

OKLAHOMA BOARD OF NURSING
2915 North Classen Boulevard, Suite 524
Oklahoma City, OK 73106
405-962-1800

Wound Debridement by Licensed Nurses Guidelines

I. Rationale for Guidelines

The purpose of these *Wound Debridement by Licensed Nurses Guidelines* is to protect the public health and safety by identifying the qualifications and training required for the licensed nurse performing wound debridement. The removal of devitalized tissue may be imperative to the improvement of outcomes for patients requiring wound care.

II. Definitions

A. Wound Debridement is defined as the removal of devitalized tissue by one of the following mechanisms:

1. Enzymatic/chemical is the use of topical enzymatic medications for removal of necrotic tissue (Kravitz, 2007).
2. Autolytic wound debridement is the breakdown of necrotic tissue provided by the body's own white blood cells. Autolysis can be accomplished with the use of any moisture-retentive dressing (Kravitz, 2007).
3. Mechanical wound debridement is the non-selective removal of nonviable tissue and debris from the wound by wound irrigation, hydrotherapy, or wet-to-dry dressings (AHCPR, 2008). NOTE: Whirlpool should not be considered for routine use due to the potential for contamination and the emergence of newer hydrotherapies (National Pressure Ulcer Advisory Panel, (2014)).
4. Biological or larval therapy is the application of sterile larvae into the wound bed which secrete proteolytic enzymes for the rapid breakdown of necrotic tissue (Ayello, 2008).
5. Sharp wound debridement is a selective debridement method for the removal of loosely adherent, nonviable tissue, using sterile instruments.
 - a. Conservative sharp wound debridement is the removal of loose avascular tissue which is not aggressive enough to harm viable tissue and does not result in blood loss;
 - b. Aggressive sharp wound debridement is the removal of necrotic tissue and its attached bacterial burden with or without pain or bleeding (Ayello, 2008).

B. Direct supervision means the provision of wound debridement in the physical presence of an Advanced Practice Registered Nurse (APRN), Registered Nurse or licensed physician.

III. Qualifications and Training

Board Approved: 5/27/99

Board Reviewed w/o Revision:

Board Revised: 11/16/05; 11/11/08; 11/8/11; 11/17/14; 4/2/19

P:/Administration/Executive/Policies/Practice/P-05 Wound Debridement by Licensed Nurses Guidelines

OBN Policy/Guideline #P-05

Page 1 of 4

- A. Qualifications: The scope of practice of a Licensed Practical Nurse, Registered Nurse, and Advanced Practice Registered Nurse may include the provision of enzymatic/chemical, autolytic, biological/larval therapy, and mechanical debridement.
1. Licensed Practical Nurses may assist with conservative sharp wound debridement only if they have advanced education and training in the wound debridement process and under the direct supervision of an APRN, Registered Nurse or physician competent in conservative sharp debridement. Licensed Practical Nurses performing Conservative Sharp Wound Debridement are restricted to use of scissors only.
 2. Conservative Sharp Wound Debridement may be provided by only those Registered Nurses with advanced preparation in the wound debridement processes (Ramundo, 2012).
 3. Aggressive Sharp Wound Debridement may only be performed by an Advanced Practice Registered Nurse with advanced preparation in the wound debridement process (Ramundo, 2012).
- B. Education:
1. Initial and continued competency shall be required of and documented for all licensed nurses performing debridement. Competency is not only a skill demonstration, but also includes assessment contributing to a nursing diagnosis with the development and application of a plan of care, evaluation and reassessment. Items to be included in the initial and continued competency requirements shall include but are not limited to:
 - a. infection control procedures;
 - b. types of debridement;
 - c. wound etiology and disease process;
 - d. complications;
 - e. terminology;
 - f. pharmacology pertaining to medications utilized in debridement;
 - g. skin and tissue anatomy and physiology (WOCN, 2015); and
 - h. skill competency validation.
- A. Provision of debridement: The licensed nurse performing wound debridement
1. ensures that an assessment of the total patient care requirements before, during and after wound debridement has been completed by a Registered Nurse, or a licensed independent practitioner;
 2. recognizes potential complications of wound debridement;
 3. applies universal precautions and other measures to prevent infection and contamination;
 4. intervenes based upon orders and institutional protocols prescribed by those authorized by state law to so prescribe, in the event of complications; and
 5. shall be authorized by institutional policy and procedure to provide wound debridement with a valid order.

IV. Policy and Procedure Requirements

- A. The following information must be available to the licensed nurse in the facility in which the wound debridement occurs:
 - 1. A policy which addresses educational preparation, certification and a competency validation process for wound debridement.
 - 2. Guidelines for patient monitoring, medication administration and protocols for dealing with potential complications or emergency situations related to wound debridement developed in accordance with accepted standards.
 - 3. A policy addressing frequency of documentation and monitoring of the patient during and after wound debridement.
- B. Wound debridement shall be ordered by any person authorized by state law to so order/prescribe.
- C. Selection and intervention in wound debridement should be consistent with overall patient goals.

V. Regulatory Authority

Title 59 O.S. §567.3a.2, 3, 4, 5

VI. References:

Agency for Health Care Policy and Research (AHCPR). (2008). Ulcer care. Retrieved January 23, 2019, from:

<http://www.ncbi.nlm.nih.gov/books/NBK17945/>

Arizona Board of Nursing. (2015). Advisory opinion: Debridement, conservative sharp wound. Retrieved from:

<https://www.azbn.gov/resources/advisory-opinions/>

Ayello, E., Baronski, S., Cuddigan, J., & Sibbald, R. (2008). Wound debridement. In S. Baronoski & E. Ayello (Eds.) *Wound Care Essentials: Practice Principles* (2nd ed. Pp. 119-136). Philadelphia, PA: Lippincott, Williams, and Williams.

Bergstrom N, et al. (1994; reviewed 2000). Treatment of pressure ulcers. Clinical practice guideline No. 15 (AHCPR Publication No. 95-0652). Rockville, MD: Agency for Health Care Policy and Research.

European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. (2014) *Treatment of pressure ulcers: Quick Reference Guide*. Washington DC: National Pressure Ulcer Advisory Panel.

Kelly, J. (2010). Methods of wound debridement: A case study. *Nursing Standard* 25(25), 51-59.

- Kentucky Board of Nursing. (2018). Advisory opinion statement: The performance of wound debridement by nurses. Retrieved January 23, 2019, from:
<http://kbn.ky.gov/practice/Documents/aos9.pdf>
- Kravitz, S., McGuire, J. & Sharma, S. (2007). The treatment of diabetic foot ulcers: Reviewing the literature and a surgical algorithm. *Wound Care Journal*, 20(4), 227-237.
- North Carolina Board of Nursing. (2017). Wound Care: Assessment and debridement position statement for RN and LPN practice. Retrieved January 23, 2019, from:
<http://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/wound-care-assessment-debridement.pdf>
- Ohio Board of Nursing. Registered nurse performance of conservative sharp wound debridement. [Interpretive Guideline]. (March 9, 2017). Retrieved from:
http://www.nursing.ohio.gov/PDFS/Practice/IGs/Conservative_Sharp_Debridement.pdf
- Ramundo, J. (2012). Wound debridement. In R. Bryant & D. Nix (Eds.) *Acute and Chronic Wounds: Current Management Concepts* (4th ed., pp. 279-288). St. Louis, MO; Elsevier Mosby
- Wound, Ostomy, Continence Certification Board. (2006). CWOCN Examination Specifications. Retrieved January 24, 2019, from:
<http://www.wocncb.org/pdf/examoutline2006.pdf>