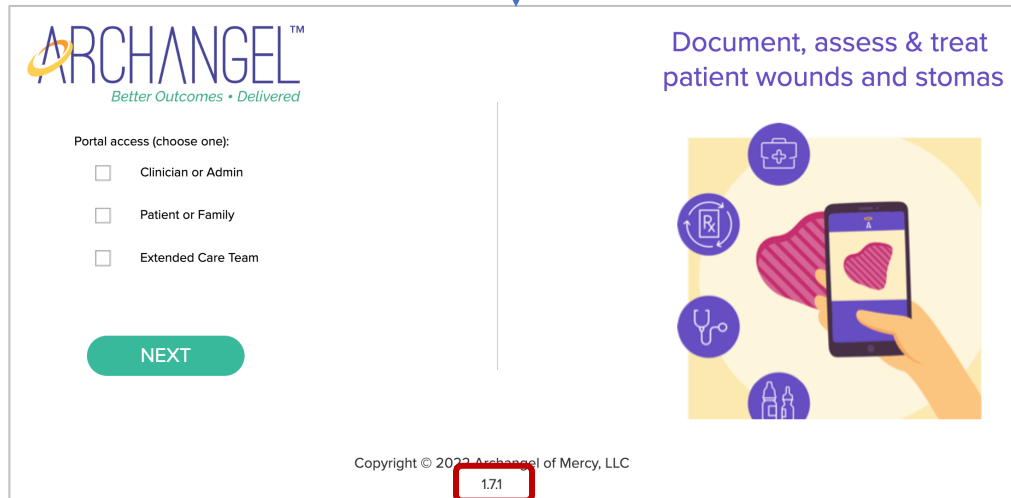




Release Notes

Web 1.7.1



Release Date:

10_19_22

New Features & Functions in this release

- Web (1.7.1)
 1. Added DOWC Handbook Tab to the Learning Tab
 2. Added Compression Therapy dropdown to the Assessment Required tab
 3. Added Offloading Devices question to the Assessment Required tab
 4. Document Negative Pressure Wound Therapy Treatment Details
 5. Add or Select Physician from dropdown list (TRIAGE USERS ONLY)

BUG FIXES

6. Wound and Physician information displaying correctly on Generated Rx

1. Added DOWC Handbook Tab to the Learning Tab – Will contain documents and links to content

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Supervisor
Scotts Home Health

Patients

Orders

Wounds

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Reports

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C

Learning

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Settings

Director of Wound Care(DOWC)
HandBook

Archangel Tools and Templates

⊖

CONDITION

⊕

Principles of Wound Healing

⊕

Acute Burns

⊖

Arterial Ulcers - Overview

Arterial Ulcer - Introduction and Assessment

Arterial Ulcer - Treatment

last updated : 10/19/2022

Arterial Ulcer - Surgical Treatment

⊕

Diabetic Foot Ulcer

Atypical Ulcers

Autoimmune Ulcers - Coming Soon

2. Added Compression Therapy dropdown to the Assessment Required tab

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?

→

Patients

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Settings

Last Name

Tay

First Name

Theresa

Gender

Female

DOB

10/18/1953

Medical Record

-

Wounds, Assessments & Treatments

▼

Add / Edit Assessment

Wound

1

Assessment

1

Location

Foot / Toe Right Plantar Bottom of Foot

Assessment
(Required)

Debride, Cleanse / Wound
(Optional)

Wound Bed
(Optional)

Misc.
(Optional)

Risk Factors
(Optional)

Assessment Date

10/18/2022

Wound Measurements (centimeters)

Length

6.78

Width

5.89

Depth

0

Exudate/Drainage Amount (Choose One)

None

Light

Moderate

Heavy

Copious

Wound Thickness/Stage

Partial Thickness

Wound Type

Venous Insufficiency Ulcer

Compression therapy

Elastic Bandage

*Describe any therapy detail in the assessment notes below (including # of layers)

Assessment Notes (optional)

jasdflljdfkdsjfdlsjsfdljadsllkfjadsfjadsllkfjld
Device

Choose

None

✓ Elastic Bandage

Inelastic Bandage

Dual Compression

Stockings or custom garment

Pneumatic compression pump

Leg elevation

Save

Return

Treatment

3. Added Offloading Devices question to the Assessment Required tab

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Last Name

First Name

Gender

DOB

Medical Record

Tay

Theresa

Female

10/18/1953

-

Wounds, Assessments & Treatments

Add / Edit Assessment

Wound

Assessment

Location

1

1

Foot / Toe Right Plantar Bottom of Foot

Assessment

Debride, Cleanse / Wound

Wound Bed

Misc.

Risk Factors

(Required)

(Optional)

(Optional)

(Optional)

(Optional)

Assessment Date

Wound Measurements (centimeters)

10/18/2022

Length

6.78

Width

5.89

Depth

0

Exudate/Drainage Amount (Choose One)

Wound Thickness/Stage

Wound Type

None

Light

Moderate

Heavy

Copious

Stage 2

Pressure Injury / Ulcer

Device(s) being used to offload pressure and / or reduce sheer?

Yes*

No

*Describe device(s) used in the assessment notes section below

Assessment Notes (optional)

notes here

Save

Return

Treatment

4. Document Negative Pressure Wound Therapy Treatment Details

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?

→

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Last Name

First Name

Gender

DOB

Medical Record

Tay

Theresa

Female

10/18/1953

-

✕

Wounds, Assessments & Treatments

Add / Edit Treatment

Wound

Assessment

Location

1

1

Foot / Toe Right Plantar Bottom of Foot

Dressing & Securement
(Required)

Frequency & Duration / Notes
(Required)

Goals, Interventions & Address
(Optional)

Adherence & Notes
(Optional)

Primary dressing
NPWT

Remove

NPWT Details

Dressing

☒ Primary Dressing

☐ Secondary Dressing

☐ Securement

☐ Other

Search By

☒ Category

NPWT

Next

Return

Place New Order

- Choose
- Collagen
- Alginate and Silver Alginate
- Foam and Silver Foam
- Hydrocolloid
- Hydrogel
- Hydrogel Impregnated Gauze
- Specialty Absorptive / ABD Pad
- Transparent Film
- ✓ NPWT

- a. Click “Primary Dressing”
- b. Select NPWT from the dropdown
- c. Click NPWT Details (green button)
go to next page for details . . .

4. Treatment Details

Negative Pressure Wound Therapy (NPWT) - Treatment Details

Dressing Removed From Wound

Foam Pieces

1

Gauze Pieces

1

Contact Layer

1

Other

29

Type: dsakklfsadjfl

NPWT Unit Settings

Continuous

Intermittent

Pressure Setting (mmHg): 150

Peri-wound / Surround Skin protection

None

Barrier Filt

Other

If Other, Type:

Filler - Type and Amount applied

Foam (Black)

1

Foam (White)

23

Foam (Other)

0

Type:

Gauze

0

Protective Layer

0

Type:

Did you change the cannister?

Yes

No

Type Dressing Kit

Rotech

Bridging of the suction tubing

No

Yes

If Yes, direction from the wound base: 2 (clock method)

Did the patient tolerate the dressing change?

Yes

No

If No, describe interventions: dsajfjljasldlfk

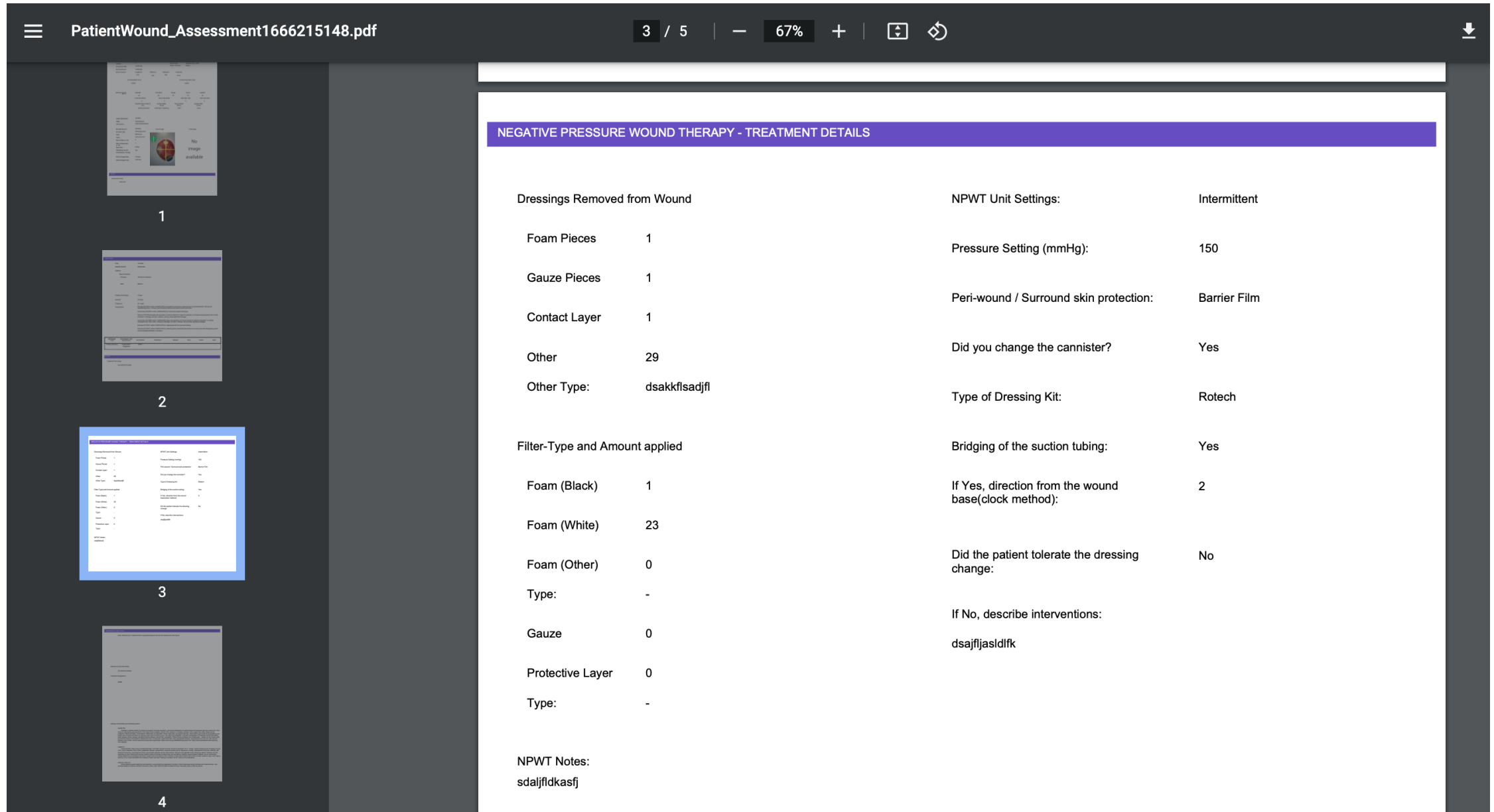
NPWT Notes

sda|jfidkasfj

Update

Close

4. Treatment Details (are shown on the PDF Assessment Report)



5. Add or Select Physician from dropdown list (TRIAGE USERS ONLY)

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Scott Triage
Triage
Mercy Organization

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Wounds

Reports

Settings

More Products...

Cancel Order

Add Product

Close

Update

Physician Info

Generate Rx

Send Email/ Fax

Confirm / Update

Generate

Send

Notes

No Notes Available !

Manage Notes

Order Status Tracking

Order Received	Rx	Order Information	Out-of-Packet Service	Final Review	Order Total \$
☒ 10/19	☒ Requested 10/19	☒ Complete	☐ In Progress	☐ Submitted to biller / Good to	0.000.00

- Click the “+” button to add a new Physician
- Click the “Notes” icon to choose an existing Physician

Physician Information

Physician Name

JAMISON MD, KIMBERLY

Notes

+

Save

Close

6. Wound and Physician information displaying correctly on Generated Rx

Wound Care Supply Rx

PATIENT INFORMATION

Patient Name Earlene S Loesing
Date of Birth 05/08/1927
Ship to Address 4010 Copperstone Creek Drive,,
Phone (660) 834-4331

INSURANCE DETAILS

Insurance Name UHC
Patient Group # 21826
Patient Policy # 997470789
Date of Order 10/19/22

Wound - 1 Assessment - 3 ICD-10 CODE - I87.312,L97.822,.

Location	Leg Left Inside	Stage/ Thickness	Full Thickness	L	2.30	W	1.50	D	0.20
Drainage	MODERATE	Debridement	-	Date	10/18/2022	# of Refills	1		

PRODUCTS

Frequency - Daily

Duration - 30 Days

Category	HCPC	Type	Product	Dressing	Pad Size	Quantity
-	a6021	Primary	PROMOGRAN PRISMA	-	4-34-sq	30
-	a6252	Secondary	Sorbalux ABD	-	5-x-9	30
-	a6446	Securement	Sterilux Bulky Premium	-	-	30

Physician Information

Physician License	MD36616	NPI#	1568547180	Date	
Office Name		Phone	(573) 815-8000		
Office Address	1600 E BROADWAY	Fax	(573) 815-2638		
City	COLUMBIA	Email			
State	MO	Physician Name	KIMBERLY JAMISON		
Zip Code	65201				

Physician Signature

Please review and verify by signing this Written Confirmation of Verbal Order.
Fax: 1-800-861-7362 or transmit by email: order@mercyscb.com