**STEP BY STEP GUIDE TO DEBRISOFT®**

**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 liquefy 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**
Sloppy 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)\(^1\)

**Assess the wound:** underlying cause, site, size, sign of infection, condition of periwound skin/wound bed

**Assess the patient:** comorbidities, medication, cooperation with therapy, psychosocial issues, nutritional status

Decide debridement goals/desired treatment outcomes

Am I certain what to do?

**DISCUSS** with patient

**IMPLEMENT** debridement treatment plan and document in patient’s records

**DO NOT DEBRIDE**

eg ischaemic limbs/high-risk areas

Trigger questions

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

**TRIGGER QUESTIONS**

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

**DEBRIDE** if competent in chosen method

**AUTOLYTIC**

**MECHANICAL**

**LARVAL**

**HYDROSURGERY**

**SHARP**

**SURGICAL**

**GENERALIST**

**COMPETENT PRACTITIONER**

**COMPETENT PRACITIONER**

**SURGEON**

Keep wound dry

eg mummified diabetic toe (NB: some areas such as exposed tendons may need to be kept moist)

**RE-ASSESS** at dressing change and revisit decision and change method if appropriate

**CONSULT** with MDT if further advice is needed: eg contraindications/unsure how to proceed

**REFER** to MDT if specialist debridement method required

**YES**

Am I certain what to do?

**CONSULT** with MDT if further advice is needed: eg contraindications/unsure how to proceed

**REFER** to MDT if specialist debridement method required

**NO**

Keep wound dry

eg mummified diabetic toe (NB: some areas such as exposed tendons may need to be kept moist)

**RE-ASSESS** at dressing change and revisit decision and change method if appropriate

**CONSULT** with MDT if further advice is needed: eg contraindications/unsure how to proceed

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Am I certain what to do?

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**NO**

Am I certain what to do?

**CONSULT** with MDT if further advice is needed: eg contraindications/unsure how to proceed

**REFER** to MDT if specialist debridement method required

**NO**

### CHECKLIST FOR DEBRIDEMENT DECISIONS\(^1\)

<table>
<thead>
<tr>
<th><strong>THE AIM/GOAL FOR THE WOUND</strong></th>
<th><strong>Y</strong></th>
<th><strong>N</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is debridement appropriate for this wound?</td>
<td>NO</td>
<td>Keep dry</td>
</tr>
<tr>
<td>Should I take a conservative approach (stabilise)?</td>
<td>YES</td>
<td>Autolytically debride</td>
</tr>
<tr>
<td>Do I need to change method of debridement?</td>
<td>YES</td>
<td>Consider other methods</td>
</tr>
<tr>
<td>Should I actively try to accelerate healing?</td>
<td>YES</td>
<td>Accelerate debridement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ACCELERATE HEALING THROUGH DEBRIDEMENT</strong></th>
<th><strong>Y</strong></th>
<th><strong>N</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have I discussed the debridement options with the patient/family members?</td>
<td>NO</td>
<td>Refer</td>
</tr>
<tr>
<td>Do I have the skills to perform the chosen method of debridement myself?</td>
<td>YES</td>
<td>Refer</td>
</tr>
<tr>
<td>Am I certain what to do?</td>
<td>NO</td>
<td>Consult. Do not debride</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EXPECTED OUTCOMES OF DEBRIDEMENT</strong></th>
<th><strong>Y</strong></th>
<th><strong>N</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Will intervention remove non-viable tissue in one go?</td>
<td>YES</td>
<td>Set date for review</td>
</tr>
<tr>
<td>Will it be a gradual/staged process?</td>
<td>YES</td>
<td>Set date for review</td>
</tr>
<tr>
<td>Will wound be ready for another therapy, eg negative pressure wound therapy, skin grafting?</td>
<td>YES</td>
<td>Set date for review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OPTIONS AT EVERY STAGE</strong></th>
<th><strong>Y</strong></th>
<th><strong>N</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Check clinical guidelines/policies</td>
<td>YES</td>
<td>Refer to another practitioner/Debride using most appropriate method</td>
</tr>
<tr>
<td>Seek advice from a specialist/colleagues</td>
<td>YES</td>
<td>Refer to another practitioner/Debride using most appropriate method</td>
</tr>
</tbody>
</table>