

REVIEW

- So lets review Surgical wounds and DTI
- If ANY part of an incision is open and you see depth/tissue and/or wound care is ordered to pack or apply to site then it is considered an OPEN SURGICAL WOUND
- IF entire incision closed then its CLOSED

Closed Surgical and DTI's

61° 3:26 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

**IS THIS A CLOSED SURGICAL WOUND
OR SUSPECTED DEEP TISSUE INJURY?**

1 - YES

2 - NO

Previous History Next

Suspected Deep Tissue Injury

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.



Used with permission NPUAP



13 RT post Shoulder
Healed 1-18-06
MARTINEZ, Debra 2/3/04



DTI

- THINK EGGPLANT Colored!!
- INTACT SKIN
- NO DEPTH = 0
- SKIN INTACT
- NO DRAINAGE
- NOT OPEN



Closed Surgical Wound



Open versus Closed



Three weeks after sloughing and incorporation of GortexZn® into the wound base, there was healthy granulation tissue in preparation for a living skin equivalent. Full wound closure occurred after the application of Dermagraft.



Wound Types

The screenshot shows a mobile application interface for documenting a wound. At the top, the status bar displays the time as 3:27 PM and various system icons. Below the status bar, the patient information is shown as "RN00 - MCKAY, HOPE C". The wound location is identified as "#1 FOREARM, MID - SURG INC". The section is titled "INDICATE TYPE:" and contains two radio button options: "SUSPECTED DEEP TISSUE INJURY" and "CLOSED SURGICAL WOUND". Both radio buttons are currently unselected. At the bottom of the screen, there are three navigation buttons: "Previous", "History", and "Next".

61° 3:27 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

INDICATE TYPE:

SUSPECTED DEEP TISSUE INJURY

CLOSED SURGICAL WOUND

Previous History Next

Wound Closure

61° 3:27 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

INDICATE WOUND CLOSURE

NONE

STERI STRIPS

STAPLES

SUTURES

ADHESIVE CLOSURE

OTHER (SPECIFY):

Previous History Next

Exudate Type

61° 3:27 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

EXUDATE TYPE (WAT)

NONE

BLOODY

SEROSANGUINEOUS - THIN, WATERY, PALE RED/PINK

SEROUS - THIN, WATERY, CLEAR

PURULENT - THIN OR THICK, OPAQUE, TAN/YELLOW, WITH OR WITHOUT ODOR

Previous History Next

Exudate Amount

The screenshot shows a mobile application interface for data entry. At the top, the status bar displays the time as 3:28 PM and various system icons. Below the status bar, the patient information is shown as 'RN00 - MCKAY, HOPE C' and the location as '#1 FOREARM, MID - SURG INC'. The main section is titled 'EXUDATE AMOUNT (WAT)' and contains five radio button options: 'NONE', 'SCANT', 'SMALL', 'MODERATE', and 'LARGE'. At the bottom of the screen, there are three buttons labeled 'Previous', 'History', and 'Next'.

61° 3:28 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

EXUDATE AMOUNT (WAT)

NONE

SCANT

SMALL

MODERATE

LARGE

Previous History Next

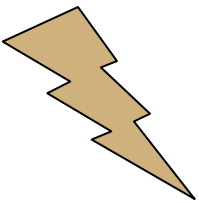
Odor

The screenshot shows a mobile application interface for odor assessment. At the top, the status bar displays the time as 3:28 PM and various system icons. Below the status bar, the patient information is shown: "RN00 - MCKAY, HOPE C" and the procedure: "#1 FOREARM, MID - SURG INC". The main section is titled "ODOR" and contains four radio button options for selection: "NONE AT CLOSE RANGE", "FAINT ODOR AT CLOSE RANGE", "MODERATE ODOR IN ROOM", and "STRONG ODOR IN ROOM". At the bottom of the screen, there are three buttons: "Previous", "History", and "Next".

• When do we assess odor?

• AFTER REMOVING,
DISCARDING OLD
DRESSING AND CLEANING
WOUND

INFECTION



The screenshot shows a mobile application interface with a black background and white text. At the top, there is a status bar with various icons and the time 3:34 PM. Below the status bar, the text reads "RN00 - MCKAY, HOPE C" and "#1 FOREARM, MID - SURG INC". The main section is titled "SIGNS AND SYMPTOMS OF INFECTION" and contains two radio button options: "YES" and "NO". The "NO" option is selected. At the bottom, there are three buttons: "Previous", "History", and "Next".

- There is no “STOP” or alert to notify MD at this point in system; You must be aware that if you detect s/s infection and indicate so that there **MUST BE** evidence of MD contact or explanation if not.....

Epithelialization

• This question refers to NEW SKIN

• If closed surgical wound close to 15-30 days old can mark option 1-2

• If newer closed surgical option 3-4 ok

• These wounds do not get a WAT score

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

EPITHELIALIZATION (WAT)

100% WOUND COVERED, SURFACE INTACT

75% TO < 100% WOUND COVERED &/OR EPITHELIAL TISSUE EXTENDS > 0.5CM INTO WOUND BED

50% TO < 75% WOUND COVERED &/OR EPITHELIAL TISSUE EXTENDS TO < 0.5CM INTO WOUND BED

25% TO < 50% WOUND COVERED

Previous History Next

Edges/Surrounding Tissue: Maceration

61° 3:35 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

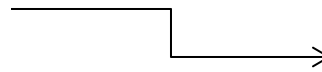
**EDGE / SURROUNDING TISSUE -
MACERATION**

ABSENT

PARTIAL

PRESENT

Previous History Next



Inflammation

61° 3:35 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

**EDGE / SURROUNDING TISSUE -
INFLAMMATION**

ABSENT

PARTIAL

PRESENT

Previous History Next



Skin Color around wound

61° 3:35 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

SKIN COLOR SURROUNDING WOUND (WAT)

PINK OR NORMAL FOR ETHNIC GROUP

BRIGHT RED &/OR BLANCHES TO TOUCH

WHITE OR GRAY PALLOR OR HYPOPIGMENTED

DARK RED OR PURPLE &/OR NONBLANCHABLE

BLACK OR HYPERPIGMENTED

Previous History Next

Peripheral Tissue Edema

61° 3:35 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

PERIPHERAL TISSUE EDEMA (WAT)

NO SWELLING OR EDEMA

NONPITTING EDEMA EXTENDS < 4 CM AROUND WOUND

NONPITTING EDEMA EXTENDS >= 4 CM AROUND WOUND

PITTING EDEMA EXTENDS < 4 CM AROUND WOUND

CREPITUS AND/OR PITTING EDEMA EXTENDS >= 4 CM AROUND WOUND

Previous History Next

Induration

The screenshot shows a mobile application interface for recording medical data. At the top, there is a status bar with icons for signal strength, battery, and temperature (61°), along with the text 'Day 36 Mins Overdue' and '6 PM'. Below this is a patient information bar: 'RN00 - MCKAY, HOPE C'. The next bar is a location or department indicator: '#1 FOREARM, MID - SURG INC'. The main content area is titled 'PERIPHERAL TISSUE INDURATION (WAT)'. It contains five radio button options for recording induration levels: 'NONE PRESENT', 'INDURATION, < 2 CM AROUND WOUND', 'INDURATION, 2-4 CM EXTENDING < 50% AROUND WOUND', 'INDURATION 2-4 CM EXTENDING > = 50% AROUND WOUND', and 'INDURATION > 4 CM IN ANY AREA AROUND WOUND'. At the bottom of the screen, there are three buttons: 'Previous', 'History', and 'Next'.

- This means **HARDNESS**...
- Palpate around wound

Necrotic Tissue

The screenshot shows a mobile application interface with a status bar at the top displaying icons for signal, Wi-Fi, and battery, along with the time 3:36 PM. Below the status bar, the patient information is shown as "RN00 - MCKAY, HOPE C" and the location as "#1 FOREARM, MID - SURG INC". The main section is titled "NECROTIC TISSUE TYPE (WAT)" and contains five radio button options, all of which are currently unselected. At the bottom of the screen, there are three buttons labeled "Previous", "History", and "Next".

NECROTIC TISSUE TYPE (WAT)	Selected
NONE VISIBLE	<input type="radio"/>
WHITE/GRAY NONVIABLE TISSUE &/ OR NONADHERENT YELLOW SLOUGH	<input type="radio"/>
LOOSELY ADHERENT YELLOW SLOUGH	<input type="radio"/>
ADHERENT, SOFT, BLACK ESCHAR	<input type="radio"/>
FIRMLY ADHERENT, HARD, BLACK ESCHAR	<input type="radio"/>



- A closed surgical wound would typically not have any necrotic tissue as listed here...scabbing is not necrotic tissue.

Drains? Yes or No

The screenshot shows a mobile application interface for data entry. At the top, there is a status bar with various icons and the time 3:37 PM. Below the status bar, the patient information is displayed: "RN00 - MCKAY, HOPE C" and "#1 FOREARM, MID - SURG INC". The main section is titled "DRAIN PRESENT" and contains two radio button options: "YES" and "NO". The "NO" option is selected. At the bottom of the screen, there are three buttons: "Previous", "History", and "Next".

61° 3:37 PM

RN00 - MCKAY, HOPE C

#1 FOREARM, MID - SURG INC

DRAIN PRESENT

YES

NO

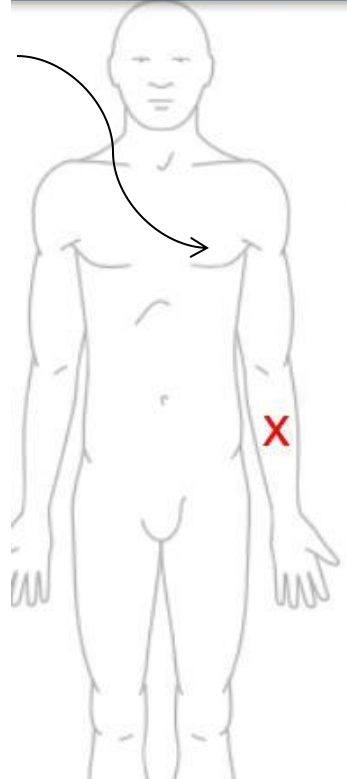
Previous History Next

Second Wound

61° 2 + S [Signal icons] 3:46 PM

RN00 - MCKAY, HOPE C

Location/Type	Onset	Visit	LxWxD (CM)	EXU	AMT	EXU	TPE	S/S	INF
#1 FOREARM, MID - SURG INC	1/3/13	1/8/13	6x0x0	SCANT		BLOODY		YES	
#2 ISCHIUM - PU STAGE III	1/8/13								



- We completed our closed surgical wound
- Now we will document on our Pressure Ulcer

ANTERIOR - M [Dropdown arrow] Details Add New

Other OPEN wound assessment

61° 3:48 PM
RN00 - MCKAY, HOPE C
#2 ISCHIUM - PU STAGE III

DEPTH DESCRIPTION (WAT)

NONBLANCHABLE ERYTHEMA ON INTACT SKIN

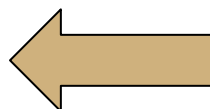
PARTIAL THICKNESS SKIN LOSS

FULL THICKNESS SKIN LOSS INVOLVING DAMAGE OR NECROSIS OF SUBCUTANEOUS TISSUE; MAY EXTEND DOWN TO BUT NOT THROUGH UNDERLYING FASCIA; &/ OR MIXED PARTIAL & FULL THICKNESS &/OR TISSUE LAYERS OBSCURED BY GRANULATION TISSUE

OBSCURED BY NECROSIS

FULL THICKNESS SKIN LOSS WITH EXTENSIVE DESTRUCTION, TISSUE NECROSIS OR DAMAGE TO MUSCLE, BONE OR SUPPORTING STRUCTURES

Previous History Next



- OPTION 1 = STAGE 1
- OPTION 2 = St 2, skin tears, abrasions, burns, any SUPERFICIAL wound
- OPTION 3 = Stage 3 PU; full thickness open surgical wounds; full thickness any other type wound
- OPTION 4 = St. 4 PU; any full thickness, deep open wound bone evident

Edges of Wounds

61° 2 3:48 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

EDGES (WAT)

INDISTINCT, DIFFUSE, NON CLEARLY VISIBLE

DISTINCT, OUTLINE CLEARLY VISIBLE, ATTACHED, EVEN WITH WOUND BASE

WELL-DEFINED, NOT ATTACHED TO WOUND BASE

WELL-DEFINED, NOT ATTACHED TO BASE, ROLLED UNDER, THICKENED

WELL-DEFINED, FIBROTIC, SCARRED OR HYPERKERATOTIC

Previous History Next

- This is referring to the edges of the wound
- Option 1: indistinct; diffuse non clearly visible = Stage 1 PU; healing Stage 2 possibly
- Option 2: Open superficial wound

Edges



- EXAMPLE OF OPTION 2;
- Distinct , outline clearly visible; attached even with wound base
- ST 2 PU, skin tear, any superficial wound

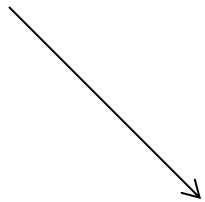
Edges



- Example of OPTION 3
- Well defined , not attached to wound base....depth and separation is visible.
- Stage 3 PU, full thickness any wound

Edges

- OPTION 4: Well defined, not attached; rolled under; thickened
- Often seen in chronic, pressure ulcers which have been present for a long time-LIPS.



Edges



- OPTION 5: Well defined, fibrotic, scarred or hyperkeratotic
- Other terms : callous
- Often described chronic plantar DM ulcers or old surgical repaired Stage 4 PU's will develop scarring around edges.

Granulation Tissue

61° 3:48 PM
RN00 - MCKAY, HOPE C
#2 ISCHIUM - PU STAGE III

GRANULATION TISSUE (WAT)

SKIN INTACT OR PARTIAL THICKNESS WOUND

BRIGHT, BEEFY RED; 75% TO 100% OF WOUND FILLED &/OR TISSUE OVERGROWTH

BRIGHT, BEEFY RED; < 75% & > 25% OF WOUND FILLED

PINK, &/OR DULL, DUSKY RED &/OR FILLS <= 25% OF WOUND

NO GRANULATION TISSUE PRESENT

Previous History Next

- Referring to red/healthy (MEAT) granulation tissue visible in the wound bed
- Option 1 : A LOT OF OUR WOUNDS!

Stage 1

Stage 2

Skin Tears

ALL PARTIAL THICKNESS WOUNDS YOU SEE!!

GRANULATION

61° 61° 2 3 3:48 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

GRANULATION TISSUE (WAT)

SKIN INTACT OR PARTIAL THICKNESS WOUND

BRIGHT, BEEFY RED; 75% TO 100% OF WOUND FILLED &/OR TISSUE OVERGROWTH

BRIGHT, BEEFY RED; < 75% & > 25% OF WOUND FILLED

PINK, &/OR DULL, DUSKY RED &/OR FILLS <= 25% OF WOUND

NO GRANULATION TISSUE PRESENT

Previous History Next

- OPTIONS 2, 3, 4 refer to only DEEP OPEN WOUNDS IN THE MEAT!! Stage 3 and 4 ; dehisced surgical wounds etc
- OPTION 5 : UNSTAGEABLE OR any wound with no red in wound; yellow/slough ; eschar etc.

Necrotic Tissue Amount

50%-75%

Wound bed
covered with
necrotic tissue



Exudate

61° 3:48 PM
RN00 - MCKAY, HOPE C
#2 ISCHIUM - PU STAGE III

EXUDATE TYPE (WAT)

NONE

BLOODY

SEROSANGUINEOUS - THIN, WATERY, PALE RED/PINK

SEROUS - THIN, WATERY, CLEAR

PURULENT - THIN OR THICK, OPAQUE, TAN/YELLOW, WITH OR WITHOUT ODOR

Previous History Next

61° 3:48 PM
RN00 - MCKAY, HOPE C
#2 ISCHIUM - PU STAGE III

EXUDATE AMOUNT (WAT)

NONE

SCANT

SMALL

MODERATE

LARGE

Previous History Next

Odor and S/S infection

61° 2 3 3:48 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

ODOR

NONE AT CLOSE RANGE

FAINT ODOR AT CLOSE RANGE

MODERATE ODOR IN ROOM

STRONG ODOR IN ROOM

Previous History Next

61° 2 3 3:49 PM

RN00 - MCKAY, HOPE C

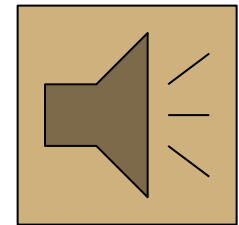
#2 ISCHIUM - PU STAGE III

SIGNS AND SYMPTOMS OF INFECTION

YES

NO

Previous History Next



61° 3:49 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

EPITHELIALIZATION (WAT)

100% WOUND COVERED, SURFACE INTACT

75% TO < 100% WOUND COVERED &/ OR EPITHELIAL TISSUE EXTENDS > 0.5CM INTO WOUND BED

50% TO < 75% WOUND COVERED &/ OR EPITHELIAL TISSUE EXTENDS TO < 0.5CM INTO WOUND BED

25% TO < 50% WOUND COVERED

< 25% WOUND COVERED

Previous History Next

- THIS IS NEW SKIN
- OPTION 1 means your wound is healed?
- OPTION 2,3,4 healing with new skin over top
- OPTION 5; no signs of healing/new skin occurring



- This is new skin
- See outline of original wound?
- Open areas in center etc....





- New skin; pale shiny pink
- Dark skinned individuals will have lighter , paler pink new skin ...



61° 61° 2 3 3:50 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

EDGE / SURROUNDING TISSUE - INFLAMMATION

ABSENT

PARTIAL

PRESENT

Previous History Next

61° 61° 2 3 3:50 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

SKIN COLOR SURROUNDING WOUND (WAT)

PINK OR NORMAL FOR ETHNIC GROUP

BRIGHT RED &/OR BLANCHES TO TOUCH

WHITE OR GRAY PALLOR OR HYPOPIGMENTED

DARK RED OR PURPLE &/OR NONBLANCHABLE

BLACK OR HYPERPIGMENTED

Previous History Next

61° 61° 2 3 3:50 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

PERIPHERAL TISSUE EDEMA (WAT)

NO SWELLING OR EDEMA

NONPITTING EDEMA EXTENDS < 4 CM AROUND WOUND

NONPITTING EDEMA EXTENDS >= 4 CM AROUND WOUND

PITTING EDEMA EXTENDS < 4 CM AROUND WOUND

CREPITUS AND/OR PITTING EDEMA EXTENDS >= 4 CM AROUND WOUND

Previous History Next

61° 61° 2 3 3:50 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

PERIPHERAL TISSUE INDURATION (WAT)

NONE PRESENT

INDURATION, < 2 CM AROUND WOUND

INDURATION, 2-4 CM EXTENDING < 50% AROUND WOUND

INDURATION 2-4 CM EXTENDING > = 50% AROUND WOUND

INDURATION > 4 CM IN ANY AREA AROUND WOUND

Previous History Next

61° 3:51 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

NECROTIC TISSUE TYPE (WAT)

NONE VISIBLE

WHITE/GRAY NONVIABLE TISSUE &/ OR NONADHERENT YELLOW SLOUGH

LOOSELY ADHERENT YELLOW SLOUGH

ADHERENT, SOFT, BLACK ESCHAR

FIRMLY ADHERENT, HARD, BLACK ESCHAR

Previous History Next

61° 3:51 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

NECROTIC TISSUE AMOUNT (WAT)

NONE VISIBLE

< 25% OF WOUND BED COVERED

25% TO 50% OF WOUND COVERED

> 50% AND < 75% OF WOUND COVERED

75% TO 100% OF WOUND COVERED

Previous History Next

Necrotic Tissue

No necrotic
tissue visible



Necrotic tissue

White/gray non-viable tissue or nonadherent yellow slough



Necrotic Tissue

Loosely
adherent yellow
slough



Necrotic Tissue

Adherent,
soft black
eschar



Firmly , adherent hard black



Undermining

61° 2 3 3:51 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

UNDERMINING (WAT)

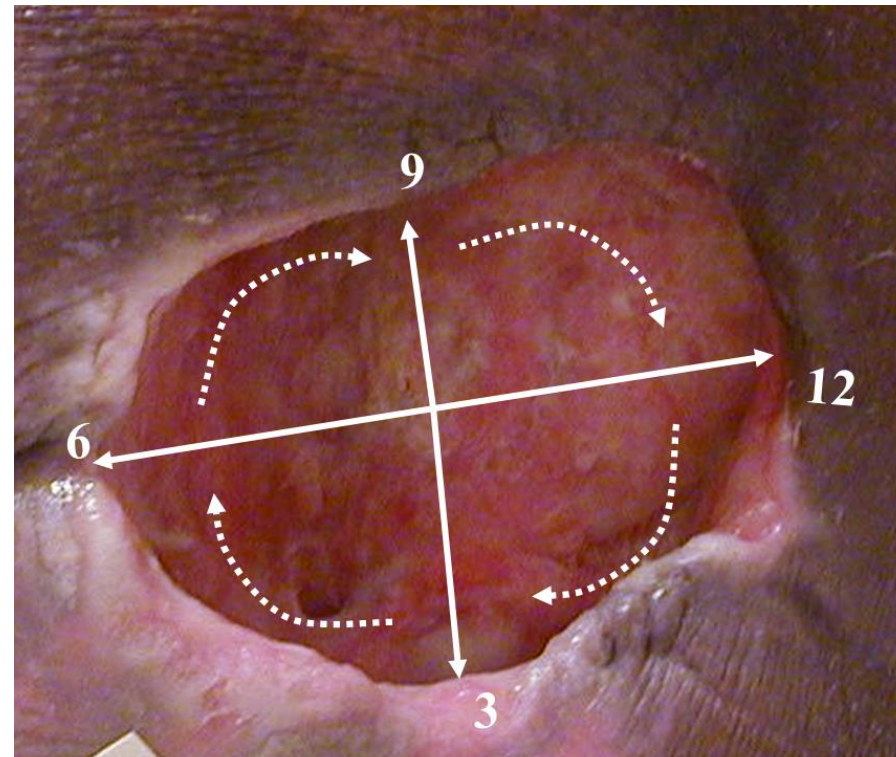
NONE PRESENT

< 2 CM IN ANY AREA

2-4 CM INVOLVING < 50% WOUND MARGINS

2-4 CM INVOLVING > 50% WOUND MARGINS

Previous History Next



Tunneling

61° HCHB TRAININ 3:51 PM

RN00 - MCKAY, HOPE C

#2 ISCHIUM - PU STAGE III

TUNNELING (WAT)

YES

NO

UNKNOWN

Previous History Next

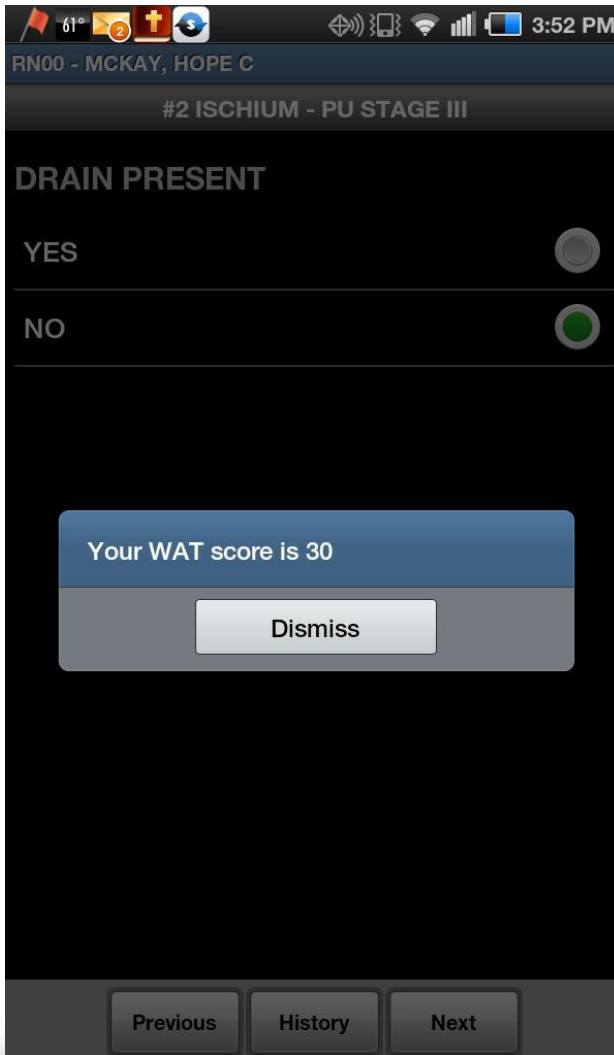
- IF present still free text as to where it is located in the wound bed and depth

Drains

The screenshot shows a mobile application interface with a dark theme. At the top, there is a status bar with icons for temperature (61°), notifications (2), a cross icon, a globe icon, and system icons for signal, Wi-Fi, and battery. Below the status bar, the text "RN00 - MCKAY, HOPE C" is displayed in a blue header, followed by "#2 ISCHIUM - PU STAGE III" in a grey header. The main content area is black and contains the text "DRAIN PRESENT" in white. Below this, there are two options: "YES" and "NO", each with a white radio button to its right. At the bottom of the screen, there is a grey bar with three buttons: "Previous", "History", and "Next".

- Describe type/location

WAT SCORE



- WE are DONE!!!
- See WAT SCORE
- Check history
 - SCORE DOWN = healing
 - SCORE UP =
 - Worse
 - Two different assessments???????