



**MONTANA STATE PRISON  
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS E-08.1	Subject: <b>WOUND DOCUMENTATION WITH OR WITHOUT PHOTOGRAPHY</b>
Reference: DOC Policy 4.5.2	Page 1 of 4 and no attachments
Effective Date: March 16, 2014	Revised: December 30, 2021
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Signature / Title: Paul Rees / Medical Director	

**I. PURPOSE**

To document wounds accurately and efficiently with or without the use of photography and monitor the progression of wound healing; and to define the procedure for nursing documentation of wound care.

**II. DEFINITIONS**

**Wound Assessment Tool** – An easy-to-use full color ruler and wound assessment tool that standardizes and improves the quality and accuracy of wound assessment and treatment.

**Olympus Tough TG-820 Digital Camera** – The facility designated camera to be used for photographic wound documentation.

**Wound Care Nursing Protocol**– A standardized documentation tool to be used in conjunction with wound photographs or at the bedside while directly visualizing the wound. Not recommended for tunneling wounds with small openings or those covered by thick eschar. This tool is best used for, but not limited to the following types of wounds:

1. chronic full thickness diabetic foot ulcers, venous leg ulcers, and pressure ulcers where at least 50% of the wound base can be visualized.
2. wounds with distinct wound edges.
3. wounds that can be visualized all at once- *not* circumferential; and
4. wounds that have been cleansed and debrided (if appropriate), removing loosely adherent debris and/or dressing residue. If debris is still present after the wound cleansing, it will be considered to be part of the wound.

**III. PROCEDURES**

**A. Infection Control & Prevention**

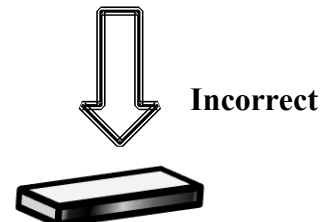
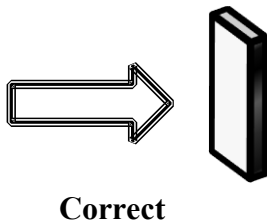
1. Keep camera stored in designated case away from patient and wound supplies.
2. Wash hands before accessing the camera.
3. Remove the camera from its storage case and place next to the patient on a clean surface.
4. Take the photos while ensuring the camera does not touch the patient.
5. Place the camera back on the clean surface and wipe it with sanitizing wipes before removing it from the patient area.
6. Return camera to designated storage case and area.

**B. Camera & Equipment Use**

1. Remove the camera from the designated storage area and case.
2. Press the 'ON' button located on the top of the camera.
3. Do not change camera settings. Settings are preset to 'P' (Program Auto) mode for best color and detail.
4. The 'P' (Program Auto) mode settings are as follows:
  - a. Flash Setting- "Auto"
  - b. Macro Setting- "Macro"
  - c. Self-Timer Mode- "Off"
  - d. Exposure Comp.- "+0.3"
  - e. White Balance (WB)- "One Touch 1"
  - f. ISO- "Auto"
  - g. Drive- "Single"
  - h. Image Size- "12M"
5. If the camera is reset see the instruction manual, "Menu Index, p. 10" for instructions on how to program defined settings.

### C. Image Composition & Consistency Techniques

1. Use natural light (no flash) when possible.
2. If the light source is behind you be sure your body does not cast a shadow.
3. Showcase the wound on a solid background. Dark blue or black draping's are best because they absorb the flash, if used, and decrease reflection off the patient's skin.
4. Avoid shiny or glossy under pads that reflect the flash, if used.
5. Avoid clutter in the background and towels or clothing with prints.
6. Position the patient in the same position for each set of photos to ensure consistency as the wound progresses.
7. Take the photos from the same angle each time. Hold the camera perpendicular to the wound *not* top down.



8. Take a minimum of three (3) photos per wound site.
9. Take photos at a distance of 12 inches with to highlight tissue texture, drainage, and color.
10. Preview shots taken to ensure the quality of the photos. Retake if necessary.

**D. Photographic Documentation Standards**

1. All wounds requiring regular visualization will be documented using Wound Care Nursing Protocol with each assessment.
2. All wounds requiring regular visualization will be photographed once (1) per week or more frequently per physician's orders.
3. If there is no visual progression of healing after two (2) weeks will be reported to the provider.
4. If there are additional wounds in separate areas there must be a separate Wound Care Nursing Protocol for each wound.
5. After the photo documentation session is complete photos must be printed in color, and then deleted from the camera and computer.
6. To delete photos from the camera the directions are as follows:
  - a. press the "Menu Button".
  - b. use the joystick and arrow to the left once; and
  - c. use the joystick to arrow down to delete.

**E. Wound Site Preparation**

1. Be sure to position patient in the same manner for photos, position should promote muscle relaxation.
2. Label the wound assessment tool with the proper information as follows:
  - a. date.
  - b. patient's name and the time.
  - c. patient's housing unit (in place of Loc.); and
  - d. clinician's name, printed.
3. Remove wound dressing if applicable.
4. Apply a wound assessment tool around the wound. Do not fold around the body.
5. Drape the surrounding area with dark blue or black to allow the wound to stand out. Use solid patterns for the background.

**F. Photograph Documentation**

1. Use the USB connection cable to connect the camera to the authorized computer.
2. Review the photos that were taken and choose the photo with the best color, quality, and clarity to print.

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3. Upload the photo to your PC/Photos
4. Drag photo to the electronic health record utilizing the attach documents tab in the patients record. Save as "Clinical Photo".

**IV. CLOSING**

Questions concerning this operational procedure will be directed to the Medical Clinical Services Manager.

**V. Attachments - None**