Wound Debridement Handout

A Wound Debridement Handout

Significance of Necrotic Tissue

- Physical barrier to granulation tissue formation, wound contraction, and epithelialization
- May harbor bacteria and contribute to wound infection
- As tissues die they change in:
    - Color
    - Consistency
    - Adherence

Color	Consistency	Adherence
White/gray	Mucinous	Clumps
Yellow fibrinous	Soft, stringy	Loosely attached
Yellow/tan (slough)	Soft, soggy	Attached at the base only
Black/brown (eschar)	Hard	Firmly adherent to base and edges

Types of Necrotic Tissue

Slough	Fibrin	Eschar	Gangrene	Callus
Mucinious Soft, stringy Soft, soggy	Mucinious Soft, stringy Soft, soggy	Soft, soggy Hard	Hard	Soft, soggy Hard
White/yellow	White/yellow	Black/brown	Black/brown	White/gray
Clumps Loosely attached Attached at base	Clumps Loosely attached Attached at base	Attached at base Firmly attached	Firmly attached	Firmly attached
25-100% covered	25-100% covered	50-100% covered	50-100% covered	Surrounds wound edges

The South West Regional Wound Care Program

Vision: Integrated, evidenced-informed skin and wound care – every person, every health care sector, every day.

Mission: To advocate for the seamless, timely and equitable delivery of safe, efficient, and effective, person-centered, evidenced-informed skin and wound care to the people of the South West LHIN, regardless of the healthcare setting.

SOUTHWEST REGIONAL WOUND CARE PROGRAM

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Wound Debridement

- The process of removing dead, contaminated, or adherent tissue and/or foreign material from a wound
- Why?
    - To remove the physical barrier to granulation, contraction and epithelialization
    - To reduce bacterial burden
    - To convert a chronic wound to an acute wound
    - To facilitate earlier wound coverage with active or biologic dressings
- Who can debride:
    - RHPA (Ontario) controlled act for nursing
    - RN or RN(EC) who has the knowledge, skill, judgment and authority can initiate or provide an order for an RN or RPN to perform wound debridement as per the CNO

Types of Debridement

Debridement Type	Definition	Examples
Mechanical	Use of an outside force to remove non-viable tissue	Wet-to-dry gauze, wound irrigation, whirlpool, pulsed lavage
Enzymatic	Application of a concentrated, commercially prepared enzyme to digest non-viable tissue	Collagenase
Sharp	Use of sharp instruments to remove non-viable tissue	Scalpel, scissor, curette use
Autolytic	Use of the body's own enzymes in wound fluid along with moisture retentive dressings to degrade non-viable tissue	Use of hydrocolloids, films, hydrogels, and/or hypertonic dressings
Biologic	Application of medical grade maggots to remove non-viable tissue	Larval debridement therapy

Outcome Measurements

- Characteristics to evaluate the effectiveness of wound debridement:
    - The type of necrotic tissue should change as the wound improves, i.e. it should progress from dry/black → soggy/yellow → mucinious
    - The amount of necrotic tissue should progressively diminish
    - The adherence of the necrotic tissue to the wound should decrease as debridement proceeds

Referral Criteria

- Dry gangrene or ischemic wounds
- Elevated temperature and/or signs of cellulitis or gross infection
- Exposed bone or tendon, or evidence of an impending abscess
- No wound improvement