



# Wound Documentation Cerner Workbook Wound Care Nurse

This self-guided workbook allows the Ambulatory Wound Care Clinical Team to practice common documentation using the optimized workflow. This complements PromisePoint simulations and instructor-led education.

Please note, the following scenario is designed to demonstrate the workflow and functionality of the new tools. It may not be inclusive of all Northern Light System and/or Hospital policies and procedures.

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## Scenario Info:

50-year-old female presents to the Clinic for wound care that requires a Multi-Layer Dressing, a Single-Layer Dressing and Negative Pressure Wound Therapy.

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## Table of Contents

<b>Signing into Cerner Millennium</b> .....	2
<b>Patients and Sign Ons</b> .....	2
<b>Ambulatory PowerChart Overview</b> .....	3
Adding Resources.....	3
Documenting Wound Care in iView.....	3
Multi-Layer Dressing.....	3
Single-Layer Dressing.....	5
Negative Pressure Wound Therapy.....	6
<b>Documentation of Plan of Care</b> .....	6
Wound Clinic Non-Provider Note.....	6
Charging for Ambulatory Wound Supplies.....	8
<b>Inpatient Wound Care Workflow</b> .....	8
<b>Review Wound Documentation</b> .....	8

### Signing into Cerner Millennium

- From the Intranet page under Quick Links search for Cerner Millennium – Train (New Hire).
  - Cerner Millennium Train is where you can practice on training patients.
- Click the green plus sign to add **Cerner Millennium – Train (New Hire)** to your Quick Links.
- From Quick Links, click Cerner Millennium – Train (New Hire).
- Click the **PowerChart** icon.
- Enter the username and password provided below.



### Patients and Sign Ons

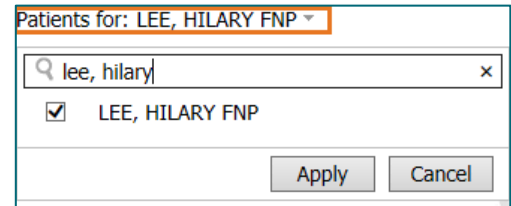
**Password: train44ing**

Sign On	Date	Resource	Patient
TRAMBRN50	07/05/2022	Hilary Lee PA	TRAIN, WOUNDA
TRAMBRN51	07/05/2022	Hilary Lee PA	TRAIN, WOUNDB
TRAMBRN52	07/05/2022	Hilary Lee PA	TRAIN, WOUNDC
TRAMBRN53	07/05/2022	Hilary Lee PA	TRAIN, WOUNDD
TRAMBRN54	07/05/2022	Hilary Lee PA	TRAIN, WOUNDE
TRAMBRN55	07/05/2022	Hilary Lee PA	TRAIN, WOUNDF
TRAMBRN56	07/05/2022	Hilary Lee PA	TRAIN, WOUNDG
TRAMBRN57	07/05/2022	Hilary Lee PA	TRAIN, WOUNDH
TRAMBRN58	07/05/2022	Hilary Lee PA	TRAIN, WOUNDI
TRAMBRN59	07/05/2022	Hilary Lee PA	TRAIN, WOUNDJ

## Ambulatory PowerChart Overview

### Adding Resources

- Use the **Patient's for:** dropdown to choose the Lee, Hilary FNP as the Provider resource.
- Click **Apply**.
  - Use the **Calendar** icon to select a Date of Service of **07/05/2022**.
- Click a patient's name from the Ambulatory Organizer Schedule to enter the chart.

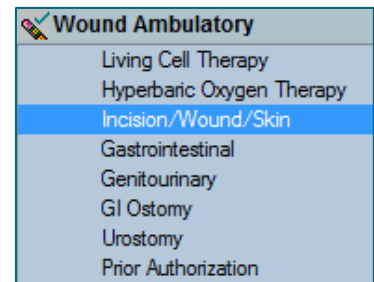
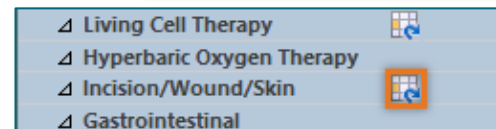


### Documenting Wound Care in iView

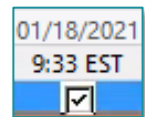
- Navigate to iView using the **Wound Workflow MPage** vital signs dropdown or from the Menu.

### Multi-Layer Dressing

- Navigate to iView.
- Select the Wound Ambulatory band.
- Click the Incision/Wound/Skin section.
- Create a Dynamic Group for the wound by selecting the waffle icon.
- Fill in the fields in the New Dynamic Group window:
  - Incision Wound Number: 1
  - Document in the remaining sections:
    - **Incision, Wound Location** - Abdomen
    - **Incision, Wound Laterality** - Left
    - **Incision, Wound Location Description** - Deep
    - Then click OK.

- To begin documenting, double-click in the blue banner below the date and time to get a checkmark to enable the use of the Tab button for quick documentation.
- This will open the first field, **Abnormality Type** to document.



- HINTS:** (1) When you have selected an option in a single select window (single select window will have no check boxes), it will automatically move you to the next field.
- (2) For cells that you can select multiple options, once you have made your selections, press the TAB key on your keyboard to move to the next field. This will allow you to continuously document.
- (3) Skip N/A fields by pressing the tab key on your keyboard.

# Wound Documentation Wound Care Nurse Workbook



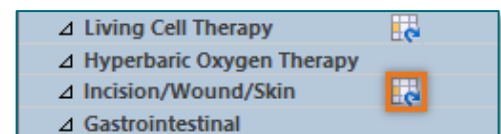
- Document the **Abnormality Type** – Surgical Incision
  - Fields with the diamond/arrow icon indicate that, depending on what you select, there may be additional items to address.
  - These are conditional fields and work similarly to sub-forms and conditional fields in PowerForms.
- **Surgical Incision Detail** – Unable to visualize (covered by dressing)
- **Assessment Activity** – New Wound Assessment
- **Dressing Assessment** - Loose
- **Status** – Acute
- **Abnormality Color** – Beefy Red
- **Edge** – Macerated
- **Wound Bed Tissue Type** – Slough
- **Percent Slough** – 10-20%
- **Wound Measured** – Yes, enter measurements
- **Wound Bed Color** – Yellow
- **Date and Time of Last Wound Photo** – Enter July 21, 2022
- **Next Wound Photo Date** – Current Date
- **Wound Severity** – Partial Thickness
- **Surrounding Tissue** – Shiny
- **Surrounding Tissue Color** – Cyanosis
- **Surrounding Tissue Treatment** – Barrier Ointment
- **Wound Activity** – Debridement
- **Debridement** – Mechanical
- **Debridement Performed By** – Train, Nurse10

▲ <1 Abdomen Left Deep> <input checked="" type="checkbox"/>	
◆ Abnormality Type	Surgical incision
◆ Surgical Incision Detail	Unable to visualize (covered by dressing)
◆ Assessment Activity	New wound assessment
◇ Status	Acute
◇ Abnormality Color	Beefy red
◆ Edge	Macerated
◆ Wound Bed Tissue Type	Slough
◇ Percent Slough	10-20%
◆ Wound Measured	Yes
◇ Length	cm 5
◇ Width	cm 5
◇ Depth/Height	cm 5
◇ Wound Area	cm <sup>2</sup> 25
◇ Wound Volume	cm <sup>3</sup> 125
◇ Wound Bed Color	Yellow
◇ Date and Time of Last Wound Photo	07/21/2022 17:56
◇ Next Wound Photo Due Date	07/28/2022 17:57
◇ Wound Severity	Partial thickness
◆ Exudate Amount	◇
◇ Surrounding Tissue	Shiny
◇ Surrounding Tissue Color	Cyanosis
◇ Surrounding Tissue Treatment	Barrier ointment
◆ Wound Activity	Debridement
◆ Debridement	Mechanical
◇ Debridement Performed By	TRAIN , NURSE10
◇ Post Debridement Length	2
◇ Post Debridement Width	2
◇ Post Debridement Depth/Height	2
◇ Hemostatic Activity	Direct Pressure Alone
◆ Multi-Layer Dressing	Yes
◇ Topical Agent Application	Antibacterial ointment
◇ Contact Layer	TEGADERM DSG 4 X 4 X 0.75 IN
◇ Primary Dressing	GAUZE 4 X 4 IN
◇ Secondary Dressing	ABD PAD 5X9 IN

- Enter Post Debridement measurements
- **Hemostatic Activity** – Direct Pressure Alone
- **Multi-Layer Dressing** – Yes
- **Topical Agent** – Antibiotic Ointment
- **Contact Layer**
  - Click **O-Z**
  - Select Tegaderm DSG 4 X 4 X 0.75 IN
- **Primary Dressing**
  - Click E-L
  - Select Gauze 4 X 4 IN
- **Secondary Dressing**
  - Click **A-B**
  - Select ABD PAD 5 X 9 IN
- **Compression Layer**
  - Montgomery straps
- Once complete, sign the documentation by clicking the green checkmark ✓

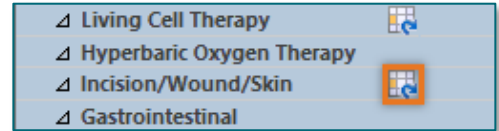
### Single-Layer Dressing

- Click the waffle icon to create a second **Dynamic Group**.
- Fill in the fields in the New Dynamic Group window:
  - Incision Wound Number: 2
  - Document in the remaining sections:
    - **Incision, Wound Location** - Foot
    - **Incision, Wound Laterality** - Left
    - **Incision, Wound Location Description** - Anterior
    - Then click OK.
- Document the **Abnormality Type** – Abrasion.
- **Multi-Layer Dressing** – No
- **Topical Agent Application** – Antibacterial Ointment
- **Single-Layer Dressing** – Band-Aid
- Once complete, sign the documentation by clicking the green checkmark. ✓

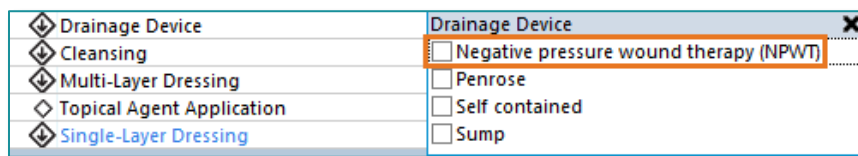


### Negative Pressure Wound Therapy

- Click the waffle icon to create a third **Dynamic Group**.
- Fill in the fields in the New Dynamic Group window:
  - Incision Wound Number: 3
  - Select an option listed of your choice for the wound you would like to document in the remaining sections:
    - **Incision, Wound Location** - Buttock
    - **Incision, Wound Laterality** - Left
    - **Incision, Wound Location Description** - Middle
    - Then click OK.



- **Abnormality Type** – Non-pressure ulcer
- **Drainage Device** – Negative pressure wound therapy (NPWT)



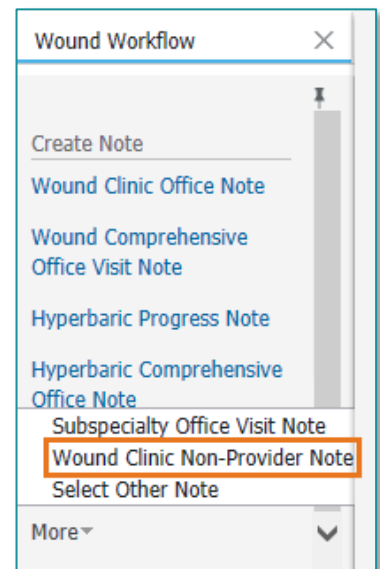
- Document as you normally would in the fields related to NPWT.
- Once complete, sign the documentation by clicking the green checkmark. ✓

### Documentation of Plan of Care

#### Wound Clinic Non-Provider Note

We want to create a note to send to the patient’s provider who is overseeing the patient’s wound care using a **Wound Clinic Non-Provider Note** to achieve this documentation. Using this note allows for the use of auto text and smart templates.

- Navigate to the Wound Workflow MPage.
- Use the following workflow components to start building the note:
  - Chief Complaint.
  - Assessment/Plan.
  - Patient Instructions.
  - History of Present Illness.
  - Physical Exam.



- Use current workflow with other components on this MPage to review and update the chart.
- Navigate to the **Create Note** section of the Wound Workflow MPage.
- Click the **More**.
- Select the **Wound Clinic Non-Provider Note**.
  - Insert the **/wound\_assessment\*** auto text to pull what you documented in the Wound Ambulatory iView band into the note.

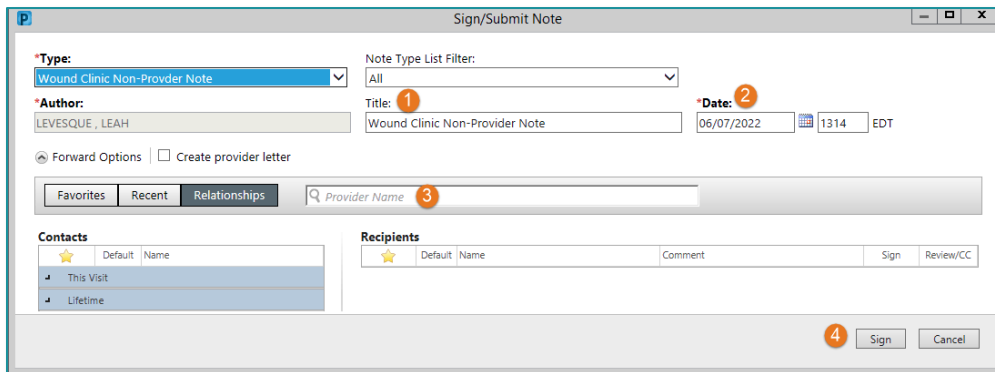
History of Present Illness		
/wound_assessment /wound_assessment *		
Wound Assessment		
Incision/Wound/Skin		
Event Name	Event Result	Date/Time
1 Abdomen Left - Type of Skin Abnormality:	Surgical incision	06/13/22
1 Abdomen Left - Surgical Incision Detail:	Unable to visualize (covered by dressing)	06/13/22
1 Abdomen Left - Incision, Wound Assessment Activity:	Reassessment	06/13/22
1 Abdomen Left - Wound Status:	Chronic	06/13/22

- Freertext into the **Agency/Facility/Supplier:** section of the note as needed.

**Agenc/Facility/Supplier:** Add information here as needed for your patient.

**NOTE:** Review and edit the note as needed.

- Click Sign/Submit.
  1. **Title:** Change the title the note to reflect the visit if needed.
  2. **Date:** Ensure the date matches that date of service for the visit.
  3. **Provider Name:** CC the provider overseeing wound care for the patient or other providers if needed.
  4. Click **Sign**.



# Wound Documentation Wound Care Nurse Workbook



## Charging for Ambulatory Wound Supplies

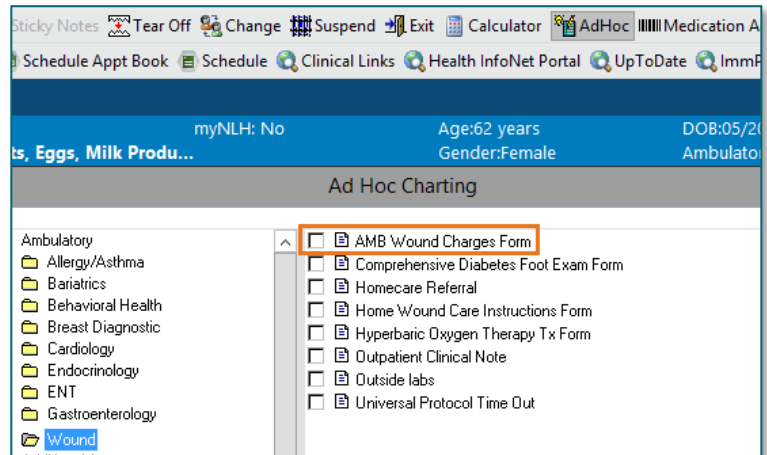
The **AMB Wound Charges Form** is used to charge for wound dressing supplies and can be selected from the Wound folder in AdHoc.

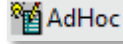
**NOTE:** Only wound supplies **costing more than \$10** will be on the charge form.

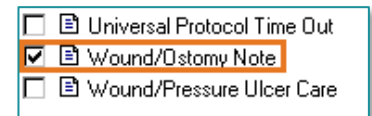
## Inpatient Wound Care Workflow

When providing wound care for patients who are inpatient, the **Wound Ostomy Note AdHoc** form will be used to document your consult services. **Dressing changes will be documented in iView.**

**AdHoc form will be used to document your consult services. Dressing changes will be documented in iView.**



- Go the **Patient List** in the toolbar to locate the patient on the nursing unit and open the chart.
  - Navigate to iView and open the **Adult Systems Assessment** band.
  - Go to the Incision/Wound/Skin section.
  - Document your wound care assessment and interventions using the workflow outlined above.
- Navigate to **AdHoc** on the toolbar and open the **Wound/Ostomy Note** Form. 
- Complete the following sections:
  - **Wound Ostomy Consult:** Used to capture consult recommendations.
  - **Wound/Ostomy Note:** Free-text component that allows for documenting a narrative that is not captured in iView. This can be used as a running narrative as it will pull in previous documentation in this part of the form.
  - **Wound Supplies (MCH):** Capture supply charges.
  - **Wound Charges (MCH):** Capture charges for care provided.



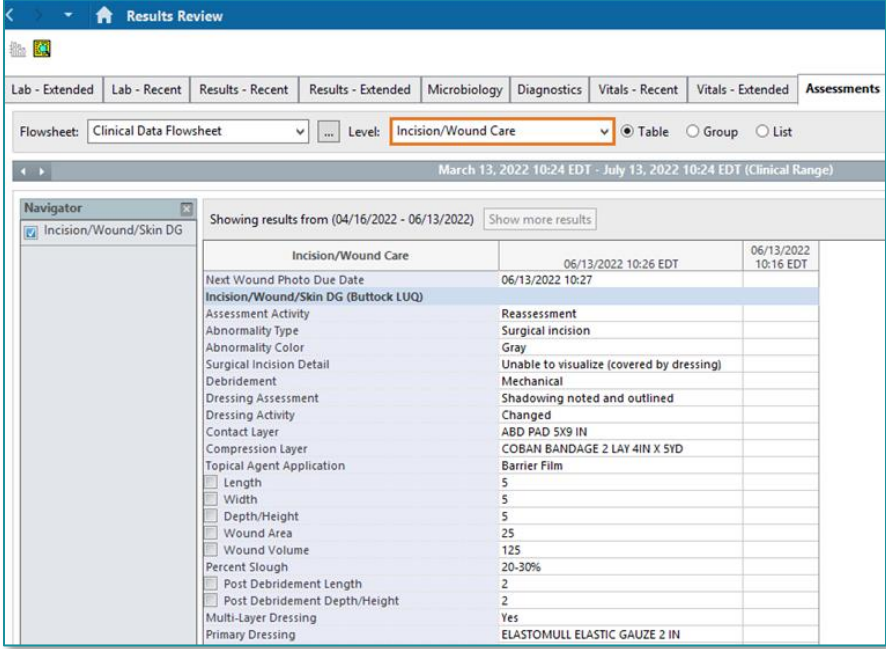
## Review Wound Documentation

Historical wound documentation can be viewed in a flowsheet format to easily identify how the wound is changing over time in Results Review.

- Navigate to **Results Review** from the Menu.
  - Click the **Assessments** tab.



- Select **Incision/Wound Care** in the Level: dropdown.



Results Review

Lab - Extended | Lab - Recent | Results - Recent | Results - Extended | Microbiology | Diagnostics | Vitals - Recent | Vitals - Extended | **Assessments**

Flowsheet: Clinical Data Flowsheet | Level: **Incision/Wound Care** | Table | Group | List

March 13, 2022 10:24 EDT - July 13, 2022 10:24 EDT (Clinical Range)

Showing results from (04/16/2022 - 06/13/2022) Show more results

Incision/Wound Care	06/13/2022 10:26 EDT	06/13/2022 10:16 EDT
Next Wound Photo Due Date	06/13/2022 10:27	
<b>Incision/Wound/Skin DG (Buttock LUQ)</b>		
Assessment Activity	Reassessment	
Abnormality Type	Surgical incision	
Abnormality Color	Gray	
Surgical Incision Detail	Unable to visualize (covered by dressing)	
Debridement	Mechanical	
Dressing Assessment	Shadowing noted and outlined	
Dressing Activity	Changed	
Contact Layer	ABD PAD 5X9 IN	
Compression Layer	COBAN BANDAGE 2 LAY 4IN X 5YD	
Topical Agent Application	Barrier Film	
<input type="checkbox"/> Length	5	
<input type="checkbox"/> Width	5	
<input type="checkbox"/> Depth/Height	5	
<input type="checkbox"/> Wound Area	25	
<input type="checkbox"/> Wound Volume	125	
<input type="checkbox"/> Percent Slough	20-30%	
<input type="checkbox"/> Post Debridement Length	2	
<input type="checkbox"/> Post Debridement Depth/Height	2	
<input type="checkbox"/> Multi-Layer Dressing	Yes	
<input type="checkbox"/> Primary Dressing	ELASTOMULL ELASTIC GAUZE 2 IN	

For questions regarding process and/or policies prior to go-live, please reach out to a Super User or a local Clinical Informaticist.