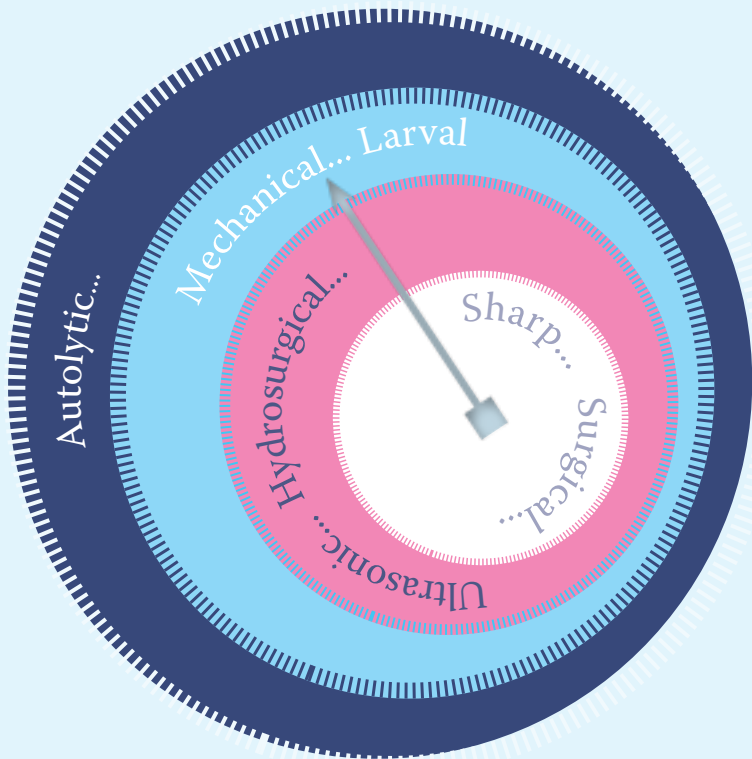


▶ QUICK GUIDE

DEBRIDEMENT



CHECKLIST FOR DEBRIDEMENT DECISIONS¹

THE AIM/GOAL FOR THE WOUND

| | | |
|--|------------|-------------------------|
| Is debridement appropriate for this wound? | NO | Keep dry |
| Should I take a conservative approach (stabilise)? | YES | Autolytically debride |
| Do I need to change method of debridement? | YES | Consider other methods |
| Should I actively try to accelerate healing? | YES | Accelerate debridement |
| Is non-viable tissue delaying healing? | | |
| Does the wound edge/periwound skin or wound bed require accelerated debridement? | | |
| Will acceleration of debridement help the management of infection in this wound? | | |
| Is acceleration of debridement in the best interests of the patient? | | |
| Am I certain what to do? | NO | Consult. Do not debride |

ACCELERATE HEALING THROUGH DEBRIDEMENT

Have I discussed the debridement options with the patient/family members?

Do I have the skills to perform the chosen method of debridement myself?

| | | |
|--|------------|-------------------------|
| Am I confident in what I am doing? | NO | Refer |
| Can I make things worse/do harm? | YES | Refer |
| Is the current environment safe for debridement? | YES | Debride |
| Do I have the resources/equipment | YES | Debride NO Refer |

EXPECTED OUTCOMES OF DEBRIDEMENT

Will intervention remove non-viable tissue in one go?

Will it be a gradual/staged process?

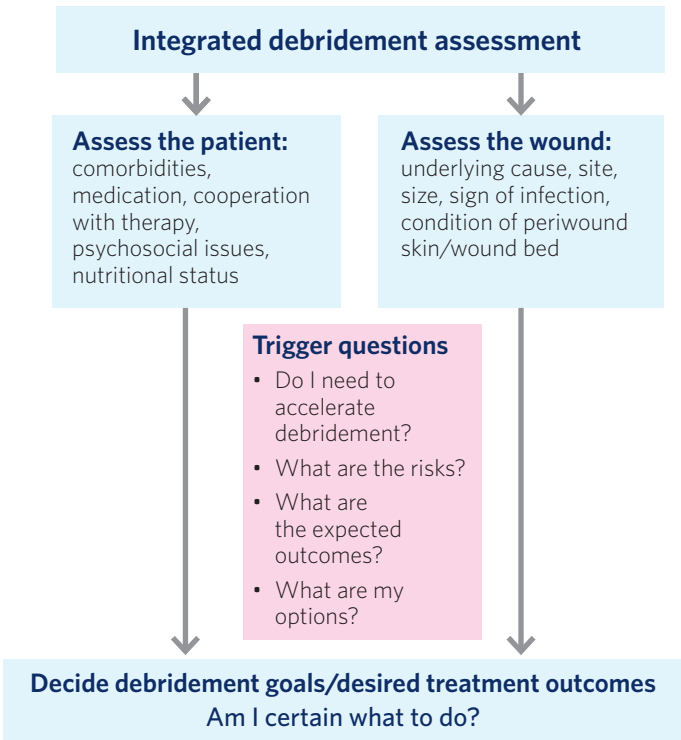
| | | |
|---|------------|---------------------|
| Will wound be ready for another therapy, eg negative pressure wound therapy, skin grafting? | YES | Set date for review |
|---|------------|---------------------|

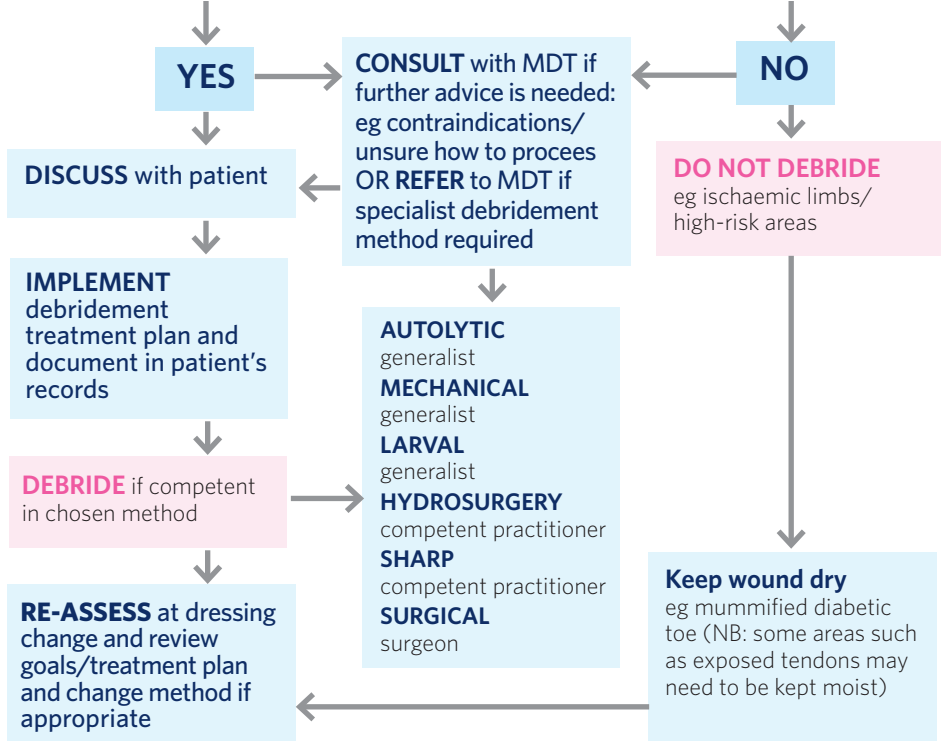
OPTIONS AT EVERY STAGE

Check clinical guidelines/policies

| | | |
|--|------------|---|
| Seek advice from a specialist/colleagues | YES | Refer to another practitioner OR Debride using most appropriate method |
|--|------------|---|

WHEN TO DEBRIDE: a decision pathway involving the multidisciplinary team (MDT)¹





STEP BY STEP GUIDE TO DEBRISOFT®



Step 1

Open the Debrisoft® single use, sterile pack



Step 2

Fully moisten the soft, fleecy side of Debrisoft® with tap water or saline (always refer to local guidelines)



Step 3

Gently, with light pressure, using a circular motion, debride the wound/skin with the soft, fleecy side of the moistened Debrisoft®



Step 4

Use a new piece of Debrisoft® for each separate wound/area of skin and dispose of the used Debrisoft® in normal clinical waste (always refer to local guidelines)

SIMPLE METHODS OF DEBRIDEMENT

Least time consuming²

Mechanical

- Removal of non-viable material from the wound with a monofilament fibre pad (Debrisoft®)
- Selective, quick and easy
- Do not use on painful wounds or hard, dry eschar
- Can remove hyperkeratosis
- Causes little pain
- Can be used before or after other methods

Larval therapy

- *Lucilia sericata* (green bottle) larvae ingest non-viable materials and pathogens in the wound
- Larvae applied bagged or free-range for rapid, selective debridement
- Should not be applied near body cavities connecting to organs, near major blood vessels, on malignant wounds or where the larvae might be crushed.

Autolytic

- Natural process that uses the body's enzymes to liquefy hard eschar/slough
- Occlusive or semi-occlusive dressings (hydrogel, hydrocolloid, alginate or Hydrofiber®) help to control moisture by absorbing exudate or donating moisture.
- Can be used before or between other methods.

Most time consuming

Using Debrisoft® in practice



Before
Sloughy wound



After
Single use of
Debrisoft®



Before
Hyperkeratotic
skin



After
Single use of
Debrisoft®

This quick guide is based on UK and international expert opinion from:

1. Wounds UK (2013). Effective debridement in a changing NHS. A UK consensus. Available from: www.wounds-uk.com
 2. EWMA (2013). Debridement. Available from: www.ewma.org
- Supported by Activa Healthcare
www.activahealthcare.co.uk