Wound Care Insider

An educational resource from Gentell

August 2023

Documenting Debridement

Debride/Debridement: The removal of foreign material and dead or damaged tissue from a wound.

• MOST COMMON TYPES OF DEBRIDEMENT •

AUTOLYTIC

The lysis of damaged tissue by the body's natural defense system by enzymes that digest specific components of body tissues or cells

e.g. proteins, fibrin and collagen

ENZYMATIC

The use of exogenous enzymes to digest denatured collagen fibers attaching necrotic tissue to wound bed

i.e. collagenase

SHARP/SURGICAL

The removal of necrotic tissue, biofilm, devitalized tissue using a sharp instrument.

i.e. scissor, curette, scalpel

Supportive Documentation Required by CMS

- A wound should have documentation of debridement at least once in the wound's lifetime.
- It is ideal to routinely document debridement of wounds with the highest level of debridement (lowest to highest: autolytic, enzymatic, chemical, sharp then surgical) regardless of date it was performed.
- This can easily be incorporated into weekly wound round notes as well as new admission notes, new onset wound notes or change in treatment notes.

Examples of Documentation

- Stage 4 pressure ulcer to sacrum currently optimized for autolytic debridement using hydrogel.
- LLE full thickness vascular wound: treatment change to normal saline cleanse followed by Santyl then dry clean dressing QD and PRN, optimizing wound healing via enzymatic debridement.
- RLE full thickness arterial wound chemically debrided by MD/NP on {date} using silver nitrate to optimize wound healing.
- Right ischium stage III pressure ulcer currently optimized for autolytic debridement using xeroform and calcium alginate. History of sharp debridement by MD on 5/21/2023.
- Stage 3 pressure ulcer right buttock sharply debrided by MD/NP on {date} optimizing wound healing.
- Stage 3 pressure ulcer left ischium surgically debrided by MD/NP on {date} optimizing wound healing.

Debridement eliminates infection sources, promotes tissue growth, and enhances the effectiveness of other treatments, leading to better patient outcomes.

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Products That Promote Autolytic Debridement

MAINTAINING A MOIST WOUND ENVIRONMENT PROMOTES AUTOLYSIS

Too much or too little exudate can delay wound healing, destroy surrounding tissues, significantly decrease cell proliferation or even enhance the formation of slough.

To promote autolytic debridement and progress toward wound healing donate moisture to wounds with no or light exudate and maintain moisture for wounds with moderate or heavy exudate.

Dressings That Donate Moisture	Dressings That Maintain Moisture
HYDROGEL	CALCIUM ALGINATE
HYDROGEL WITH SILVER	SILVER ALGINATE
HYDROCOLLOID	HONEY FIBER
COLLAGEN	CMC FIBER
XEROFORM	SILICONE FOAM DRESSING
OIL EMULSION	SUPER ABSORBENT DRESSING

> Maintaining a moist wound environment promotes autolytic debridement, a lower pH, cell proliferation, decreased bacterial load and can decrease frequency of dressing changes.

Sources: Cochrane Wounds Group glossary, Colenci R, Abbade LPF. Fundamental aspects of the local approach to cutaneous ulcers. An Bras Dermatol. 2018 Nov/Dec;93(6):859-870, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6573093/#CD011331-bbs2-0033, Anghel EL, DeFazio MV, Barker JC, Janis JE, Attinger CE. Current Concepts in Debridement: Science and Strategies. Plast Reconstr Surg. 2016 Sep;138(3 Suppl):82S-93S. [PubMed]