

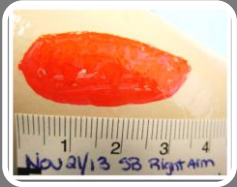
DIGITAL WOUND PHOTOGRAPHY

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Learning Objectives



understand the policies and procedures for wound photography



use a digital camera correctly



observe protocols for protecting client confidentiality



practice infection control techniques

Implications of wound photography for clinical practice

- useful adjunct to documentation
- realistically shows wound healing over the course of treatment
- cost effective communication tool
- adds professionalism and legitimacy
- enhanced assessments
- improved client outcomes and satisfaction
- research and educational purposes

Digital photography policy

This educational module is based on generally accepted policies and procedures.

Home care departments will continue to follow locally specific policies until a standardized provincial policy has been developed.

Inform yourself about the policies that apply in your area regarding privacy, equipment, emailing, etc. and adjust to these practices if required.

A Sample Wound Photography Policy and Procedures Manual is available on the training web site under Resources.

Camera and equipment

- Minimum 3+ megapixels (MP)
- Camera features
 - Auto focus
 - Macro setting (for close up work)
 - Optical zoom (3X or greater)
 - Ability to adjust exposure
- Memory card
- Colour photo printer
- Hard storage/ carrying case (for infection control)

Mobile Devices

- *Could I use my **PERSONAL** mobile device (i.e. cell phone or tablet)?*
*A personal device should **NEVER** be used for client's PHI and providers put themselves at security and confidentiality risks*
- Could I use my **WORK** mobile device if it is password-protected and encrypted?

The principles of HIPAA require any system used to transmit PHI to limit its access, safeguard its integrity, and protect against unauthorized access. The work mobile device must meet all of these requirements, follow regional P&Ps, & photos must be permanently deleted. Mobile devices have inherent security and confidentiality risks!

- A physician requests that photos are communicated to them via text messaging – may pictures be sent via text ?

At this point it is not recommended but, if you are using a WORK mobile device that meets the criteria as noted above, do this with caution. Texting of PHI can lead to violations of HIPAA if PHI is not properly safeguarded – consult with your ITS department.

What kind of digital camera?



← This D-SLR has 12.9 MP & interchangeable digital lens

This Point & Shoot has 16 MP & 7x optical zoom



<http://www.digicamreview.com/wp-content/uploads/2011/02/nikon-coolpix-s6100.jpg>

<http://www.imaging-resource.com/PRODS/D90/ZBEAUTY.JPG>

Different cameras, different photos



- Different cameras have different flash colour or temperature
- Produces variance in colour, picture resolution, and clarity
- **Use the same camera** for consistency in sequential photos.

Frequency of photos

When to take photos:

- On admission or initial consult
- Significant change in wound
- At regular re-assessments
- Undergone surgical procedure
- At wound closure

Healable wound:
Every 1 – 2 weeks
until wound is
closed

Maintenance or non-
healable wound:
Every 2 to 4 weeks

Procedures

1. Privacy & confidentiality
2. Client positioning
3. Photo identifiers
4. Light, focus, background, etc.
5. Camera positioning
6. Number of photos required
7. Evaluation & documentation
8. Download & storage
9. Emailing
10. Printing & labelling
11. Infection control

1. Privacy & Confidentiality

Never:

- use a mobile cell phone
- include a client's face
- include distinguishing environmental items
- include distinguishing characteristics such as birthmark, tattoo or jewellery
- alter a photo by adding, removing, adjusting or moving anything

Always:

- inform client about purpose of photos and how they will be used
- obtain consent before taking photos (document with notes on file or media consent form)
- transfer photos from camera to password-protected, secure hard drive & delete from camera/USB/card
- keep printed photos in the client's file

Informed consent

So what should you inform the client of?

- Photos will be part of the medical chart.
- Privacy and confidentiality will be maintained
- De-identified photos may be used for educational or teaching purposes
- Photos may be shared for consultation purposes with specialists, wound resource nurse, etc.

If photos are taken of a client's home environment, for any reason, be sure to explain why and with client's permission.

Consent forms

- Verbal consent (document on file) is sufficient for clinical purposes
- A consent form is the gold standard
- It is good practice to use a media consent form to get permission to use photos for anything outside of clinical care (even if photos will be de-identified for educational purposes).

Saskatoon Health Region *Media Consent Form*

By signing this I give _____
[please check one or both]
 myself and/
 my child or
named: [name]

(PRINT name clearly)
to be:

- interviewed
- photographed
- video/audio recorded
- or otherwise recorded

on;
[date the recording takes place]
at
[location where the recording takes place]

and for the information obtained to be used in or
(e.g. print, electronic, web), for the purposes of, limited to:

- publicity or news
- promotion
- education
- research

I understand that Health Region staff, when necessary, the recording process, will be present when and where health services are provided.

Signature below should be that of a witness — to be
by staff member of the Health Region or Regional agency.
(witness signature)
[PRINT witness name clearly]
[date signed] [telephone]

VE any ownership rights to release the Saskatoon Regional employees, officers, directors, assignees from all claims, actions or causes of action arising or to arise from the use of interviews, photographs, videos or

be that of the subject or, in the event or guardian in law or fact, full minor." For the purpose of is mature enough to understand consequences of a decision

is from parent or guardian)
[telephone]

e-mail _____

Internal Use Photos may be used for consultation, education, or research purposes.

Project details: _____

Consent forms

- A consent form does not give permission to violate a client's privacy.
- Even if a client gives consent to email or fax photos, he/she does so with the full expectation that the nurse is taking steps to protect privacy
- With or without a consent form on file, be sure to follow regional/local policies for safe storage and sharing of photos

2. Client Positioning

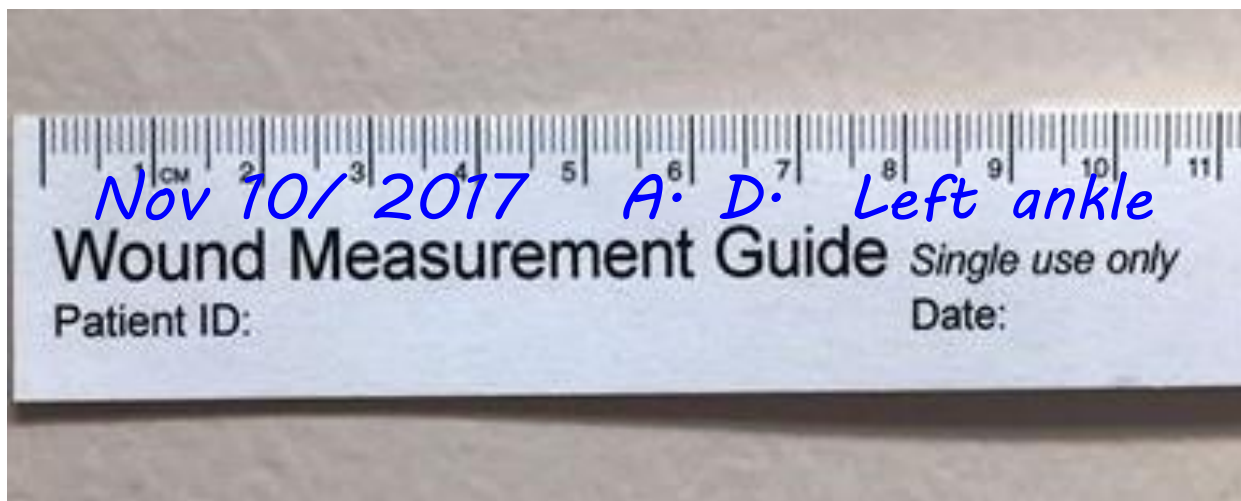
- Explain the procedure
- Ensure that the client is in a comfortable position
- If this is the first photo, consider a location, lighting and position that will be easy to reproduce
- If this is a consecutive photo, review past photos and try to use the same position as previous photos
- Maintain client dignity and privacy
- Assistance – hands within photo must wear gloves!

3. Photo Identifiers

Use a disposable measuring device – many wound care product companies will provide.

Label should include:

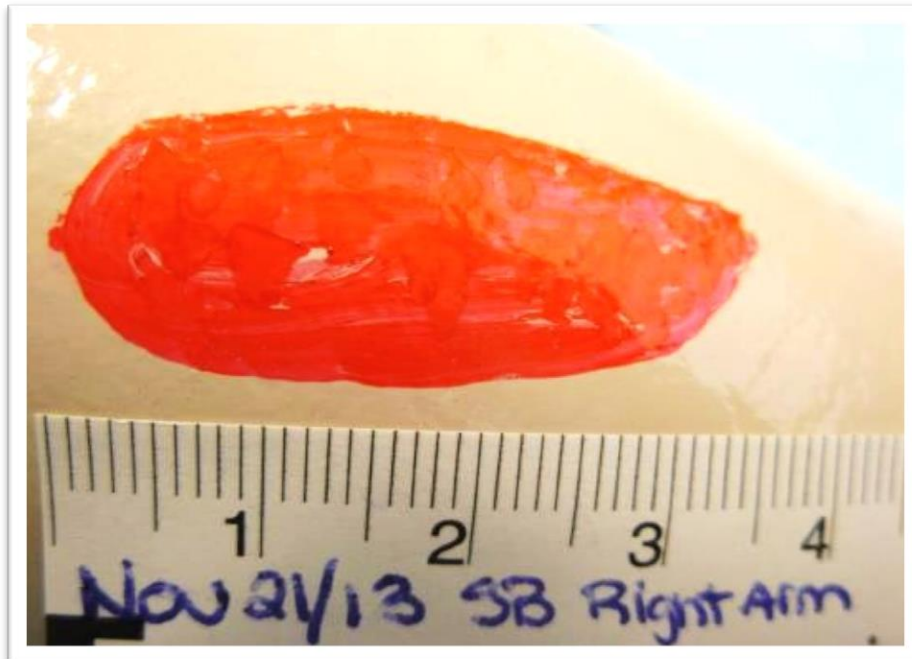
- Client initials
- Date of photo session
- Time (optional)
- Anatomical location of wound



Where to write the info?

CORRECT:

Write close to the edge so you can get all the information within the close-up photo.



INCORRECT

If you write at the bottom, you will need too far away to get all the information in the shot.



4. Light, Focus, Background, etc.

Focus

- For **auto focus** cameras, hold the shutter button half way to allow camera to focus

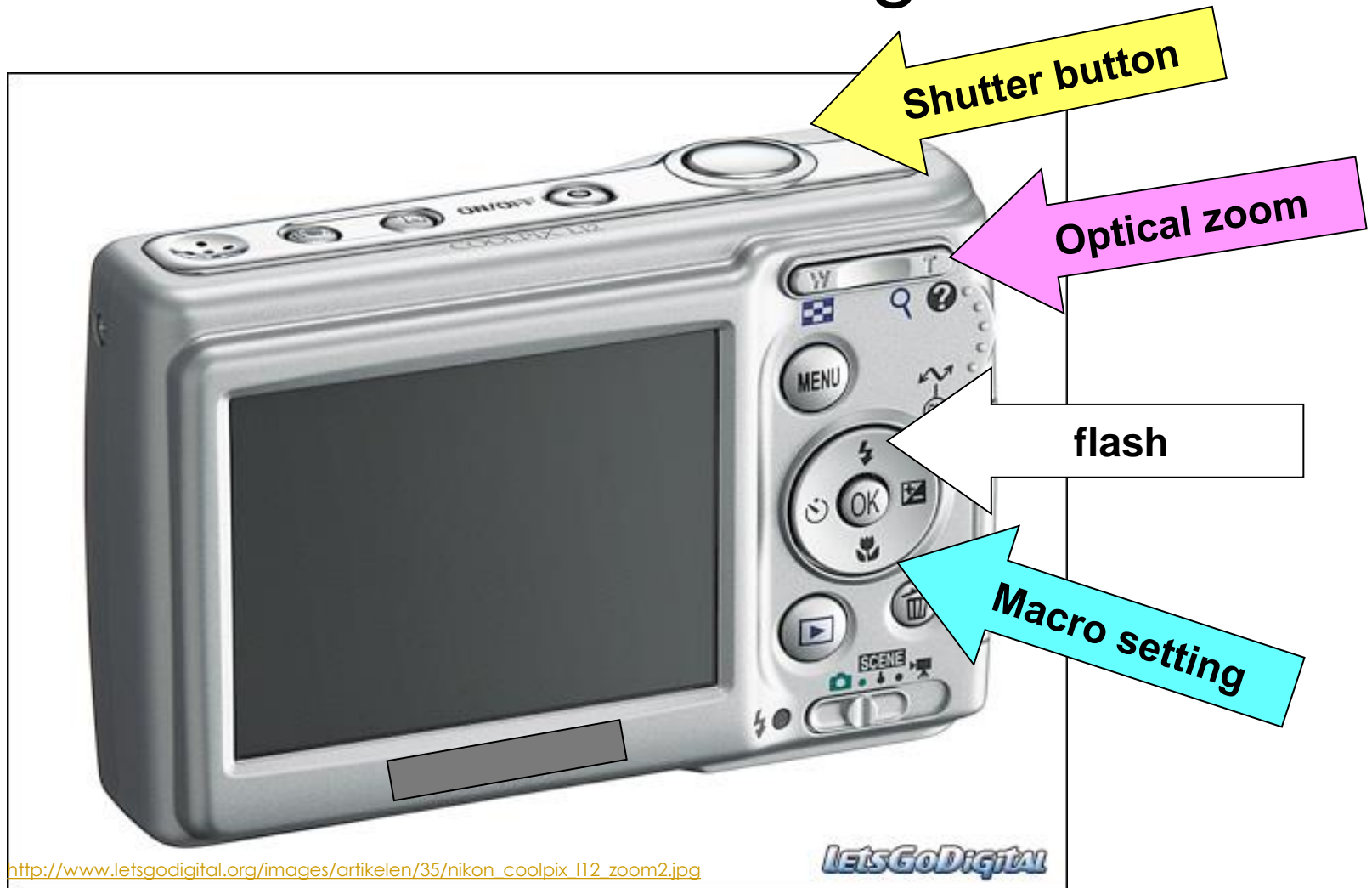
Macro setting

- Use the **macro** setting for close-ups
- The 'flower symbol' on a camera is the macro symbol.
- Adjust the optical zoom and distance so that the marked lines of the measuring rule are clear and crisp



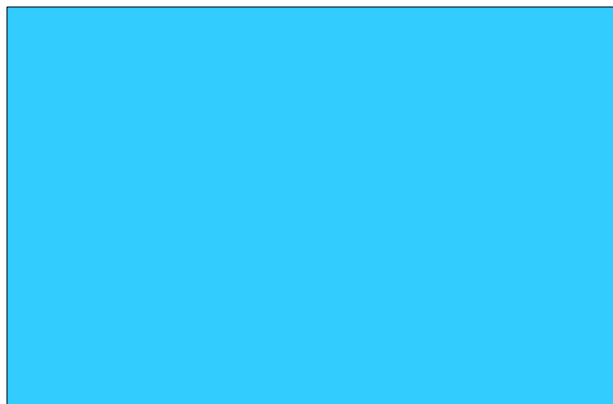
It takes practice & familiarity to get the best results.

Know the camera settings



Background

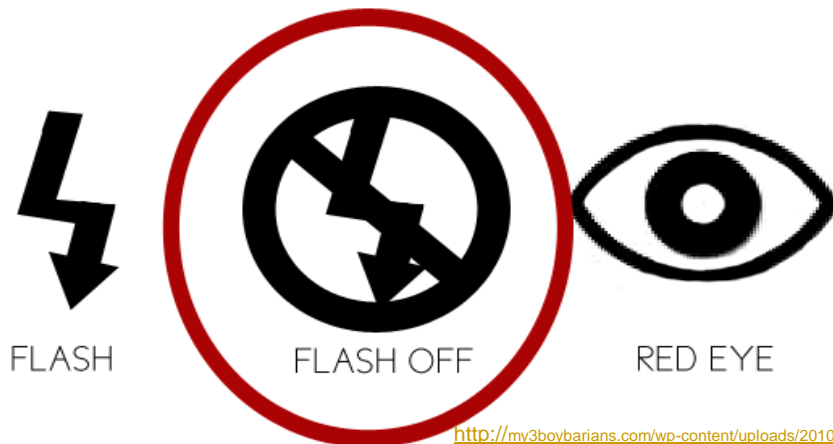
- non-reflective
- medium blue or white preferred (i.e. disposable blue pad)
- consistency – use the same background in original and subsequent photos
- remove clutter in the background
- avoid client identifying indicators



Lighting

- even lighting
- fluorescent daylight or full spectrum bulb
- a flash is usually not required
- or diffuse the flash to improve image quality
- try different ways of lighting but be sure to record the method you used so that it can be replicated in future.

This module recommends taking wound photos **without flash.**



With flash: note that glare from the moist surfaces of the wound may obscure essential detail

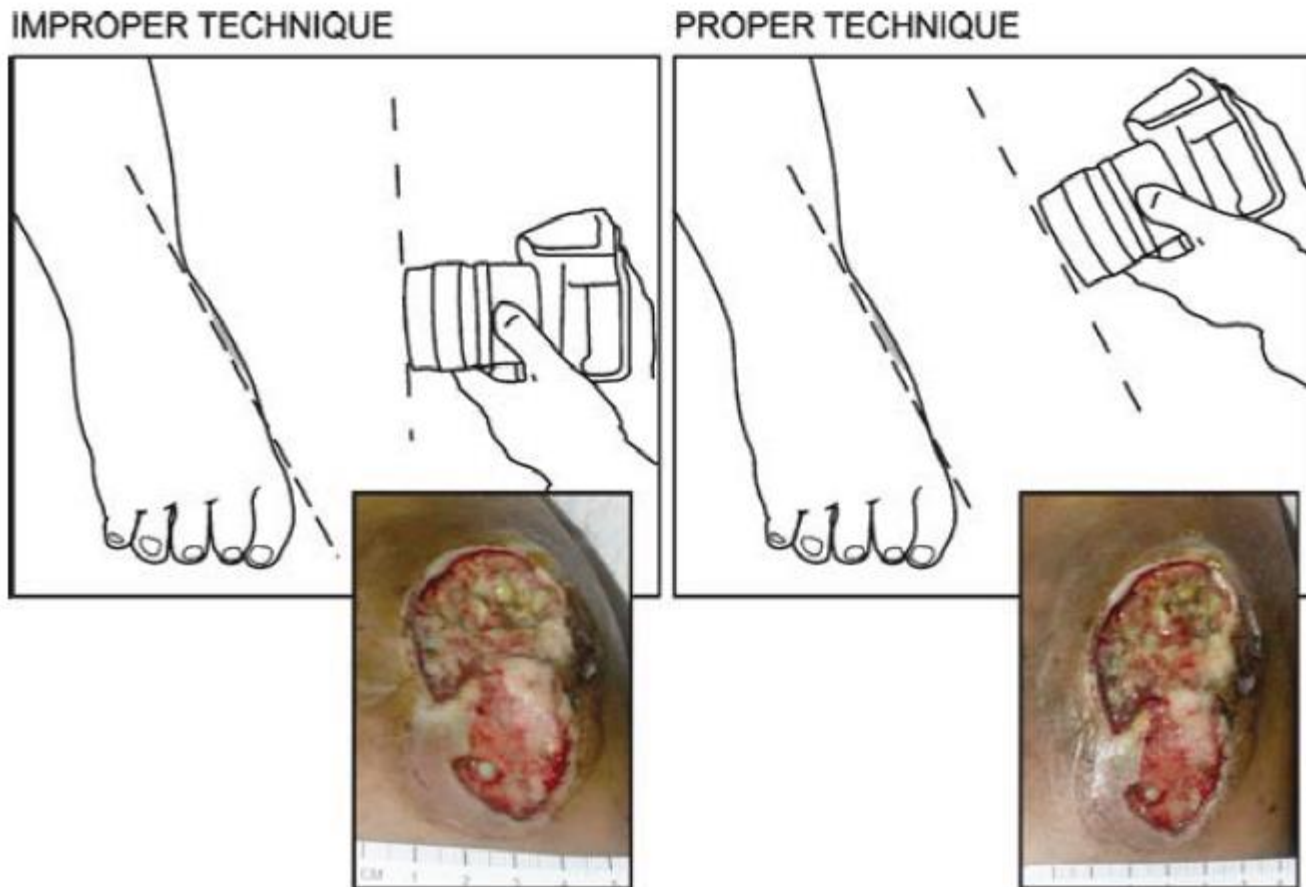


This is the same wound, same camera, same angle -- **without the flash**



5. Camera positioning

The planes of the wound should be parallel to the camera lens.



Angle makes a difference: Note that the picture taken at a 60 degree angle looks smaller and narrower.

Camera held at 90° angle
(camera lens is parallel to
plane of wound)



Camera held ~ 60° angle



Measuring device should be on *same plane* as the wound

INCORRECT



CORRECT



Prevent blurred photos

- maintain a stable stance
- feet shoulder-width apart
- Keep elbows tucked into your sides to prevent unnecessary camera shake.
- It is good practice to make sure the 'vibration reduction' (or VR) setting is turned on

A red speech bubble with a white border and a tail pointing downwards and to the left. The text inside is white and reads: "Don't allow the camera to come into contact with the client or surroundings".

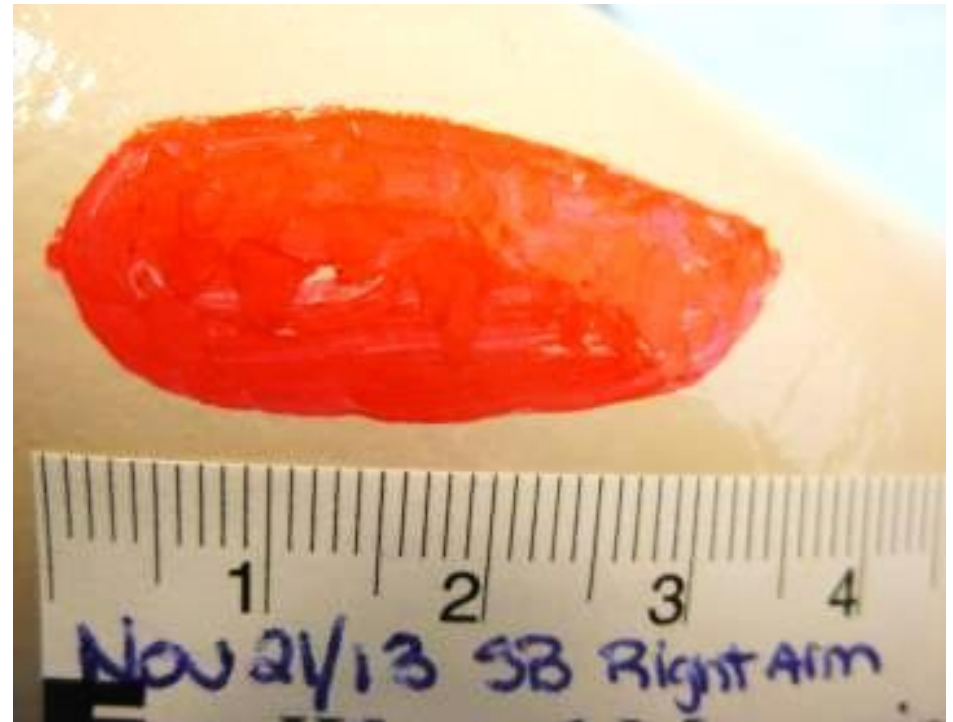
Don't allow the camera to come into contact with the client or surroundings

6. Number of photos

A minimum of **four photos** are recommended.

1. Close-up shot

- hold the camera ~20 – 30 cm from the wound base
- Use zoom to adjust detail
- Composition = 90% wound/ reddened periwound, 10% clear, intact periwound
- **The close-up reveals wound detail and clearly shows the measuring device with the label information.**



2. Midway shot

- Composition = 4-6 cm of the periwound, as well as the measuring device
- **The midway shot reveals some detail of the periwound and the wound**



3. Distance shot with measuring device

- Establishes anatomical location
- Reveals the entire extremity, including a large area of intact healthy tissue
- Allows for comparison of limbs
- May capture conditions not visible in the close-up or midway shot.



4. Distance shot without measuring device

- ensures nothing is hidden
- Option to leave the measuring device in the frame of the photo



Example #1 of Recommended 4 Minimum Shots

Close-up



Midway



Distance with measuring device



Distance without measuring device



*** Or with measuring device set to the side for purpose of including identifying information only**

Example #2 of Recommended 4 Minimum Shots

close-up



midway



Distance with device



Distance without device



Optional photos as needed

Close-up from previous slide:
*periwound partially covered by
measuring device*



Property of SHR

5th shot: Close-up with no
measuring device



Or other photos of wound or environment i.e. soiled
dressing, footwear, W/C, mattress, etc.

Taking photos with tunneling

- Use a sterile Q-tip or foam-tipped measuring device to show angle, position, and depth of tunnels or undermining



7. Evaluation & Documentation

- Evaluate and review all photos before putting away the camera
- If you are unsure if a photo is clear, take another one
- Photos do not replace written narrative -- Document wound size and characteristics on the wound record (NISS WR 145.0 or equivalent) and care plan
- Be sure to note that photos were taken

DATE/TIME		
Size in cm	L / W	
Surface area (LxW)		
% change in area (↑ ↓)		
Depth in cm		
Undermining in cm		
Pain (0-10) (Comment)		
Wound Base		
Wound Margin		
Periwound Skin		
Exudate Type		
Exudate Amount		
Odour		
Limb Colour / Edema		
Pressure Ulcer Risk		
Packing <small>Describe type, size, amount</small>	Inserted	
	Removed	
Swab Taken		
Photo Taken		
See Notes		
Treatment Type: <i>(describe)</i>		

Procura Wound Flow Sheet

- Consider using the electronic wound flow sheet in Procura to document wound characteristics and measurements
- Wound photo is attached to each weekly assessment
- Allows for a weekly assessment report (with photo) which may be shared in print or attached to secure email
- Allows for easy comparison of photos over time



Document details of photography

In a common communication area make note of any details that will allow another clinician to duplicate subsequent photos.

- Position
- Angle
- Distance
- Settings (i.e. alternate light source)
- Camera (if there are several cameras in same agency)
- Other pertinent information (i.e. “client unable to lie on side for photo” or “use lamp from bedroom”)

This will result in consistent, comparable serial photos.

8. Downloading & Secure Storage

- Store photos in clients' wound flow sheets in Procura, or create a folder specifically for photos on the home care secure server
- Restrict folder access to home care nurses, home care manager, clinical educator, and admin assist
- Upload photographs from the camera to the computer (via a USB cord or the camera's memory card inserted into the computer)
- Store photo files in JPEG format, small size (under 500 KB)
- Re-format the memory card (after it is reinserted into the camera) immediately after downloading photos

File naming on Secured Server

Pick a naming convention and follow it consistently.

For example:

1. Create a folder: **Wound Care Photos - CONFIDENTIAL**
2. Add subfolders as required: for example, **Wadena Base.**
3. Create subfolders in the **client name** (Last name, initials)
4. In the client subfolder add the photos naming each individual photo with the **date of session** (YYYY.MM.DD), **client initials**, and **number of photo** (this will keep the photos filed in a sequential order)

The file path for a photo might look like this:

\\Wound Care Photos – CONFIDENTIAL\\Wadena Base\\Anderson,DJ\\2018.12.31-AD-01

Procura Wound Flow Sheet

- To store photos in Procura, open the client's wound flow sheet and upload photos from camera, memory card or computer file.
- No file naming is required – the photos are stored within the client file and date of exam.

(1) Wound Photo and/or Drawing

(1) Wound Photo taken this visit?

No

Yes:



(1) Wound Image



9. Emailing Photos

- Sharing photos with the care team and consultants by email attachment is usually acceptable on an internal server (ie @saskhealthauthority.ca)
- When physicians and consultants have external email addresses (hotmail, gmail, sasktel, etc) follow policy for emailing personal health information
- A signed consent form can show that the client was informed and agreed that external email will be used

Sample Email Consent



Photos become part of the medical file. Photos may be used for consultation purposes within Saskatoon Health Region (SHR). Consultation via Email may also be externally used to Dr John Doe via the Email address: drjdoe@hotmail.com. The "Patient Email Communications Question & Answer Fact Sheet" was reviewed. (SHR - April, 2012)

When external email use is anticipated - add written note and initial in Project Details section (or may be pre-typed on form):

The form includes several fields for witness information: a line for "[witness signature]", a line for "[PRINT witness name clearly]", and two lines for "[date signed]" and "[telephone]". Below these is a large rectangular box for a signature or note, and a footer with the slogan "Healthiest people - Healthiest communities - Exceptional service" and the copyright notice "© 2010, Saskatoon Health Region".

How to Email PHI

- Use the confidential flag &/or type “CONFIDENTIAL” in the subject line (but avoid using “PHI” in subject line)
- Use the confidentiality disclaimer
- Principle of minimalism – only include the minimum amount of PHI required
- Option to send PHI as an encrypted or password-protected attachment (*do not send the associated password via email though)

Example MS Office 2010

Consult - Confidential - Message (Rich Text)

File Message Insert Options Format Text Review

Clipboard Basic Text Names Include Tags Zoom

To: Dr Wound
Cc:
Bcc:
Subject: Consult - Confidential

Darcie Anderson RN BSN IIWCC
Clinical Nurse Educator - Rural Home Care
PO Box 1930
515 - 14th Avenue
Humboldt, Sk. SOK 2A0
Phone: 306-682-1240 Cell: 306-231-5106

<http://skinandwound.org>

We are not what we know but

This e-mail message may contain confidential and/or copy this e-mail. Please notify the sender immediately be intercepted, corrupted, destroyed, arrive late or in transmissions.

Properties

Settings

Importance: High
Sensitivity: Confidential

Do not AutoArchive this item

Security

Change security settings for this message.
Security Settings...

Voting and Tracking options

Use voting buttons:
 Request a delivery receipt for this message
 Request a read receipt for this message

Delivery options

Have replies sent to:
 Do not deliver before:
 Expires after:
 Save copy of sent message

Contacts...
Categories: None

Close

10. Printing & Labelling

Printing:

- Photos may be printed for the client's chart print

Labelling:

- All hard copy PHI media needs to be labelled as "CONFIDENTIAL"

11. Infection Control

1. Place camera with carrying case in a clean area away from client/wound
2. Perform hand hygiene & put on gloves
3. Remove wound dressing, cleanse wound, position & drape client, place prepared labelling device next to wound.
4. Remove gloves. Perform hand hygiene.
5. Remove camera from case.
6. Take all required photos.
7. Return camera back into carrying case in the clean area.
8. Perform hand hygiene & put on new clean gloves.
9. Re-dress the wound per protocol.

Use gloves
for wound
care (before
and after
taking photos)
Do not use
gloves when
handling the
camera

Keeping the camera clean

- Use a hard, non-porous camera case
- When not in use, keep camera on a clean surface away from the client & wound.
- Prepare the camera settings and keep it open for when you are ready to take photos.
- Hand hygiene is performed before using camera & the camera does not come into contact with the environment so there is no need to clean the camera before putting it back in the case.
- When finished, wipe the exterior of the case with a disinfectant wipe.

A red speech bubble with a white border and a tail pointing towards the bottom right. It contains white text.

Ensure the camera does not come into contact with the client.

Other benefits of wound photography

Helps to enlist the client in healing.

In this example, the client didn't 'see' why nursing was concerned about these pressure injuries. After viewing the pictures, and seeing the extent of the wounds, the client immediately enlisted into the plan of care & had ongoing interest in the progression towards wound healing!



Provides the wound clinician and the client with a sense of accomplishment!



Two weeks later



6 months later!!



Conclusion

Written documentation enhanced with high-quality wound photos is unparalleled in its usefulness to provide a baseline record, as well as to track wound progression or regression. (Rodd-Nielsen and Ketchen)

Appropriate and safe use of this technology requires:

- **the right equipment**
- **knowledge & skills**
- **policy & procedures to support this practice**



POCKET TOOL -- WOUND PHOTOGRAPHY DETAILED PROCEDURE

Supplies needed:

- Wound care supplies as required
- Disposable blue pad(s) (for background)
- Disposable measuring device labelled with client identifiers (initials, PHN), date and anatomical location.
- Approved device (i.e. point and shoot camera with memory card). Ensure it is charged.
- Hard carrying case for device
- Hand hygiene supplies
- Non-sterile gloves

Before photographing wound:

- Obtain consent (verbal or consent form)
- View previous photos if possible and notes specific to the client. Use same:
 - camera
 - client position
 - background, lighting
 - additional photos

After photographing & re-dressing wound:

- Document wound assessment and photographs taken
- Upload photographs from the device to the secured drive on computer
- Save photo files using a consistent process for file & folder naming
- Delete images from the device (format memory card)
- Store the device in a secure area

STEPS:

1. Place device case on hard, clean surface.
2. Position client, maintaining comfort, privacy and confidentiality.
3. Perform hand hygiene. Don gloves, remove dressing, and cleanse wound as per protocol.
4. Place blue disposable pad in the background of the wound. Remove items that could distract or impede view of wound.
5. Place measuring device close to wound edge on same plane as wound.
6. Remove gloves and perform hand hygiene before handling device.
7. Turn device on and check settings (i.e. macro setting on, VR on, etc.)
8. Take photos, avoiding device contact with client and surroundings
 - Close-up: 90% wound/reddened periwound, 10% intact periwound
 - Midway: some wound detail and 4-6cm clear intact periwound
 - Distance **with** measuring device: anatomical location, intact healthy tissue and/or comparison of limbs
 - Distance **without** measuring device on the skin
9. Review photos. Delete blurry photos and retake as necessary.
10. Turn off device and return to carrying case. Wipe outside of case.
11. Perform hand hygiene.
12. Don gloves, provide wound care and redress wound as per protocol.

Resources

See the Resources section on the right side of the training pages to download these documents:

[Sample Wound Photography Policies & Procedures](#)

[Pocket Tool – Wound Photography Detailed Procedures](#)

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