

A close-up photograph of a person's hands holding a large, professional black DSLR camera. The camera is held up to the person's eye, with the lens pointing towards the viewer. The person has dark hair and is wearing a teal-colored V-neck shirt. The background is a plain, light grey. Overlaid on the camera's lens is the text "A PICTURE CAN BE WORTH A THOUSAND WORDS" in a white, serif, all-caps font.

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The use of photo documentation in wound care

By Elizabeth O'Connell-Gifford, MBA, BSN, RN, ET/CWOCN, DAPWCA

A picture often says more than any number of words possibly could. Think about it. No matter how poetically you might describe the beautiful scenery from your last vacation, a photo of that gorgeous mountain view says it all. Similarly, even the most experienced wound care nurse's detailed chart notes describing a wound simply do not deliver the same impact as a color photo.

Whether you are questioning the value of an already established wound photography protocol at your facility or agency, or you are considering putting one into place, here are some issues to ponder regarding this beneficial, yet sometimes controversial practice.

Why add photography?

Photographing wounds provides many clinical benefits. Photos provide a visual to accompany the written wound assessment, they serve to document the wound's progress over time, they may protect the facility during a lawsuit, improve coordination of care among clinicians and serve as a tool for patient and family education.

Wound assessment. A comprehensive wound assessment and documentation of the findings are essential components of wound care. In fact, care of a wound, particularly a pressure ulcer, can be a visual art, often yielding insights beyond those of a word description.¹ As illustrative as they are; however, photos do have their limitations. For example, they cannot show factors such as wound odor and warmth.² In addition, clinical experts agree that although photographs of wounds are a

useful complement to the clinical record, they cannot stand alone and should not replace the written word.¹

Documenting progress. Wound photos taken at intervals during the care process can provide evidence that the wound was regularly assessed and staged. They can show either a progression of healing, or at least show how new treatments were introduced to address a non-healing wound.¹

According to the National Pressure Ulcer Advisory Panel (NPUAP), photography may offer a more accurate means for assessment of wound dimensions and wound base over time. NPUAP also states that rates of healing, and therefore measures of therapeutic efficacy, are more readily appreciated when the data are in a visual format.³

Legal protection. Wound photography can be beneficial if legal issues arise, although opinions vary greatly on this matter, and some say wound photos can be detrimental in a lawsuit.

On the positive side, photographs can assist in protecting your facility from liability for the wound occurring while the person



Arterial Wound

Venous Wound



was under your care. This is a particularly frequent issue with pressure ulcers. If a nursing home resident with no wounds or skin injuries is transferred to the hospital, and then returns to the nursing home with a pressure ulcer, each facility often points the finger at the other regarding under whose care the pressure ulcer occurred.

If the nursing home was proactive, however, in documenting the condition of the skin with photos upon admission and discharge, it could more easily protect itself from liability. For example, let's say a nursing home photographs areas of a resident's body that are prone to pressure ulcers (sacrum, heels, elbows) right before the resident is discharged to the hospital. The photos and clinical record are documented with the date, time and a written description, and they show intact, wound-free skin.

Then, the nursing home takes photos of the same areas of the resident's skin as soon as he or she returns from the hospital. Again, the photos and record are documented with the date, time and a written description, and now the photos show red-denied skin with signs of tissue breakdown. Comparing the before and after photos and documentation, it would be difficult to place blame on the nursing home for the skin injury.

In this case, wound photography, can prove to be highly beneficial. Under different circumstances, however, wound photographs could inflame a jury and hurt a defendant's case.⁴ This side of the debate will be covered under the "Issues to consider" section of this article.

Improving coordination/continuity of care. Again, no matter how thorough a nurse's written documentation of a wound, there is some degree of subjective interpretation, which a photo can mitigate, especially if the reader is unfamiliar with wound-related terms used, such as slough, eschar, granulation tissue, friable tissue or undermining.⁴ If a nurse includes a wound photo with her shift report or documentation right before the new nurse takes over the patient's care, the photo, along with notes in the record, gives a more comprehensive overview of the wound. The photo also clearly identifies areas within and around the wound that require monitoring.

After trialing a wound photography program for pressure ulcer prevention at a tertiary care Level I trauma facility, the facility experienced enhanced communication between nurses during shift-to-shift report and unit-to-unit transfers. Wound photography also improved the ability to monitor wound status despite different nurses caring for the patient.⁵

Patient/resident and family education. Wound photographs can be especially useful for patient/resident and family education. Aside from dressing changes, wounds are covered most of the time. If a family member wanted to see a wound, the dressing would have to be removed, potentially disturbing the granulation tissue. If a photo were available, the nurse could simply show the family member the chart.

For patients or residents with wounds in areas that are difficult to see, such as on the feet, or obese patients' pannus injuries, a photo allows the patient to view a wound he or she otherwise could not see. Putting a visual picture of the wound in the residents' or patients' mind can be a useful way to motivate them to be compliant with care.¹

Issues to consider

As beneficial as wound photography can be, it certainly requires exercising caution concerning litigation, patient privacy and confidentiality.

Legal concerns. Much the same as wound photography can be helpful in defending a medical malpractice case, it can also put the defendant in a poor light.

According to attorney Annemarie Martin-Boyan, photographs may make the defense attorney's job more difficult because gruesome photographs tend to arouse the jury's sympathy for the plaintiff at the expense of the healthcare team.⁴

Perhaps because of these "tricky" issues surrounding wound photography, the National Pressure Ulcer Advisory Panel (NPUAP) and the Wound, Ostomy and Continence Nurses Society (WOCN) neither recommend nor discourage the use of photography as a documentation tool for pressure ulcers. Both NPUAP and WOCN; however, do agree that facilities should maintain written guidelines regarding if and when photography is to be used.⁶

Patient privacy and confidentiality. If you decide to initiate wound photography at your facility or agency, it is advisable to discuss your decision with your risk manager and legal counsel. Each state has its own rules on photography, and your policy must be consistent with these laws.¹

As you develop your wound photography policy, you also will want to include a section on patient consent. The Joint Commission on Accreditation of Healthcare Organizations strongly advises organizations to obtain informed consent before photographing a patient. The Health Insurance Portability and Accountability Act (HIPAA) guidelines also mandate protection of patient privacy through written informed consent.¹

The photography consent form, to be signed by the patient or legal representative, should state the planned use of the wound images, such as monitoring the progress of wound treatment



Necrotic Wound



Neuropathic Diabetic Wound



Approximately five million patients in the United States have chronic wounds, with 1.5 to 1.8 million new wound cases added each year.⁷

10 STEPS

for Infection Control When Photographing Wounds²

1. Place camera with carrying case in a clean area separate from the patient and wound supplies.
2. Wash hands and put on exam gloves.
3. Remove the wound dressing, position and drape the patient and place a disposable measuring tape next to the wound.
4. Remove and discard gloves.
5. Wash hands again with alcohol-based gel, remove camera from the case and place it next to the patient on a clean surface.
6. Take the photos, making sure the camera does not touch the patient. Do not wear gloves; powder from gloves can damage the camera.
7. Put camera back in the clean area, cleaning it with sanitizing wipes before removing it from patient area.
8. Sanitize hands and put on new clean gloves.
9. Re-dress the wound.
10. Remove and discard gloves; sanitize hands and bring camera to docking station to download photos.

and consulting with a wound care specialist. If there is a possibility that the images will be used for educational purposes or publication in a journal, these intentions also should be visibly acknowledged in the consent form.² (See page 109 of this issue for a sample photography consent form.)

Other important considerations regarding patient privacy include never photographing the patient's face or other distinguishing characteristics such as birthmarks, tattoos or jewelry and never altering a photo by adding, adjusting, removing or moving anything.²

Maintaining confidentiality of wound photos goes hand in hand with patient privacy. After taking photos, transfer them to a secure, password-protected computer, and then delete the images from the camera.

Editor's note: For sample copies of a wound photography competency checklist and a photography consent form, go to the "Forms & Tools" section of this issue.

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Guidelines for Wound Photography

General tip

Digital photos are always preferred.

Patient selection

Approach each patient as if they/their wounds will become a poster/case study. Get in the habit of using good photography techniques every time to improve your photo outcomes. Make time to compose your shot and your patient.

Permission

Obtain photo consent, as required by your agency or facility.

Frequency

Photos should be taken on admission, weekly thereafter, and at wound closure. All efforts should be made to protect patient privacy with regard to HIPAA compliance.

Lighting

Use natural light (no flash) when possible. Be careful that the sun does not wash out the subject or distort the surface texture. If the light source is behind you, make sure your body does not create a shadow.

Background

The objective is to showcase the wound on a solid background. Drape the patient in a dark blue or black cloth as it helps to absorb the flash and decrease the reflection off the patient's skin. Shiny underpads that reflect the flash should also be avoided.

Composition

- Avoid clutter in the background and clothing or towels with prints.
- Include a ruler with date, length, width and depth of the wound(s) in each photo.
- Position the patient in the same manner for each set of photos to best show consistency as the wound progresses.
- Take the photo from the same angle each time. It's best to have the camera pointing perpendicular at the wound instead of down from the top.
- Take the photos at the same time of the day to help with consistency in lighting.
- To avoid blurry photos, stand firmly with your feet shoulder width apart and tuck your elbows tight to prevent any shaking.
- Take a minimum of three shots per wound site at each visit.
- Shoot photos from a distance of four feet.
- Two-foot closeup – 90% person and 10% background
- Two-foot with zoom – highlight tissue texture, drainage
- Preview shots taken to ensure pictures are clear and visible. Retake if necessary.

Additional photos of wound care procedures that highlight dressing removal, amount and absorption of drainage, product performance, wound pre- and post-irrigation, and dressing application steps are all of interest.

