

**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.**

### Pressure Injury Validation

Designated Pressure Injury Validators receive a **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](#).
  - Double-click patient’s name to open the chart.

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

**STEP 3:** Review information documented by the inpatient/ED nurse.

**STEP 4:** Navigate to **Media Gallery** on the workflow MPage to review the wound photo.

**NOTE:** **Assess the wound at patient bedside if needed.**

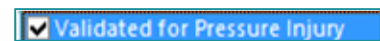
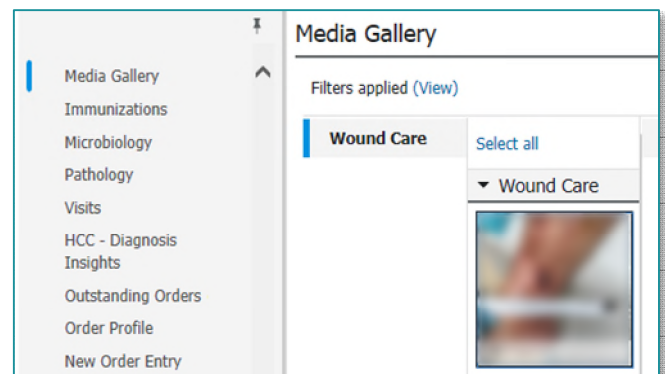
**STEP 5:** Navigate to iView to begin wound documentation.

**STEP 6:** Double-click in the blue banner below the date and time to get a checkmark to allow for tabbing for quick documentation.

- STEP 7:** Document **Type of Skin Abnormality**.
- Uncheck **Pressure Injury – Suspected** or **Pressure Injury – Suspected change**.
  - Select **Validated for Pressure Injury**.
  - Select additional abnormality type(s) as appropriate.
  - Documentation options are conditional on the skin abnormality type selected.

**STEP 8:** Select **Pressure Inj Validator Clinical Role**.

**STEP 9:** Enter **Pressure Inj Validator Name**.



Pressure Inj Validator Clinical Role:	Pressure Inj Validator Clinical Role: X
Pressure Inj Validator Name:	Nurse
Validated Pressure Injury:	Therapies
Pressure Injury on Admission:	Provider

**STEP 10:** Validated Pressure Injury.

- If option **Yes** is selected, pressure injury staging and assessment fields open.
- If option **No** is selected, no pressure injury documentation opens and documentation is based on the wound's abnormality type.

**NOTE:** Information documented in the **Type of Skin Abnormality, Pressure Inj Validator Clinical Role, Pressure Inj Validator Name, and Validated Pressure Injury** fields will pull forward during the patient's admission. This will make validation documentation visible to other care team members.

**STEP 11:** Once complete, sign documentation by clicking the green checkmark. ✓

### **Wound Status Change**

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

➤ **Pressure Injury – Suspected Change**, restarts the **Pressure Injury Validator** workflow, see Step 1 above.

**NOTE:** EMMC will continue to utilize the **Skin Response Protocol** for wound re-evaluation.  
Pressure Injury Eval and Pressure Injury Re-Eval tasks only fires to the **Multi-Patient Task List** once in a 24-hour period.