

	Policies and Procedures RNSP: Advanced RN Intervention Title: CONSERVATIVE SHARP WOUND DEBRIDEMENT I.D. Number: 1004
Authorization [X] SHR Nursing Practice Committee	Source: Nursing Date Effective: November 2016 Scope: SHR Home Care and Acute Care

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DEFINITIONS

Conservative Sharp Wound Debridement (CSWD) is the selective removal of foreign material and devitalized or contaminated tissue from the wound bed until surrounding healthy tissue is exposed. This involves using a sharp instrument such as a scalpel, scissors, forceps or curette.

ROLES

Registered Nurses (RNs): RNs identified by the manager in targeted practice settings will be certified in this RN Specialty Practice (Advanced RN Intervention): Conservative Sharp Wound Debridement.

1. PURPOSE

- 1.1. To ensure the safe practice of CSWD to optimize wound bed preparation.
- 1.2. This policy will promote clinician accountability, client safety and the reduction of avoidable error.

2. POLICY

- 2.1. The RN certified in this RNSP will have completed the following:
 - A recognized Enterostomal Therapy (ET) Nursing Education Program or International Interprofessional Wound Care Course (IIWC).
 - Completion of mentored practice which must occur under the supervision of a qualified ET /IIWC nurse or physician who routinely practices sharp debridement or surgeon (i.e. vascular or plastics). The number of supervised CSWD procedures is at the discretion of the supervisor, the type of wounds presenting for CSWD, and the mentees comfort level.
- 2.2. CSWD is indicated for:
 - acute or chronic healable wounds
 - when necrotic tissue is present
 - foreign bodies present
 - infected wounds

2.3. CSWD is contraindicated for:

- non-healable wounds
- Heel ulcers with stable adherent eschar
- Ischemic toes or digits
- Clients with septicemia, in the absence of systemic antibacterial coverage
- Active lesions of pyoderma gangrenosum
- Malignant wounds
- Clients with clotting/bleeding abnormalities
- Clean and viable tissue

2.4. A physician order is required prior to CSWD.

2.5. CSWD can be done at the bedside in both the community and acute care facilities.

3. PROCEDURE

3.1. Supplies:

- Gloves (sterile or clean based on client assessment and dressing procedure)
- Normal saline 60ml twist top or wound cleanser
- Protective gown, mask and goggles (if risk of splash from wound is present)
- Measurement guide
- Sterile cotton or foam tipped applicator
- Dressing supplies appropriate for the wound
- Tissue forceps
- Scalpel, if needed
- Sterile sharp scissors, if needed
- Ring Curettes, if needed
- Sharps container
- Hemostatic agents i.e. silver nitrate sticks
- Hand sanitizer
- Consider Lighting and support surface as needed

3.2. Complete a comprehensive wound assessment prior to initiating CSWD, to determine wound etiology, circulatory status and ability to heal.

3.2.1. Ankle Brachial Pressure Index (ABPI) may be necessary for lower limb ulcerations

3.3. Before proceeding determine that none of the following risks are present and treatment is indicated:

3.3.1. Procedural pain

3.3.1.1. May require a topical anesthetic

3.3.2. Uncontrolled bleeding

3.3.2.1. Utilize local pressure to stop bleeding. If unable to stop with local pressure, may need to use silver nitrate sticks or hemostatic dressings.

3.3.2.2. If bleeding continues contact physician and send client to the nearest emergency department.

3.3.3. Infections

3.4. Ensure that the appropriate equipment (as outlined in supplies listed above, as well as appropriate lighting, and support surface) is available to properly provide CSWD, to respond to any unanticipated occurrences, and to ensure patient and clinicians safety

- 3.5. Prepare the client for the procedure to help minimize anxiety and discomfort
- 3.6. CSWD should only be done when devitalized tissue can clearly be removed without damage to the underlying healthy tissue, or supporting structures. Ensure that devitalized tissue is not fascia, tendon, muscle or adjacent to blood vessels.

Note: *When in doubt, do not proceed.*

- 3.7. Ensure the following safety measures are in place:
 - 3.7.1. Client should be positioned in a manner that is comfortable for both the client and the clinician.
 - 3.7.2. Procedure should be performed on a stable work surface.
 - 3.7.3. Adequate lighting is needed to visualize the wound.
 - 3.7.4. Clean working environment
 - 3.7.5. Personal protective equipment must be used at all times.
 - 3.7.6. CSWD is a sterile procedure.
 - 3.7.7. CSWD may require the use of the following equipment:
 - Sterile tools (Adson forceps with teeth, no.3 scalpel handle with no.10 or 15 blade, mosquito clamps, curved iris scissors, etc.)
 - Silver nitrate sticks and absorbable gelatin film (surgical or an absorbable fibrinogen-based dressing).
 - Normal saline, gauze sponges and sterile towels.
 - Disposable instruments should be used in the home care setting
- 3.8. Wound clinician will determine the appropriate use of dressings for the wound based on the wound assessment and goals of care.
- 3.9. Wounds may need frequent or regular debridement. Frequency to be determined by the certified RN.
- 3.10. Document procedure and client's response to the procedure, type of dressing applied and any complications that may have occurred on the appropriate record.
- 3.11. Continue to treat the cause of the wound.

4. REFERENCES

Alberta Health Services. (2015). Procedure: sharp tissue debridement. Community Care Clinic: Stony Plain, Alberta.

British Columbia Provincial Nursing Skin and Wound Committee. (2011). Guideline & procedure: Conservative sharp wound debridement (CSWD) in Adults & Children. British Columbia Provincial Nursing Skin and Wound Committee.

Bryant, R. A., & Nix, D. P. (2015). *Acute & chronic wounds: current management concepts* (5th ed.). Mosby, Inc.: St. Louis, Missouri.

Harris, R. (2009). The nursing practice of conservative sharp wound debridement: Promotion, education and proficiency. *Wound Care Canada*,7(1), 22-30.

Kirshen, C., Woo, K., Avello, EA. & Sibbald, RG. (2006). Debridement: a vital component of wound bed preparation. *Advances in Skin & Wound Care*, 19(9), 506-517.

Peate, I. & Glencross, W. (2015). *Wound care at a glance*. John Wiley & Sons Ltd: West Sussex, UK.

Rodd-Nielson, E., Brown, J., Brooke, J., Fatum, H., Hill, M., Morin, J., St-Cyr, L., in association with the Canadian Association for Enterostomal Therapy (CAET). (2011). Evidence-based recommendations for conservative sharp wound debridement. Canadian Association for Enterostomal Therapy (CAET): Ottawa, Ontario.