

HHF - PROCEDURE

ORIGINAL DATE:	06/07
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Revised Date:	
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SUBJECT: WOUND CARE - INSTRUMENT/SHARP DEBRIDEMENT OF NON-VIABLE TISSUE IN WOUNDS PERFORMED BY QUALIFIED STAFF

PURPOSE: To delineate the qualifications of personnel authorized to perform sharp debridement, to identify the circumstances under which the procedure can be undertaken and to outline the procedure to be followed by qualified staff to complete the procedure.

DEFINITION: *Sharp Debridement:* “The removal of foreign material and devitalized tissue from a wound using a scalpel or other sharp instrument.”

POLICY:

Instrument debridement of non-viable tissue may be performed by nurses or physical therapists certified in wound care who have completed a course of study in sharp debridement. The clinician’s credentials to perform the procedure must be reviewed by a Vice President or Director – refer to *Attachment #1 – “Qualification to Perform Sharp Debridement”*). The procedure is to be undertaken with a physician order for simple, conservative debridement of non-viable tissue, slough and eschar. The procedure is to be performed only on patients who cannot otherwise access this care and whose level of complexity is such that they would benefit from a simple and conservative debridement procedure.

CONSIDERATIONS: Sharp debridement is undertaken to remove necrotic and/or non-viable tissue from a wound to promote healing by providing a clean wound bed and/or to augment enzymatic/autolytic debridement. It may be undertaken in sequential sessions.

CONTRAINDICATIONS: Sharp debridement should not be undertaken in the presence of:

- Extensive undermining or tunneling
- Presence of gross purulence
- Cellulitis
- Active infection
- Abnormal findings
- Complicated patient condition
- Bleeding tendencies and/or medications that may prolong bleeding times

EQUIPMENT:

- Instrument set/ suture removal set w/ straight iris scissors
- Scalpel w/ # 15 blade, disposable
- Dermal curette 5mm, disposable
- Normal saline
- Gauze
- Sterile cotton applicators
- Measuring device

- Gloves
- Wound covering (secondary dressing)

PROCEDURE:

- 1) A specific order for each wound is obtained from the physician. A sample physician order would read: “Conservative sharp debridement of soft necrotic tissue of _____ (wound location).”
- 2) Prior to initiating the debridement procedure, the clinician is required to:
 - a. Complete a patient assessment, including a pain assessment
 - b. Review the patient’s diagnoses and medications to ascertain if the patient may have a bleeding tendency
 - c. Assess the wound
 - d. Verify the physician order
 - e. Identify the patient
 - f. Explain the procedure to the patient/caregiver
 - g. Determine if pain medication (topical or oral) is required
- 3) Complete the procedure as follows:
 - a. Position the patient for easy access to the wound
 - b. Wash hands
 - c. Don gloves
 - d. Remove the old dressing, discard per agency policy
 - e. Clean the area with saline
 - f. Take a digital photograph of the wound
 - g. Wash hands again
 - h. Prepare a sterile field and equipment
 - i. Don gloves
 - j. Evaluate the wound
 - k. Conservatively debride slough, non-viable tissue and eschar with scissors or scalpel, removing as much non-viable tissue as possible
 - l. Stop debriding if/when the following occur:
 - i. Excessive bleeding
 - ii. Fascial plane is located
 - iii. Named structure is located
 - iv. Exposure of tendon or bone is impending
 - m. Take a post-procedure digital photograph of the wound
 - n. Measure the wound
 - o. Cleanse the wound and apply the appropriate dressing per physician’s order
 - p. Dispose of trash
 - q. Wash hands
- 4) Consult with the physician as needed, reporting any findings or occurrences, such as amount of bleeding
- 5) Complete documentation in a clinical note, to include the following notations:
 - a. Condition of the wound prior to debridement
 - b. Approximate amount of necrotic tissue and/or slough removed
 - c. Any problems encountered during the procedure
 - d. Pain management used and the patient’s response
 - e. The dressing applied following the debridement procedure
 - f. Plans for continued wound care

Certified Wound Specialist

“Qualification to Perform Sharp Debridement”

In order to perform sharp debridement, the HHVNA clinician must:

- Provide evidence of certification in wound care by a certifying board overseen by an official oversight body
- Provide evidence of completion of an appropriate course of study in sharp debridement

Name: _____

Certification Body: _____

Date of Certification: _____

Title of Sharp Debridement Course: _____

Location Sharp Debridement Course was Taken: _____

Date of Completion of Sharp Debridement Course: _____

Evidence of wound care certification and satisfactory completion of an appropriate sharp debridement course must be submitted to a **VNA Director or Vice President** prior to implementation of this procedure.

I have reviewed the above named clinician’s credentials with respect to performing wound debridement:

Signature

Title

Date

Approved Policy Committee: 06/12/07

Attachment #1