



# Gentell Fastcare®

## Wound Documentation System

### Comprehensive, Easy-to-Use Wound Documentation System Featuring Wound Reporting at the Touch of a Button

Offered as part of the Gentell Total Wound Care Solution, Gentell Fastcare® is a wound documentation EHR program that saves nursing time by simplifying wound documentation, tracking and reporting.

#### Features

- Wound evaluation with drop down menu choices, mandatory fields that provide a complete record, and the ability to easily check off wound and skin prevention and treatment plans.
- Wound documentation contains all the information required for MDS and is F686 compliant.
- Wound history and wound progress records including measurements and previous treatments which are easily accessible from any location.
- Ability to view all wounds, open and closed, from the resident's history to note potential areas for reoccurrence.
- Facility-wide wound log reports and QAPI reports, plus PUSH scores and trend reports for individual wounds.

#### How It Works

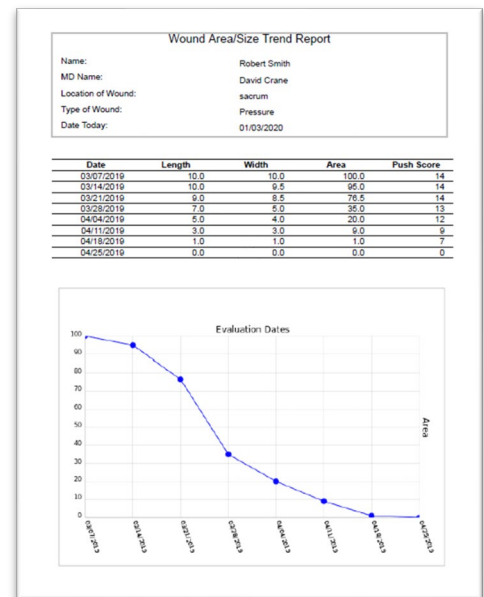
- Your staff conducts weekly wound evaluations and enters the information into Gentell Fastcare via a computer, tablet or mobile device.
- Data is encrypted and sent to our secure servers.
- Wound Evaluation Report collects all the information recommended by the NPIAP (National Pressure Injury Advisory Panel, formerly NPUAP) and required by U.S. Centers for Medicare & Medicaid Services.
- Fastcare also provides facility-wide reports such as Wound Reports, Trend Reports and QAPI Reports.
- User levels control access and permissions, while still allowing all users to see wound information. Regional or corporate nurses can view information across multiple facilities.
- Gentell Fastcare works in conjunction with major electronic health record systems.

#### Sample Wound Report

Gentell Fastcare: Facility Report Facility Name: Universal Nursing And Rehabilitation Dates: 04/04/2019 - 04/11/2019  
Wound Type: Pressure, Medical Device PI/Mucosal Membrane PI, Kennedy Terminal PI

Name	Units/Room	Date First Observed	Length	Width	Depth	Stage/Thickness	Exudate	PUSH
Carter, Amelia	Maple12-B	2019-03-30	1	0	0	0		
			0	0	0	0		
Wound bed Peri-wound Wound Edge Description			Treatment					
Slough 10% / Unattached / Intact			Cleanse wound with Wound Cleanser (WC), pat dry. Apply Hydrogel Substrate 2" x 2" Gauze, GD. Cover with (Conforming Stretch Gauze 3" Strip), FlxTapeL, GD.					
Copeland, Arthur	Pine1-B	2018-12-05	0	1	0	0		
			0	1	0	0		
Epithelial / Rolled / Macerated			Cleanse wound with Wound Cleanser (WC), pat dry. Apply Calcium Alginate 2" x 2" Dressing, GD. Cover with (Super Absorbent Dressing 4" x 4" Conforming Stretch Gauze 3" Strip), FlxTapeL, GD.					
Harris, Bradley	Cherry15-A	2019-04-04	1	0	0	0		
			0	0	0	0		
Slough 65% / Unattached / Intact			Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Collagen Wound Dressing 2"x2"), GD. Cover with (Super Absorbent Dressing Adherent 2"x2"), GD.					
Jameison, Cynthia	Pine12-B	2018-12-05	0	1	0	0		
			0	1	0	0		
Granulation / Rolled / Macerated			Cleanse wound with Wound Cleanser (WC), pat dry. Apply Calcium Alginate 2" x 2" with Silver Dressing, GD. Cover with (Super Absorbent Dressing Adherent 2"x2"), GD.					
Keith, Robert	Maple2B	2019-03-07	1	0	0	0		
			0	0	0	0		
Granulation / Attached / Intact			Apply (Collagen Wound Dressing 2"x2"), GD. Cover with (Silicone Foam 4" x 4" Bordered Dressing), GD. Cleanse with wound cleanser, apply calcium alginate, then cover with silicone foam dressing.					
Withers, April	Cherry5-A	2019-01-01	1	0	0	0		
			0	0	0	0		
Necrotic/Eschar 20% / Unattached / Intact			Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Collagen Wound Dressing 4" x 4"), GD. Cover with (Bordered Foam 4" x 4" Dressing), GD.					

#### Sample Trend Report



Universal Nursing And Rehabilitation  
7157 Shady Tree Lane Philadelphia, PA 19120

Resident: Robert Smith Room #: Maple 2-B Physician: David Crane  
Site: Location: sacrum Type of Wound: Pressure Acquisition: Admitted

Measurements (cm)	Exudate	Wound Bed	Periwound	Comments
Date: 03/07/2019 Thickness/Stage: IV Tissue Type: Slough	L 10.0 W 10.0 D 1.9 Color: Yellow Exudate Type: Serous sanguinous Tunneling: No Depth: Non-sanguinous Stage: IV Clock Position: Undermining: No Depth: Slough Clock Position:	Odor: No Pain: Yes Pain Medication Ordered: No Wound Bed Description: Slough Slough %: 30 Necrosis %:	Wound Edges: Unattached Surrounding Skin: Macerated Skin Other:	Skin & Ulcer Treatment: Pressure ulcer care Treatment: Cleanse with Wound Cleanser, apply Calcium Alginate and cover with Super Absorbent Dressing Primary Dressing: Calcium Alginate 4" x 4" Dressing, GD Secondary Dressing: Super Absorbent Dressing Adherent 2"x2", GD Signature: Michelle Jensen RN [E-signature] 03/07/2019 14:22:17
Date: 03/14/2019 Thickness/Stage: IV Tissue Type: Slough	L 10.0 W 9.0 D 1.5 Color: Yellow Exudate Type: Serous sanguinous Tunneling: No Depth: Non-sanguinous Stage: IV Clock Position: Undermining: No Depth: Slough Clock Position:	Odor: No Pain: No Pain Medication Ordered: No Wound Bed Description: Slough Slough %: 40 Necrosis %:	Wound Edges: Unattached Surrounding Skin: Macerated Skin Other:	Skin & Ulcer Treatment: Pressure ulcer care Treatment: Cleanse with wound cleanser, apply Calcium Alginate, cover with Super Absorbent Adherent dressing Primary Dressing: Calcium Alginate 4" x 4" Dressing, GD Secondary Dressing: Super Absorbent Dressing Adherent 2"x2", GD Signature: Michelle Jensen RN [E-signature] 03/14/2019 14:26:12
Date: 03/21/2019 Thickness/Stage: IV Tissue Type: Slough	L 9.0 W 8.5 D 1.3 Color: Yellow Exudate Type: Serous sanguinous Tunneling: No Depth: Non-sanguinous Stage: IV Clock Position: Undermining: No Depth: Slough Clock Position:	Odor: No Pain: Yes Pain Medication Ordered: No Wound Bed Description: Slough Slough %: 25 Necrosis %:	Wound Edges: Unattached Surrounding Skin: Macerated Skin Other:	Skin & Ulcer Treatment: Pressure ulcer care Treatment: Cleanse with wound cleanser, apply Calcium Alginate, then cover with Super Absorbent Adherent dressing Primary Dressing: Calcium Alginate 4" x 4" Dressing, GD Secondary Dressing: Super Absorbent Dressing Adherent 2"x2", GD Signature: Michelle Jensen RN [E-signature] 03/21/2019 14:28:02

#### Sample Wound Evaluation Report

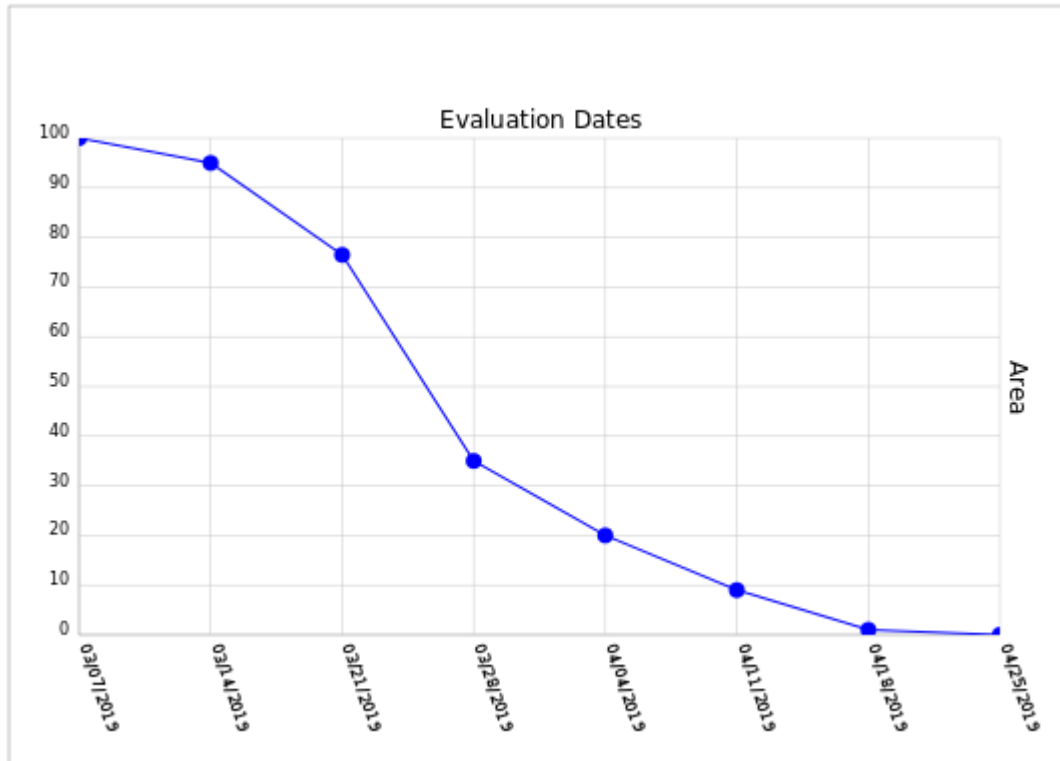
**Wound Type:** Pressure, Medical Device PI Mucosal Membrane PI, Kennedy Terminal PI

Name	Unit/Room	Date First Observed	Admitted	Acquired	Closed	Recurring	Location	Type	Length	Width	Depth	Stage/ Thick- ness	Exudate	PUSH
<b>Wound bed Peri-wound Wound Edge Description</b>							<b>Treatment</b>							
<b>Carter, Amelia</b>	Maple/12-B	2019-03-30	1	0	0	0	right heel	Pressure	2.0	1.0	0.1	3	Light	8
Slough 10% / Unattached / Intact							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Hydrogel Saturated 2" x 2" Gauze), QD. Cover with (Conforming Stretch Gauze 3" (Kling), FixTape), QD.							
<b>Copeland, Arthur</b>	Pine/1-B	2018-12-05	0	1	0	0	left heel	Pressure	2.0	2.0	1.0	3	Heavy	10
Epithelial / Rolled / Maceration							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Calcium Alginate 2" x 2" Dressing), QD. Cover with (Super Absorbent Dressing 4"x4", Conforming Stretch Gauze 3" (Kling), FixTape), QD.							
<b>Harris, Bradley</b>	Cherry/18-A	2019-04-04	1	0	0	0	left ischium	Pressure	2.0	2.0	0.1	Unstag eable	Light	8
Slough 65% / Unattached / Intact							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Collagen Wound Dressing 2"x2"), QD. Cover with (Bordered Gauze 4" x 4" Dressing), QD.							
<b>Jameson, Ophelia</b>	Pine/21-B	2018-12-05	0	1	0	0	sacrum	Pressure	1.5	3.2	0.8	4	Heavy	9
Granulation / Rolled / Maceration							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Calcium Alginate 2" x 2" with Silver Dressing), QD. Cover with (Super Absorbent Dressing Adherent 5" x 5"), QD.							
<b>Smith, Robert</b>	Maple/2-B	2019-03-07	1	0	0	0	sacrum	Pressure	3.0	3.0	0.2	4	Moderate	9
Granulation / Attached / Intact							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Calcium Alginate 2" x 2" Dressing), QD. Cover with (Silicone Foam 4"x4" Bordered Dressing ), QD.							
<b>Withers, April</b>	Cherry/5-A	2019-01-01	1	0	0	0	right buttock	Pressure	6.0	5.0	0.6	4	Moderate	13
Necrotic/Eschar 20% / Unattached / Intact							Cleanse wound with Wound Cleanser (WC), pat dry. Apply (Collagen Wound Dressing 4"x4"), QD. Cover with (Bordered Foam 6" x 6" Dressing), QD.							

## Wound Area/Size Trend Report

Name: Robert Smith  
MD Name: David Crane  
Location of Wound: sacrum  
Type of Wound: Pressure  
Date Today: 01/03/2020

Date	Length	Width	Area	Push Score
03/07/2019	10.0	10.0	100.0	14
03/14/2019	10.0	9.5	95.0	14
03/21/2019	9.0	8.5	76.5	14
03/28/2019	7.0	5.0	35.0	13
04/04/2019	5.0	4.0	20.0	12
04/11/2019	3.0	3.0	9.0	9
04/18/2019	1.0	1.0	1.0	7
04/25/2019	0.0	0.0	0.0	0



# Universal Nursing And Rehabilitation

7157 Shady Tree Lane Philadelphia, PA 19120

<b>Resident:</b> Robert Smith		<b>Room #:</b> Maple 2-B	<b>Physician:</b> David Crane
<b>Site#:</b>	<b>Location:</b> sacrum	<b>Type of Wound:</b> Pressure	<b>Acquisition:</b> Admitted

	Measurements (cm)	Exudate	Wound Bed	Periwound	Comments
<b>Date:</b> 03/07/2019  <b>Thickness/ Stage:</b> IV  <b>Tissue Type:</b> Slough	<b>L 10.0 W 10.0 D 1.9</b>  <b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Color:</b> Yellow  <b>Exudate Type:</b> Sero-sanguinous  <b>Debridement:</b> Sharp <b>Last Debridement date:</b> 03/05/2019  <b>Amount:</b> Heavy	<b>Odor:</b> No  <b>Pain:</b> Yes  <b>Pain Medication Ordered:</b> Yes  <b>Wound Bed Description:</b> Slough <b>Slough %:</b> 50 <b>Necrotic %:</b>	<b>Wound Edges:</b> Unattached   <b>Surrounding Skin:</b> Maceration <b>Surrounding Skin Other:</b>	<b>Skin &amp; Ulcer Treatment:</b> Pressure ulcer care <b>Treatment:</b> Cleanse with Wound Cleanser, apply Calcium Alginate and cover with Super Absorbent Dressing  <b>Primary Dressing:</b> Calcium Alginate 4" x 4" Dressing, QD <b>Secondary Dressing:</b> Super Absorbent Dressing Adherent 5"x5", QD  <b>Signature:</b> Michelle Jensen RN  [E-signed] 03/07/2019 14:22:17
<b>Date:</b> 03/14/2019  <b>Thickness/ Stage:</b> IV  <b>Tissue Type:</b> Slough	<b>L 10.0 W 9.5 D 1.5</b>  <b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Color:</b> Yellow  <b>Exudate Type:</b> Sero-sanguinous  <b>Debridement:</b> Sharp <b>Last Debridement date:</b> 03/05/2019  <b>Amount:</b> Heavy	<b>Odor:</b> No  <b>Pain:</b> No  <b>Pain Medication Ordered:</b> No  <b>Wound Bed Description:</b> Slough <b>Slough %:</b> 40 <b>Necrotic %:</b>	<b>Wound Edges:</b> Unattached   <b>Surrounding Skin:</b> Maceration <b>Surrounding Skin Other:</b>	<b>Skin &amp; Ulcer Treatment:</b> Pressure ulcer care <b>Treatment:</b> cleanse with wound cleanser, apply Calcium Alginate, cover with Super Absorbent Adherent dressing  <b>Primary Dressing:</b> Calcium Alginate 4" x 4" Dressing, QD <b>Secondary Dressing:</b> Super Absorbent Dressing Adherent 5"x5", QD  <b>Signature:</b> Michelle Jensen RN  [E-signed] 03/14/2019 14:26:12
<b>Date:</b> 03/21/2019  <b>Thickness/ Stage:</b> IV  <b>Tissue Type:</b> Slough	<b>L 9.0 W 8.5 D 1.3</b>  <b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Color:</b> Yellow  <b>Exudate Type:</b> Sero-sanguinous  <b>Debridement:</b> Sharp <b>Last Debridement date:</b> 03/05/2019  <b>Amount:</b> Heavy	<b>Odor:</b> No  <b>Pain:</b> Yes  <b>Pain Medication Ordered:</b> Yes  <b>Wound Bed Description:</b> Slough <b>Slough %:</b> 25 <b>Necrotic %:</b>	<b>Wound Edges:</b> Unattached   <b>Surrounding Skin:</b> Maceration <b>Surrounding Skin Other:</b>	<b>Skin &amp; Ulcer Treatment:</b> Pressure ulcer care <b>Treatment:</b> cleanse with wound cleaner, apply Calcium Alginate, then cover with Super Absorbent adherent dressing  <b>Primary Dressing:</b> Calcium Alginate 4" x 4" Dressing, QD <b>Secondary Dressing:</b> Super Absorbent Dressing Adherent 5"x5", QD  <b>Signature:</b> Michelle Jensen RN  [E-signed] 03/21/2019 14:28:02

# Universal Nursing And Rehabilitation

7157 Shady Tree Lane Philadelphia, PA 19120

<b>Resident:</b> Robert Smith		<b>Room #:</b> Maple 2-B	<b>Physician:</b> David Crane
<b>Site#:</b>	<b>Location:</b> sacrum	<b>Type of Wound:</b> Pressure	<b>Acquisition:</b> Admitted

	Measurements (cm)	Exudate	Wound Bed	Periwound	Comments
<b>Date:</b> 03/28/2019	<b>L 7.0 W 5.0 D 1.0</b>	<b>Color:</b> Yellow	<b>Odor:</b> No	<b>Wound Edges:</b> Unattached	<b>Skin &amp; Ulcer Treatment:</b> Pressure ulcer care <b>Treatment:</b> cleanse with wound cleanser, apply Calcium Alginate, cover with Super Absorbent Adherent dressing  <b>Primary Dressing:</b> Calcium Alginate 4" x 4" Dressing, QD <b>Secondary Dressing:</b> Super Absorbent Dressing Adherent 5"x5", QD  <b>Signature:</b> Michelle Jensen RN  [E-signed] 03/28/2019 14:47:52
<b>Thickness/ Stage:</b> IV	<b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Exudate Type:</b> Sero-sanguinous	<b>Pain:</b> No <b>Pain Medication Ordered:</b> No	<b>Surrounding Skin:</b> Maceration <b>Surrounding Skin Other:</b>	
<b>Tissue Type:</b> Slough	<b>Undermining:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Debridement:</b> Sharp <b>Last Debridement date:</b> 03/05/2019 <b>Amount:</b> Heavy	<b>Wound Bed Description:</b> Slough <b>Slough %:</b> 20 <b>Necrotic %:</b>		
<b>Date:</b> 04/04/2019	<b>L 5.0 W 4.0 D 0.5</b>	<b>Color:</b>	<b>Odor:</b> No	<b>Wound Edges:</b> Attached	<b>Skin &amp; Ulcer Treatment:</b> Pressure ulcer care <b>Treatment:</b> cleanse with wound cleanser, apply Collagen Dressing, cover with Silicone Foam dressing  <b>Primary Dressing:</b> Collagen Wound Dressing 2"x2", QD <b>Secondary Dressing:</b> Silicone Foam 4"x4" Bordered Dressing , QD  <b>Signature:</b> Michelle Jensen RN  [E-signed] 04/04/2019 14:31:36
<b>Thickness/ Stage:</b> IV	<b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Exudate Type:</b> Sero-sanguinous	<b>Pain:</b> No <b>Pain Medication Ordered:</b> No	<b>Surrounding Skin:</b> Intact <b>Surrounding Skin Other:</b>	
<b>Tissue Type:</b> Slough	<b>Undermining:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Debridement:</b> Sharp <b>Last Debridement date:</b> 03/05/2019 <b>Amount:</b> Moderate	<b>Wound Bed Description:</b> Slough <b>Slough %:</b> 10 <b>Necrotic %:</b>		
<b>Date:</b> 04/11/2019	<b>L 3.0 W 3.0 D 0.2</b>	<b>Color:</b>	<b>Odor:</b> No	<b>Wound Edges:</b> Attached	<b>Skin &amp; Ulcer Treatment:</b> Pressure ulcer care <b>Treatment:</b> cleanse with wound cleanser, collagen wound dressing, then cover with Silicone Foam dressing  <b>Primary Dressing:</b> Collagen Wound Dressing 2"x2", QD <b>Secondary Dressing:</b> Silicone Foam 4"x4" Bordered Dressing , QD  <b>Signature:</b> Michelle Jensen RN  [E-signed] 04/11/2019 14:33:15
<b>Thickness/ Stage:</b> IV	<b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Exudate Type:</b> Sero-sanguinous	<b>Pain:</b> No <b>Pain Medication Ordered:</b> No	<b>Surrounding Skin:</b> Intact <b>Surrounding Skin Other:</b>	
<b>Tissue Type:</b> Granulation	<b>Undermining:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Debridement:</b> Sharp <b>Last Debridement date:</b> 03/05/2019 <b>Amount:</b> Moderate	<b>Wound Bed Description:</b> Granulation <b>Slough %:</b> <b>Necrotic %:</b>		

# Universal Nursing And Rehabilitation

7157 Shady Tree Lane Philadelphia, PA 19120

<b>Resident:</b> Robert Smith		<b>Room #:</b> Maple 2-B	<b>Physician:</b> David Crane
<b>Site#:</b>	<b>Location:</b> sacrum	<b>Type of Wound:</b> Pressure	<b>Acquisition:</b> Admitted

	Measurements (cm)	Exudate	Wound Bed	Periwound	Comments
<b>Date:</b> 04/18/2019	<b>L</b> 1.0 <b>W</b> 1.0 <b>D</b> 0.1	<b>Color:</b>	<b>Odor:</b> No	<b>Wound Edges:</b> Attached	<b>Skin &amp; Ulcer Treatment:</b> Pressure ulcer care <b>Treatment:</b> cleanse with wound cleanser, apply collagen dressing then cover with silicone foam dressing
<b>Thickness/ Stage:</b> IV	<b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Exudate Type:</b> Sero-sanguinous	<b>Pain:</b> No		
<b>Tissue Type:</b> Granulation	<b>Undermining:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Debridement:</b> Sharp <b>Last Debridement date:</b> 03/05/2019	<b>Pain Medication Ordered:</b> No	<b>Surrounding Skin:</b> Intact <b>Surrounding Skin Other:</b>	<b>Primary Dressing:</b> Collagen Wound Dressing 2"x2", QD <b>Secondary Dressing:</b> Silicone Foam 4"x4" Bordered Dressing , QD
		<b>Amount:</b> Moderate	<b>Wound Bed Description:</b> Granulation <b>Slough %:</b> <b>Necrotic %:</b>		
					<b>Signature:</b> Michelle Jensen RN [E-signed] 04/18/2019 14:34:39
<b>Date:</b> 04/25/2019	<b>L</b> W <b>D</b> 0	<b>Color:</b>	<b>Odor:</b> No	<b>Wound Edges:</b> Attached	<b>Skin &amp; Ulcer Treatment:</b> Pressure ulcer care <b>Treatment:</b>
<b>Thickness/ Stage:</b> IV	<b>Tunneling:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Exudate Type:</b> N/A	<b>Pain:</b> No		
<b>Tissue Type:</b> Closed/Resurfaced	<b>Undermining:</b> No <b>Depth:</b> <b>Clock Position:</b>	<b>Debridement:</b> N/A <b>Last Debridement date:</b>	<b>Pain Medication Ordered:</b> No	<b>Surrounding Skin:</b> Intact <b>Surrounding Skin Other:</b>	<b>Signature:</b> Michelle Jensen RN [E-signed] 04/25/2019 14:48:38
		<b>Amount:</b>	<b>Wound Bed Description:</b> Granulation <b>Slough %:</b> <b>Necrotic %:</b>		