**Step 1**
Open the Debrisoft® single use, sterile pack

**Step 2**
Fully moisten the soft, fleecy side of Debrisoft® with tap water or saline (always refer to local guidelines)

**Step 3**
Gently, with light pressure, using a circular motion, debride the wound/skin with the soft, fleecy side of the moistened Debrisoft®

**Step 4**
Use a new piece of Debrisoft® for each separate wound/area of skin and dispose of the used Debrisoft® in normal clinical waste (always refer to local guidelines)

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**Simple Methods of Debridement**

**Mechanical**
- Removal of non-viable material from the wound with a monofilament fibre pad (Debrisoft®)
- Selective, quick and easy
- Do not use on painful wounds or hard, dry eschar
- Can remove hyperkeratosis
- Causes little pain
- Can be used before or after other methods

**Larval Therapy**
- *Lucilia sericata* (green bottle) larvae ingest non-viable materials and pathogens in the wound
- Larvae applied bagged or free-range for rapid, selective debridement
- Should not be applied near body cavities connecting to organs, near major blood vessels, on malignant wounds or where the larvae might be crushed.

**Autolytic**
- Natural process that uses the body’s enzymes to liquify hard eschar/slough
- Occlusive or semi-occlusive dressings (hydrogel, hydrocolloid, alginate or Hydrofiber®) help to control moisture by absorbing exudate or donating moisture.
- Can be used before or between other methods.

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**Using Debrisoft® in practice**

**Before**
Sloughy wound

**After**
Single use of Debrisoft®

**Before**
Hyperkeratotic skin

**After**
Single use of Debrisoft®

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This quick guide is based on UK and international expert opinion from:

Supported by Activa Healthcare www.activahealthcare.co.uk
WHEN TO DEBRIDE: a decision pathway involving the multidisciplinary team (MDT)\(^1\)

**THE AIM/GOAL FOR THE WOUND**

- Is debridement appropriate for this wound? NO Keep dry
- Should I take a conservative approach (stabilise)? YES Autolytically debride
- Do I need to change method of debridement? NO Refer
- Am I confident in what I am doing? NO Refer
- Can I make things worse/do harm? YES Debride
- Will intervention remove non-viable tissue in one go? YES Set date for review
- Will it be a gradual/staged process? YES Debride
- Will wound be ready for another therapy, eg negative pressure wound therapy, skin grafting? YES Debride

**EXPECTED OUTCOMES OF DEBRIDEMENT**

- Will it be a gradual/staged process? YES Debride
- Will it be a gradual/staged process? YES Debride
- Will wound be ready for another therapy, eg negative pressure wound therapy, skin grafting? YES Debride

**OPTIONS AT EVERY STAGE**

- Check clinical guidelines/policies
- Seek advice from a specialist/colleagues
- Refer to another practitioner

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**INTEGRATED DEBRIDEMENT ASSESSMENT**

- **Assess the wound:** underlying causative/pathological condition, size, depth, site, risk of infection, condition of wound bed/periwound skin
- **Assess the patient:** comorbidities, age, medication, cooperation, psychosocial status, nutrition, risk of complications

**TRIGGER QUESTIONS**

- Do I need to accelerate debridement?
- What are the risks?
- What are the expected treatment outcomes?
- What are my options?

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**DEBRIEVE IF COMPETENT**

- **Autolytic:** generalist
- **Mechanical:** generalist
- **Larval:** generalist
- **Hydrotherapy:** competent practitioner
- **Sharp:** competent practitioner
- **Surgical:** surgeon

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**RE-ASSESS AT DRESSING CHANGE AND REVIEW AS APPROPRIATE**

**DISCUSS WITH PATIENT/FAMILY MEMBERS**

- Consult with MDT if further advice is needed: eg contraindications/unsure how to proceed
- Refer to MDT if specialist debridement method required

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**KEEP WOUND DRY**

- eg ischaemic limbs/high-risk areas

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