



POSITION STATEMENT: NURSES & DEBRIDEMENT

Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) acknowledges that all forms of debridement have a high level of clinical risk resulting in potential patient harm and complications.¹ Specialized knowledge, skills, and critical-thinking abilities are foundational for the development of competency required to initiate and perform safe and effective debridement.

NSWOCC believes foundational requirements for a registered nurse (RN) to attain the enhanced knowledge, skills, judgment, and critical thinking abilities required to become competent to initiate, direct, and perform debridement safely are by the:

- completion of a rigorous curriculum-based wound management program, including outcome measures; and
- completion of an additional advanced competency-based debridement education program, which includes theoretical and clinical skills training preceptorship, examination, ongoing mentorship, experience, and education.

A nurse who is competent to initiate, perform, and direct other nurses to perform debridement is an RN, or nurse practitioner (NP) with demonstrated advanced knowledge, skills, judgment, critical-thinking skills, and experience to:^{2,3}

- determine the cause of the wound;
- identify complicating factors;
- determine wound healing potential;
- understand the indications and contraindications for the initiation of debridement;
- demonstrate requirements to prevent and manage potential complications or adverse events associated with debridement; and
- advocate for safe debridement practices.

A nurse who has been directed to perform debridement is an RN, NP or licenced practical nurse (LPN)/registered practical nurse (RPN), with advanced knowledge, skills, and judgment to perform the debridement method safely and prevent and manage potential complications.

Directions to perform debridement must be initiated by a health care professional whose knowledge, skills, and scope of practice include the initiation of debridement.

Prior to performing debridement, the RN/NP/LPN/RPN must assess the following to ensure that debridement is safe and appropriate:

- the underlying cause of the wound;
- management of contributing factors; and
- the wound healing potential.

The RN/NP/LPN/RPN who performs debridement:^{2,3}

- has completed an advanced curriculum and competency-based debridement course, including preceptorship. The need for clinical preceptorship may vary based on the level of risk associated

with the method of debridement. A clinical preceptorship should be mandatory before independently performing conservative sharp wound debridement (CSWD);

- demonstrates critical-thinking skills to assess and advocate for environmental and patient safety; and
- is knowledgeable about the contraindications for debridement and indications of when to refer to a specialized RN or other health care professional who is authorized to initiate and direct debridement if the wound is not progressing.

NSWOCC believes that all forms of debridement have the potential to cause serious harm to patients, residents, or clients. Nurses are accountable for knowing their national code of ethics and expectations, respective provincial/territorial practice standards, guidelines, and regulations, employer's policies, procedures, and operational guidelines, and own competence and limitations for all methods of debridement.⁴

Nurses performing debridement are responsible to:

- ensure they are aware of the risks versus benefits of debridement;
- recognize when collaboration with the interprofessional team is required to verify the cause of the wound, and contraindications to debridement;
- be knowledgeable about the various methods of debridement, including CSWD; and
- understand the functions of topical wound dressings and therapies.^{3,5}

All forms of debridement can carry high risk when initiated inappropriately. Yet CSWD is considered high risk even when performed by nurses with appropriate knowledge, skills, and judgment.⁶

A clinical preceptorship should be mandatory prior to independently performing CSWD.^{1,3}

NSWOCC believes that nurses assume clinical leadership roles which make a significant contribution to the health of Canadians suffering from wounds. An RN who initiates debridement and the RN/NP/LPN/RPN who performs debridement, as defined by their scope of practice, contribute to improved patient safety and enhanced clinical outcomes.⁶

NSWOCC believes employers who recognize nurses with the advanced knowledge, skills, and judgment to competently and safely initiate, direct, and perform debridement contribute to improving wound healing rates, reducing health system costs, and reducing patient harm.⁷

References

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3. Rodd-Nielsen E, Brown J, Brooke J, Fatum H, Hill M, Morin J, St-Cyr L. Canadian Association for Enterostomal Therapy evidence-based recommendations for conservative sharp wound debridement: an executive summary. *J Wound Ostomy Continence Nurs*. 2013;40(3):246–253.
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5. Atkin L. Understanding methods of wound debridement. *Br J Nurs*. 2014;23 Suppl 12.
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7. Harris C, Coutts P, Raizman R, Grady N. Sharp wound debridement: patient selection and perspectives. *Chronic Wound Care Management and Research*. 2018;5:29-36.
8. Nurses Specialized in Wound, Ostomy and Continence. *Debridement: Canadian Best Practice Recommendations for Nurses*. 2021.

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For more in-depth information, refer to the full *Debridement: Canadian Best Practice Recommendations for Nurses*.⁸

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