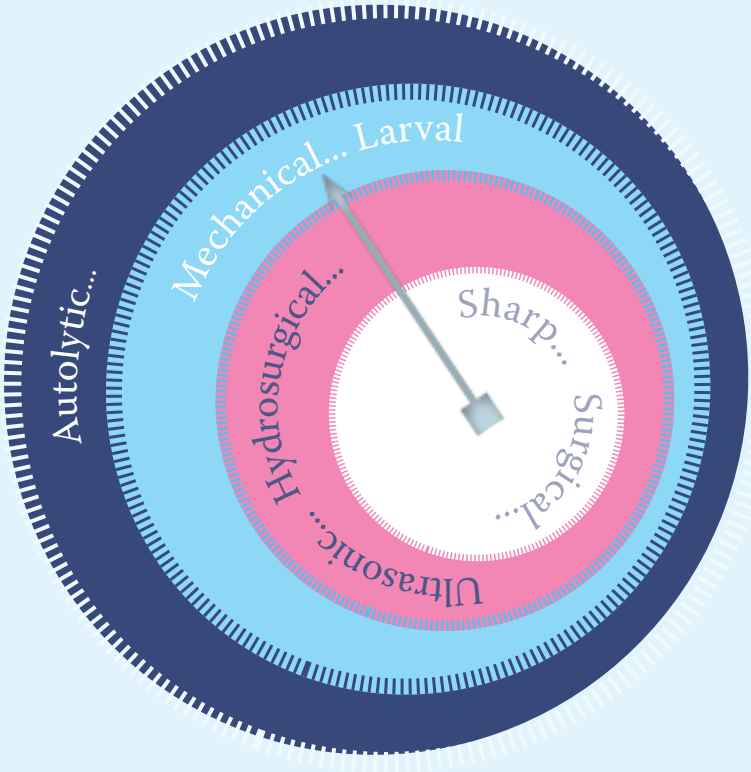
QUICK GUIDE
DEBRIDEMENT



Wounds UK

CHECKLIST FOR DEBRIDEMENT DECISIONS[1]

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

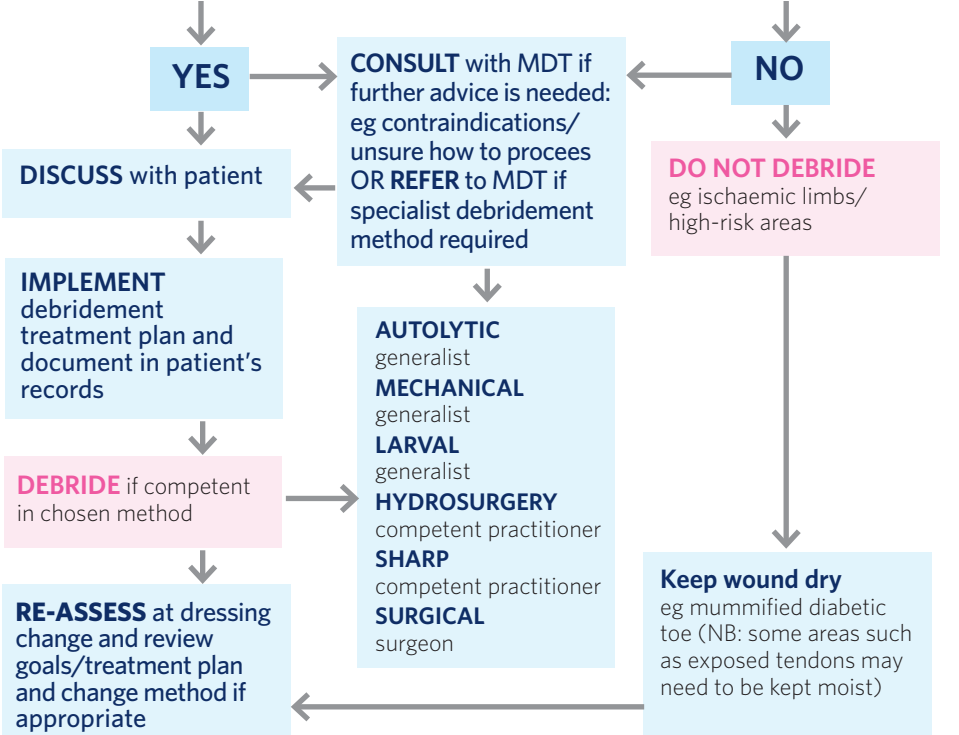
EXPECTED OUTCOMES OF DEBRIDEMENT

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]


YES
CONSULT with MDT if further advice is needed: eg contraindications/ unsure how to procees OR REFER to MDT if specialist debridement method required
NO
DISCUSS with patient
DO NOT DEBRIDE
eg ischaemic limbs/ high-risk areas
IMPLEMENT debridement treatment plan and document in patient's records
AUTOLYTIC
generalist
MECHANICAL
generalist
LARVAL
generalist
HYDROSURGERY
competent practitioner
SHARP
competent practitioner
SURGICAL
surgeon
DEBRIDE if competent in chosen method
RE-ASSESS at dressing change and review goals/treatment plan and change method if appropriate
Keep wound dry
eg mummified diabetic toe (NB: some areas such as exposed tendons may need to be kept moist)

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 consuming[2]

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

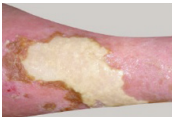
- *Lucilia sericata* (green bottle) larvae ingest non-viable materials and pathogens in the wound
- Larvae applied bagged or free-range for rapid, selective debridement
- Should not be applied near body cavities connecting to organs, near major blood vessels, on malignant wounds or where the larvae might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

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