

HHF - PROCEDURE

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| ORIGINAL DATE: | 09/03 |
| Revised Date: | 12/11 |

SUBJECT: WOUND CARE - PHOTOGRAPHY

PURPOSE: To describe the process used to create and store digital photographic documentation of wounds evaluated and treated by HHF clinicians.

Considerations

Digital wound photography is an important adjunct to written documentation of the evaluation and treatment of wounds at HHF. Wounds should be photographed at the discretion of the clinician caring for the patient after obtaining written consent to photograph. (See Attachment #1 – “*Consent to Photograph for Patient Care and Medical Record Purposes*”.) Only the HHF owned digital camera may be used for wound photography.

Supplies/Equipment Needed:

- Digital camera
- White label/measuring guide (in centimeters) upon which the clinician is to write the following in black ink:
 - the date
 - patient initials
 - patient ID #
 - location of the wound
 - if there are multiple wounds, the number of the wound
- Blue or other dark pad, towel or other dark cloth to provide a monochromatic background for the photograph.

Procedure

1. Witness the patient’s consent to wound photography. Document refusal of wound photography, along with the reason for refusal in the clinical note on the day of refusal.
2. Position the patient comfortably in such a way as the wound can be easily seen through the view finder of the digital camera.
3. Place a blue or similar solid colored pad, towel or background material under the area to be photographed.
4. Place or hold adjacent to the wound, an identification tag (label/measuring guide noted in supplies/equipment above) on which the date, patient initials, patient’s ID#, wound location and wound number is printed in black ink.
5. Do not utilize the auto date stamp of a camera as a label, since this provides incomplete and potentially incorrect information.

6. Take the photograph as follows:
 - a. Point the lens directly at the wound so that the view is taken straight on at a 90 degree angle. Use the auto flash.
 - b. Use the same position, angle and perspective each time the wound is photographed. If necessary, refer to the initial photograph for proper orientation.
 - c. Use appropriate magnification for the size of the wound. For example: In Macro Mode:
 - ✓ small wounds (≤ 3 cm x 3cm) = 10 inches from the wound
 - ✓ medium wounds (4 cm-8 cm in length or width) = 12 inches from the wound
 - ✓ large wounds (> 8 cm in length and/or width) = 15 inches or greater from the wound.
 - d. Use the same magnification each time the wound is photographed unless the wound size increases
 - e. Take several photos of each wound, compare quality and select the best photo
 - f. For multiple wounds, take a reference photograph of the area, then individually photograph and label each wound using magnification appropriate for each wound size as noted in section c.
 - g. For circumferential wounds, take a reference photograph of the area, then photograph and label the following wound aspects:
 1. Anterior
 2. Lateral
 3. Posterior
 4. Medial
7. Document the existence of digital wound photographs by placing a call log in the patient's electronic medical record.
8. Wound photographs will be processed, downloaded and stored on a designated electronic file in Medical Records.
9. Wound photographs are NOT to be sent electronically or to other entities without the authorization of the Medical Records Coordinator.

Approved Policy Committee: 12/11

Approved Policy Committee: 11/08



Patient Name _____

ID # _____

***“CONSENT TO PHOTOGRAPH FOR PATIENT CARE
AND MEDICAL RECORD PURPOSES”***

In the interest of documenting patient progress within the treatment program and to assist in the diagnosis and treatment begin rendered to me by Home Health Foundation (HHF), I agree to have my wound(s) digitally photographed and electronically stored in my medical record.

I understand that I will be photographed by HHF staff, or others approved by HHF and with the agreement of my physician. I understand I will not be reimbursed for the photos. I understand that in addition to documenting my care, the HHF staff may also use these photographs in the interest of educating HHF staff in the treatment of similar conditions.

- Wound care*: Photographs will be taken to document status of my wounds.
- I agree to allow my photographs to be used as part of the community education efforts of the HHF .
- I agree to allow my photographs to be used as part of the professional community education and marketing efforts of the HHF and the product manufacturer.

I agree to be photographed as described and identified above. * I understand that HHF will keep these as part of my confidential medical record. I may obtain copies of these photographs through the Medical Record Department in keeping with HHF procedures for the same. A fee may be charged for copies.

Patient's Signature / Legal Guardian

Date

Witness

Date

THIS FORM MUST BE FILED IN MEDICAL RECORD