevention and Treatment resources. |
| Why cannot I continue to chart on an existing wound? | You CAN continue to document about wounds started prior to Skin/Wound changes made 12/3/13 but some of the options that were available to document have now been removed . Hit “Show All” to see all available results that can be charted against. There are fewer of these and some concepts have been combined.   * Remaining categories include Appearance, Drainage, Surround Skin, Dress Appearance, Closures, and Wound Length & Width * Wound pain would now be documented as part of pain assessment rather than wound assessment |
| How do I chart the dressing type? | The new result name is “Incision/Wound Dressing Change”. The drop down list includes generic names of all types of dressings and you may select more than one if appropriate. |
| How do I chart wound vac dressing? | 1. From *Incision/Wound Dressing*, select black or white foam. 2. From *# Wound Vac Foam Applied/removed*, enter number when adding or removing 3. From *Wound Vac Suction*, enter suction level & specify *continuous* or *intermittent* 4. For that wound, specify which wound vac on Output section will be used to document output from this wound vac. |
| Some of the dressings we use on my unit are not included on the list available *under Incision/Wound Dressings* so I have to annotate. Help! | Because brand names of dressing products change frequently, we made a significant effort to use generic product names. For example, Mepilex is not listed but “Foam” is an option. |
| Does Braden Assessment have to be documented by 10? | Braden Assessments are required Q shift. The indicator turns yellow at 7a & p to remind staff Braden needs to be done. If it’s not done in 5 hrs. (by 12 pm or am), the indicator turns red. When Braden score is calculated in HED, the indicator turns green and stays that way until the next 7 o’clock. |
| Why is *Positioning Care* NOT on Vitals/I&O tab? | Positioning Care IS on the Vitals/I&O Tab in the same place Turn/Reposition was (beneath *hypopharyngealSx*, above *Nitric Oxide)* |