Inpatient/ED/WIC Wound Documentation Checklist
Wound Optimization Project

Document and forward any additional questions that you are unable to answer to the appropriate member of the team. Do not leave concerns open-ended; YOU are responsible for following up.

Please note the following are priorities during your time with the staff:

- Incision/Wound/Skin section is where all staff should be documenting wound assessments and dressings.
- The new Multi-Layer Dressing fields is replacing dressing type.
- Negative Pressure Wound Therapy (NPWT) has been moved to Drainage Device.
- All dressing supplies are listed by Brand name.

Date:_____

CI/Support Name:_____

Staff Member Name:_____

Staff Position:_____

Task	Yes	No	N/A
1. Incision/Wound/Skin section of iView			
All inpatient, ED, and WIC staff should have this section included in their iView bands.			
2. Discuss the following changes to the Incision/Wound/Skin section of iView.			

• Multi-Layer Dressing
   o Replaced Dressing Type
   o Conditional logic field
   o When Yes is selected it opens Topical Agent, Contact Layer, Primary Dressing, Secondary Dressing, and Compression Layer.
   o When No is selected, Topical Agent and Single Layer Dressing opens.			

• All wound dressing supplies are listed in alphabetical sections by brand name. o Brand name supply names were added to iView to make reproducing the dressing easier across the care continuum.			

• Negative Pressure Wound Therapy (NPWT)
   o Selected in the Drainage Device field
   o Open conditional logic to document all items related to NPWT.			

17. Weird Gotchas			
The Incision/Wound/Skin section may experience a downtime at approximately 2am on the morning of August 8. Users may also see visual changes as the section is being updated in Prod.			

18. Review where to find more materials			
Clinical Informatics Education (northernlighthealth.org)			
19. Comments/Concerns			
Place an incident ticket if a location is using a brand name wound supply that is not listed in the supply list so it can be added.			