

Telehealth Wound Debridement

SCOPE

- 1.1. MCHS Telepresenter
- 1.2. Facilities and departments included in the scope listed above are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

3. DEFINITIONS & EXPLANATIONS OF TERMS

2.1. Abbreviations

- MCHS – Marshfield Clinic Health System
- RN – Registered Nurse
- LPN – Licensed Practical Nurse
- MA – Medical

2.2. Definitions

- Actively Infected Wounds – contain surrounding erythema, swelling, induration, tenderness, purulence and malodor.
- Acute Wounds – normally proceed through an orderly process that results in sustained restoration of anatomic and functional integrity.
- Biofilm – is essentially an invisible “layer” formed by an extracellular matrix that binds to the wound base, whether dermis, fascia, muscle, tendon, or bone. It may have the appearance of granular and viable tissue.
- Chronic Wounds – have failed to proceed through an orderly and timely process to produce anatomic and functional integrity, or proceed through the repair process with establishing a sustained anatomic and functional result.
- Chronically Inflamed Wounds – may have a rim of surrounding erythema, even without other local clinical signs of infection.
- Curettes – useful in removing the biofilm that accumulates on top of both fresh and chronic granulation tissue.
- Rongeurs – useful for removing hard-to-reach soft tissue and for debriding or biopsying bone.
- Scalpels – used to slice off thin layers of tissue.
- Sharp/surgical Debridement – includes the use of a scalpel, forceps, scissors, hydrosurgery devices, or lasers to remove dead tissue. Sharp debridement is considered the “gold standard” by clinicians. Debridement is required to convert the chronic wound bed into an acute wound so that the wound healing cascade can get a fresh start. It can also cause pain so a topical anesthetic such as lidocaine gels or creams may be required.

- Telepresenter – is an RN, LPN or MA who is trained to use technology, such as digital stethoscope, otoscope, examination camera, etc, to facilitate comprehensive exams under provider guidance.
- Tissue forceps – helpful in grasping the tissue.
- Wound Debridement – the removal of dead, damaged, or infected tissue to improve the healing potential of remaining healthy tissue.

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PROCEDURE

3. PROCEDURE BODY

Purpose Statement: The primary purpose of debridement is to reduce or remove dead and necrotic tissue that serves as a pro inflammatory stimulus and a culture medium for bacterial growth. The removal of this tissue is necessary to reduce the biological burden of the wound in order to control and prevent wound infection, especially in deteriorating wounds. Debridement allows the practitioner to visualize the walls and base of a wound more accurately to determine the presence of viable tissue. The Telehealth RN must have proper training in wound debridement and will be proficient in performing wound debridement via Telehealth technologies while working within scope of practice.

- 3.1. The Telehealth nurse will obtain the necessary supplies, and sterile tools, used for debridement, which will be identified prior to the patient appointment.
 - a. Scalpels #10 and #15
 - b. Tissue forceps
 - c. Iris scissors
 - d. Curettes
 - e. Rongeurs
- 3.2. The Telehealth nurse will educate the patient as to the type of debridement that will take place.
 - a. The nurse will locate and verify the providers order for wound debridement prior to beginning the procedure.
 - b. The nurse will assess patient understanding of the procedure.
 - c. The nurse will answer any questions the patient may have.
 - d. The nurse will pre-medicate patient with topical anesthetic prior to procedure if necessary, as ordered by supervising/requesting provider.
 - e. The nurse will obtain verbal consent.
- 3.3. Clinical assessment needs to be done prior to debridement. Please refer to [Telehealth Wound Healing Presenting Procedure](#). Please Note: The nurse must use caution in patients who have been on a prolonged course of anticoagulant therapy, steroids, or possible allergy to topical anesthetic.
- 3.4. Sharp/Surgical Debridement:
 - a. **Step 1:** Don Gloves.
 - b. **Step 2:** Then nurse will cleanse the wound with normal saline prior to debridement.
 - c. **Step 3:** Remove as much debris from wound surface with saline moistened gauze prior to sharp debridement.
 - d. **Step 4:** The nurse must be able to differentiate where and what to cut. Necrotic tissue is removed using a scalpel, scissors, forceps, or curette.

- e. **Step 5:** Wounds will be debrided until all nonviable yellow, grey, and black substances have been removed; only red (muscle), white (tendon, bone, fascia), and/or viable yellow (subcutaneous fat) tissues remain.
- f. **Step 6:** Wound surface will be debrided with curette or scalpel to remove biofilm.
- g. **Step 7:** Wound edges and/or rim should be debrided down to healthy skin with the use of a scalpel or iris scissors.
- h. **Step 8:** The nurse will cleanse the wound with normal saline after debridement.
- i. **Step 9:** The nurse will document wound debridement (please insert link to Telehealth wound documentation procedure).

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PROCEDURE

3. ADDITIONAL RESOURCES

4.1. References:

- Bickley, L. S., and Szilagyi, P.G., Bates' Pocket Guide to Physical Examination and History Taking. Ninth Edition. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.

3. DOCUMENT HISTORY

Version No.	Revision Description
1.0	Conversion from Policy Handbook to Document Control. Procedure #4034.0
2.0	Removed Marshfield Clinic Logo, Updated Quick Parts in Header, Reformat of Section 2. Updated Scope Statement to MCHS Telepresenters, Purpose Statement updated to state RN must have proper training in wound debridement, Reformat of Section 2, 3.1 updated, 3.1a removed (basic tools needed sterile), 3.4 c updated, 4.2. removed.

3. DOCUMENT PROPERTIES

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