

# Conservative Sharp Wound Debridement for Registered Nurses (1996)

The initial treatment goal for full-thickness wounds with necrotic tissue is debridement. There are several methods to achieve debridement, which include surgical debridement, conservative sharp debridement, enzymatic debridement, autolysis, and mechanical debridement.

Conservative sharp wound debridement is a technique that many professionals use. As the professional organization for nurses specializing in wound care, the WOCN recognizes the need to clarify the role of the wound care nurse in regard to performance of conservative sharp wound debridement.

Conservative sharp wound debridement is defined as removal of loose avascular tissue without pain or bleeding. This procedure does not require the administration of general anesthesia. Many states permit the nurse to use topical anesthesia.

The ET nurse and nurse specializing in wound care are prepared to perform conservative sharp wound debridement once they have satisfactorily completed didactic and clinical instruction in the sharp debridement procedure from an accredited ETNEP, wound management specialty course, or a CE-approved course in debridement.

The ET nurse and nurse specializing in wound care may perform conservative sharp wound debridement when the following criteria are met:

- The ET nurse and wound care nurse confirm that their State Nurse Practice Act recognizes debridement to be within the domain of nursing. It may be the nurses' preference to obtain a letter from the State Board of Nursing to be kept on file with the employer.
- A policy and procedure is in place with the employing institution or contracting agency, which addresses educational preparation, certification, and a validation process for conservative sharp wound debridement.
- Conservative sharp wound debridement is conducted with the awareness of the patient's primary health care provider. In some health care settings and states, an order for conservative sharp wound debridement may be necessary from the physician.
- To further refine the technical skill of conservative sharp wound debridement, it is recommended that the ET nurse and wound care nurse collaborate with physicians such as plastic surgeons, dermatologists or surgeons.

The indication for conservative sharp wound debridement is the presence of loose necrotic tissue in a dermal ulcer. The etiology of the ulcer includes, but is not limited to, pressure, neuropathy, arterial and venous insufficiency. Contraindications to conservative sharp wound debridement include the following situations:

- Densely adherent necrotic tissue in which the interface between viable and nonviable tissue cannot be clearly identified.
- The patient who is at an increased risk of bleeding, such as the individual with an impaired clotting mechanism.
- The non-infected ischemic ulcer that is covered with dry eschar. In this setting, tissue oxygenation is insufficient to support infection control and wound healing, therefore placing the patient at risk for a serious infectious complication. Examples include, but are not limited to, arterial ulcers or diabetic ulcers with dry gangrene.

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15000 Commerce Parkway, Suite C • Mt. Laurel, NJ 08054 • (888) 224-WOCN