

APPENDIX 2

ABRIDGED SUMMARY OF 12 BEST PRACTICE RECOMMENDATIONS

1 – SCOPE OF PRACTICE

All classes of nurses must work within the controls of federal and provincial/territorial legislation, regulatory bodies, organizational policies and individual competency. For debridement of wounds, this includes having the knowledge, skills, judgment, and authority to perform all methods of debridement. Nurses are accountable for knowing their national code of ethics and expectations, respective provincial/territorial practice standards and guidelines, their employer's policies, procedures, and operational guidelines, and their competence and limitations for all methods of debridement. *Level of Evidence IV-V*

2 – ORGANIZATIONAL RECOMMENDATIONS

Employers/ organizations should ensure all policies and procedures, or operational resources related to debridement including the type/method of debridement each class of nurse is authorized to initiate and /or perform, including the specific level of education, training (including mentorship), and experience required to perform the method of debridement. *Level of Evidence IV-V*

3 – PRIOR TO INITIATION OF DEBRIDEMENT

Prior to initiating any method of debridement, the nurse must:

- a. be knowledgeable about the different types of debridement and the level of skill and training required to perform each method;
- b. be aware of their own attitudes, limitations, skills and competency;
- c. recognize the indications, precautions, and contraindications for the various debridement methods;
- d. evaluate the patient's health status and wound goals, wound assessment findings and wound healing potential to determine if a consultation with the interprofessional team would be beneficial to confirm decisions regarding debridement;^{7,8,9} and
- e. be able to identify, manage and mitigate potential complications and adverse events, including anxiety, pain and bleeding. *Level of Evidence IV-V*

4 – EDUCATION & PRECEPTORSHIP

Prior to initiation or performing debridement, successful completion of a recognized wound management program and an additional competency-based debridement module is highly recommended. In addition, mandatory clinical preceptorship is strongly advised prior to independently performing CSWD. Other forms of debridement equally require education and preceptorship, however, the need for a preceptor would depend on the level of risk associated with the method.^{6,18} *Level of Evidence IIb, IV-V*

5 – PATIENT ASSESSMENT

Prior to the initiation of debridement the nurse must conduct a comprehensive patient assessment. *Level of Evidence III-V*

6 – WOUND ASSESSMENT

In addition to the comprehensive patient assessment, a comprehensive wound and periwound skin assessment, using a validated assessment tool is recommended to assist the nurse to identify the wound etiology, stage/ categorize/grade the wound, and identify barriers to healing. Debridement of any kind is contraindicated for stable dry eschar on heels, ischemic limbs, toes, and digits. An urgent referral for surgical debridement is recommended when acute infection or sepsis is suspected and when aligned with goals of care.^{10-12,26} *Level of Evidence IIb, IV-V*

7 – ENVIRONMENTAL ASSESSMENT

Assess the patient's environment to ensure the setting is safe to perform the debridement modality. Prior to the initiation of CSWD resources and personnel must be available to manage potential adverse events. *Level of Evidence IV-V*

8 – WOUND HEALING GOALS

Prior to the initiation of any method of debridement it is essential to establish realistic goals that align with the patient's goals including concerns and cultural traditions and the goals for wound healing (healing, nonhealing, nonhealable). *Level of Evidence IV-V*

9 – INFORMED CONSENT

Informed consent should include legal and ethical considerations, organizational requirements, and should be obtained for all forms of debridement. While written consent may not be required in all instances, the method used to obtain informed consent and the patient's response must be documented in the patient's record. *Level of Evidence V*

10 – PRODUCT KNOWLEDGE

Nurses must be knowledgeable about wound care products and therapies used both above and below the dermis before using them in practice. Product usage that does not adhere to the approved guidelines for use is considered to be off-label use which may expose the patient to unknown risks and is therefore not recommended. *Level of Evidence V*

11 – REASSESSMENT

Regular reassessment of the patient and the wound is imperative. *Level of Evidence IV-V*

12 – COST-EFFECTIVENESS

Ensure all associated costs are considered before selecting the method of debridement. This includes costs for the health care system, the employer or organization, the nurse, the patient and significant other. *Level of Evidence IV-V*