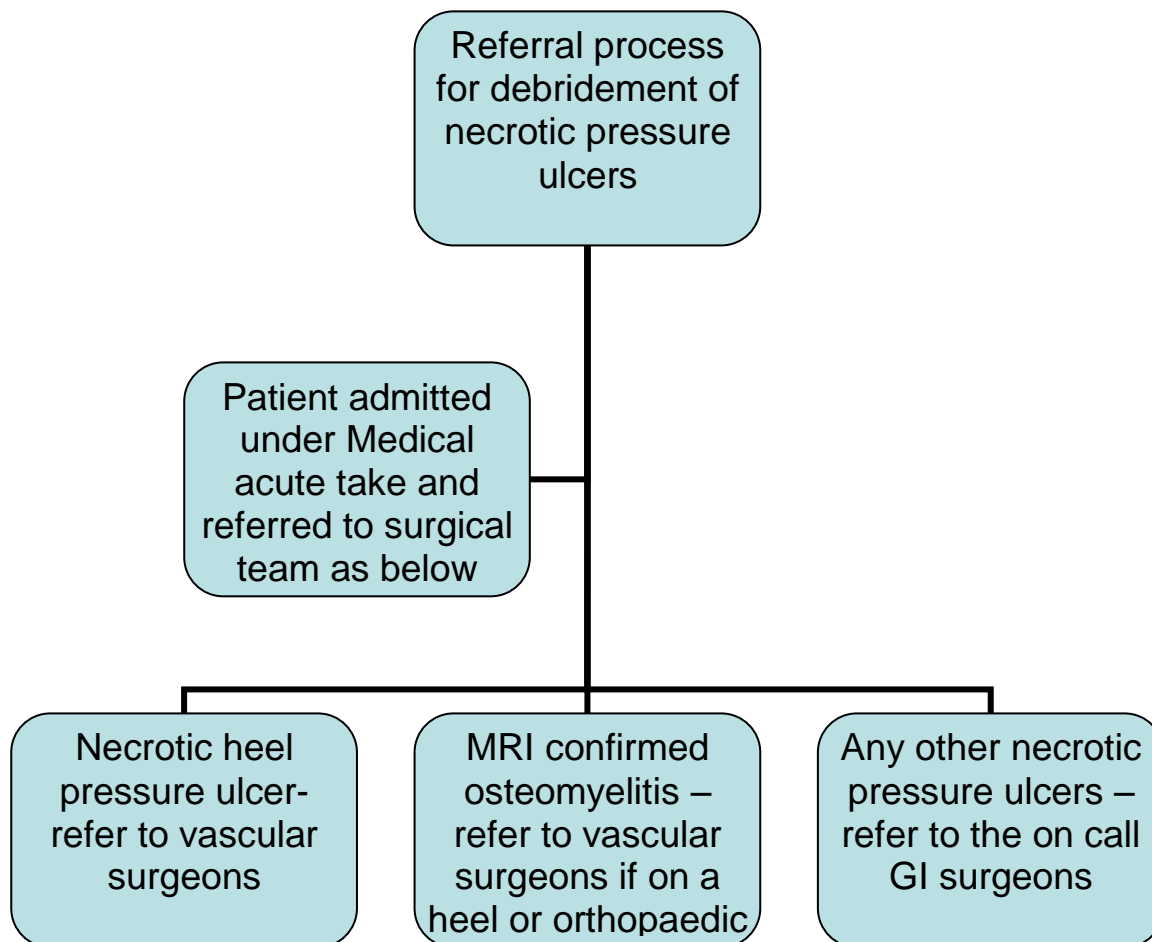


***Debridement of Necrotic or Infected
Pressure Ulcers Policy***

V1.0

December 2018

Summary.



In the majority of cases the patient will remain under the medical team following the surgical procedure

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1. Introduction

1.1. Debridement is the removal of non-viable tissue from the wound bed to prepare the wound for healing. Necrotic wounds harbour bacteria, increase the risk of sepsis and delay wound healing.

1.2. The aim of this local procedure is to improve the clinical management of necrotic pressure ulcers, facilitating rapid removal of the necrotic tissue.

2. Purpose of this Policy/Procedure

2.1. The purpose of this procedure is to guide clinical staff in the appropriate assessment, referral and on-going management of the patient who presents with a necrotic / infected wound which requires surgical debridement.

2.2. This procedure has been developed following discussion with the Tissue Viability service, Surgical and Medical Consultants. To date there has been no definitive pathway in place for the management of necrotic pressure ulcers associated with sepsis or risk of sepsis in the RCHT.

2.3. There are a variety of methods of wound debridement using autolytic, mechanical or bio surgical practices however if a patient presents in ED with sepsis associated with a necrotic pressure ulcer this requires urgent surgical review and debridement within 24 hours where possible.

2.4. Surgical debridement is the excision or wider resection of non-viable tissue, which may include removal of healthy tissue at the wound margins until a healthy bleeding wound edge is achieved Wounds UK (2011). This procedure must be carried out by a competent practitioner.

3. Scope

This policy applies to all clinical staff responsible for the acute management of necrotic pressure ulcers within the RCHT.

4. Definitions / Glossary

4.1. Pressure ulcer - defined as ' A localised damage to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, (or related to a medical or other device) resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful. (NHS Improvement 2018)

4.2. Necrosis – defined as ' localised tissue death which presents as black , hard necrosis on the wound surface'

5. Ownership and Responsibilities

5.1. The decision making process regarding the management of the patient with sepsis associated with a Necrotic pressure ulcer may be complex and often requires a multidisciplinary approach.

5.2. Such patients have complex medical needs and therefore should be admitted under the most appropriate medical team. Admission under a surgical team is inappropriate in the majority of cases, unless in exceptional circumstances where

there has been an agreement between the Medical and Surgical Consultants involved.

5.3. Where the patient is assessed as requiring surgical debridement the Surgeons will be called for advice as follows:

In the majority of cases the patient will remain under the Medical team.

6. Standards and Practice

If the patient has a necrotic pressure ulcer on their heel – **refer to the on call Vascular surgeons.**

If osteomyelitis in the bone is suspected an MRI scan should be undertaken to confirm diagnosis– **once confirmed refer to the Vascular surgeons if the ulcer is on the heel and the on call Orthopaedic surgeons for any other anatomical site.**

For any other necrotic pressure ulcers – **refer to the on call GI Surgeons**

6.1. If the patient is suitable for surgical debridement this will be undertaken as soon as practicable to reduce on-going infection risk to the patient.

6.2. On-going wound management advice and support will be provided by the RCHT Tissue Viability service.

6.3. Necrotic, dead tissue acts as a medium for bacterial growth, particularly anaerobes. This causes an excessive inflammatory response which in turn can lead to a septic response. Surgical debridement therefore, facilitates rapid removal of tissue which can in turn assist in the medical management of the patient presenting with sepsis.

6.4. In some cases surgical debridement may not be suitable, such as where there is high anaesthetic risk; patient is receiving end of life care or patient's lack of consent. It is important that the decision not to debride is written in the patient records detailing the reason.

7. Dissemination and Implementation

This document will be shared at the relevant Divisional governance meetings for dissemination. It will also be shared at the Mortality committee as part of the Cellulitis action plan outcomes.

8. Monitoring compliance and effectiveness

Element to be monitored	Number of pressure ulcers debrided annually and the timeframe for debridement
Lead	Consultant Nurse Tissue Viability
Tool	Local audit tool identifying numbers, time frames and outcomes
Frequency	Annual audit
Reporting arrangements	Annual reporting via Clinical effectiveness committee
Acting on recommendations and Lead(s)	Tissue viability Consultant Nurse will act on further recommendations / changes to this procedure in association with the relevant surgical services

Change in practice and lessons to be shared	The number of patients requiring this procedure is relatively low. There has been considerable discussion to date prior to the development of this procedure. On-going lessons will be shared with all the relevant stakeholders
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9. Updating and Review

This procedure will be reviewed in 3 years

10. Equality and Diversity

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.1. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 1.

10.2. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Debridement of Necrotic or Infected Pressure Ulcers Policy V1.0		
Date Issued/Approved:	July 2017		
Date Valid From:	December 2018		
Date Valid To:	December 2021		
Directorate / Department responsible (author/owner):	Heather Newton - Tissue Viability Consultant Nurse		
Contact details:	01872 252673		
Brief summary of contents	The aim of this local procedure is to improve the clinical management of necrotic pressure ulcers, facilitating rapid removal of the necrotic tissue to reduce risk of sepsis.		
Suggested Keywords:	Debridement, necrotic pressure ulcers.		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Kim O’Keeffe Chief Nurse		
Date revised:	Document re typed onto appropriate template – Aug 2018		
This document replaces (exact title of previous version):	New document		
Approval route (names of committees)/consultation:	Mortality Committee, Clinical directors, Surgical and Medical Consultants, Tissue Viability team		
Divisional Manager confirming approval processes	Claire Martin Deputy Chief Nurse		
Name and Post Title of additional signatories	Not required		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	Associate Director of Clinical Governance		
	Name: Aoife Cavanagh		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical		

Links to key external standards	NO
Related Documents:	None
Training Need Identified?	NO

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
14.08.18	1	Initial issue – approved 2017 however not uploaded as not on the correct template	Heather Newton Consultant Nurse
28.11.18	1	Reviewed by RCHT policy review group and format updated and governance sheet completed	Demi Louise Scott-Ward Corporate Records Manager Heather Newton Consultant Nurse

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing


Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Debridement of Necrotic or Infected Pressure Ulcers Policy V1.0						
Directorate and service area: Tissue Viability			Is this a new or existing <i>Policy</i> ? NEW			
Name of individual completing assessment: Heather Newton			Telephone: 01872 252673			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		1. To streamline the treatment of patient suffering from necrotic pressure sores requiring debridement 2. To clearly define responsibilities for patient admission and treatment and prevent disagreements / lack of clarity over these issues				
2. <i>Policy Objectives*</i>		To provide appropriate and timely care for patients requiring debridement of necrotic pressure ulcers				
3. <i>Policy – intended Outcomes*</i>		1. To make it clear under whom these patients are admitted to RCHT 2. To clarify under which team of surgeons carry responsibility for the surgical debridement of such ulcers				
4. <i>*How will you measure the outcome?</i>		Yearly audit of such patients care performed by the Tissue Viability team				
5. Who is intended to benefit from the <i>policy</i> ?		Patients with necrotic pressure ulcers requiring surgical debridement				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
b). Please identify the groups who have been consulted about this procedure.		X Surgeons Medical staff, Tissue Viability team				X Mortality review group
		Please record specific names of groups Mortality review group membership				
What was the outcome of the consultation?		This agreed policy.				

7. The Impact							
Please complete the following table.							
Are there concerns that the policy could have differential impact on:							
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence			
Age		x					
Sex (male, female, trans-gender / gender reassignment)		x					
Race / Ethnic communities /groups		x					
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		x					
Religion / other beliefs		x					
Marriage and Civil partnership		x					
Pregnancy and maternity		x					
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		x					
You will need to continue to a full Equality Impact Assessment if the following have been highlighted:							
<ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 							
8. Please indicate if a full equality analysis is recommended.				Yes		No	x
9. If you are not recommending a Full Impact assessment please explain why.							
This policy is for all patients regardless of the indicators listed above							

Signature of policy developer / lead manager / director Heather Newton		Date of completion and submission 05/12/18
Names and signatures of members carrying out the Screening Assessment	1. Heather Newton 2. Human Rights, Equality & Inclusion Lead	

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed __ Heather Newton __

Date ____ December 2018 _____