



Introducing the “Debridement: Canadian Best Practice Recommendations for Nurses”

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The process of wound debridement is a critical aspect of wound care involving the removal of necrotic tissue to promote healing. However, debridement can be a complex procedure that requires specialized knowledge, skill, and judgment. Health care professionals initiating or performing debridement, especially conservative sharp wound debridement, should have advanced knowledge, skills, and judgement related to wound management and debridement¹. There are six methods of debridement identified in the literature: autolytic, mechanical, enzymatic, conservative sharp wound debridement, sharp surgical, and larvae (maggot) debridement. Each method has its advantages and disadvantages depending on the individual’s co-morbidities and the wound etiology². The importance of a comprehensive patient and wound assessment before initiating any form of debridement cannot be overestimated². This assessment helps determine the potential for wound healing, patient goals, and other barriers or facilitators to wound healing³. It also provides the healthcare professional with necessary information to aid in the selection of the most appropriate debridement for the patient. Healthcare organizations should establish policies and procedures that clearly define the individuals authorized to initiate and perform debridement, the criteria for assessing whether debridement can be safely conducted, the expectations for ensuring ongoing competency validation, and situations where debridement may not be advisable².

Given the important role debridement plays in wound bed preparation, the Association of Nurses Specialized in Wound, Ostomy, and Continence Canada (NSWOCC) has developed the “Debridement: Canadian Best Practice Recommendations for Nurses” to guide healthcare professionals in providing safe and effective debridement to patients^{1,2}. The comprehensive and evidence-based recommendations were developed through an extensive scoping review and a rigorous review process by a panel of expert opinion leaders in the field of wound care using modified Delphi technique². One of the most significant strengths of the recommendations are the detailed directions for healthcare professionals performing debridement. The recommendations focus on: the health system, the healthcare professional, and patient care. The recommendations are intended to assist healthcare professionals in identifying and obtaining the necessary knowledge, skill, and judgment to perform debridement safely and effectively (see Table 1)².

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Table 1. Summary of Recommendations.

Title / Level of Evidence	Recommendation
1. Scope of Practice IV-V	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, the 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.
2. Organizational Recommendations IV-V	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.
3. Prior to Initiation of Debridement IV-V	Prior to initiating any method of debridement, the nurse must: be knowledgeable about the different types of debridement and the level of skills and training required to perform each method; be aware of their own attitudes, limitations, skills and competency; recognize the indications, precautions, and contraindications for the various debridement methods; 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; and be able to identify, manage and mitigate potential complications and adverse events, including anxiety, pain and bleeding.
4. Education and Preceptorship IIb, IV-V	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.
5. Patient Assessment III-V	Prior to the initiation of debridement the nurse must conduct a comprehensive patient assessment.
6. Wound Assessment IIb, IV-V	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 in the identification of 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.
7. Environmental Assessment IV-V	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.
8. Wound Healing Goals IV-V	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).
9. Informed Consent V	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.
10. Product Knowledge V	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 an off-label use which may expose the patient to unknown risks and, therefore, is not recommended.
11. Reassessment IV-V	Regular reassessment of the patient and the wound is imperative .
12. Cost-Effectiveness IV-V	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.

Source: Nurses Specialized in Wound, Ostomy and Continence².

While developed for nurses by nurses, the NSWOCC recommendations can be applicable to all allied health professionals. The authors emphasize that the requirements for competency in debridement are the same for all healthcare professionals, regardless of their discipline or location globally. Although the scope of practice may differ among healthcare disciplines and countries, achieving competency in wound debridement requires specific education and training. According to literature, self-taught education and experience are insufficient to attain debridement competency. Therefore, the NSWOCC recommends that healthcare professionals complete a curriculum-based course in advanced wound care, followed by an additional program specific to debridement, which includes both theory and practical components.

To address the lack of resources, and based on the evidence obtained during the development of the Best Practice Recommendations, NSWOCC designed a competency-based, advanced wound debridement program. The six-week, online program includes interactive modules, access to an experienced course mentor, and a final examination. For those seeking more information, visit <https://wocinstitute.ca/advanced-wound-debridement/>. Additionally, hands-on debridement workshops are available during the NSWOC conference each year to initiate skill-building⁴.

Wound debridement is a crucial component of wound care that requires specialized knowledge, skill, and judgment. Health care professionals initiating or performing debridement, especially conservative sharp debridement, should have advanced knowledge from a rigorous education program that offers both theory and practicum. The “Debridement: Canadian Best Practice Recommendations for Nurses” developed by the NSWOCC provides healthcare professionals with the necessary direction to perform debridement safely and effectively. Understanding the principles and methods of debridement is critical when selecting appropriate dressings for wound care. Healthcare professionals with knowledge of debridement can choose appropriate dressings and develop effective dressing protocols, reducing the risk of complications and improving patient outcomes. Ongoing education and training in debridement principles and practices are essential for healthcare professionals involved in wound care management. With resources like the NSWOCC’s competency-based advanced wound debridement program, healthcare professionals can develop the skills and knowledge required to provide safe and effective wound care. By following best practices and continuing education, healthcare professionals can reduce the risk of harm and improve patient outcomes.

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