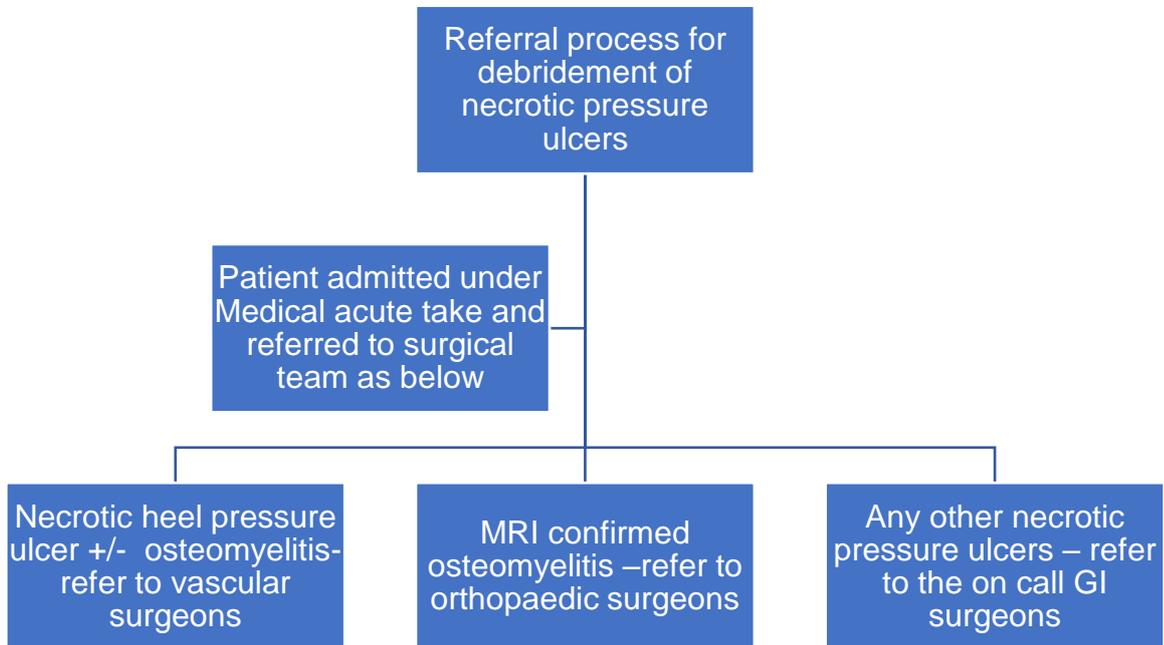


Debridement of Necrotic or Infected Pressure Ulcers Policy

V2.0

April 2022

Summary



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

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

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.
- 1.3. This version supersedes any previous versions of this document.

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.
- 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

- 6.1. If the patient has a necrotic pressure ulcer on their heel with or without the presence of osteomyelitis– **refer to the on-call Vascular surgeons.**
- 6.2. If osteomyelitis in the bone is suspected an MRI scan should be undertaken to confirm diagnosis– **once confirmed refer to the on-call Orthopaedic surgeons for any other anatomical site other than the heel.**
- 6.3. For any other necrotic pressure ulcers – **refer to the on-call GI Surgeons**
- 6.4. 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.
- 6.5. On-going wound management advice and support will be provided by the RCHT Tissue Viability service as required.
- 6.6. 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.
- 6.7. 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

- 7.1. 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.
- 7.2. The document is available on the document library. Significant updates will be communicated via Trust wide email.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
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

9. Updating and Review

- 9.1. The document review process is managed via the document library. This procedure review will be every three years unless best practice dictates otherwise.
- 9.2. Revision activity will be recorded in the versions control table to ensure robust document control measures are maintained.

10. Equality and Diversity

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

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Debridement of Necrotic or Infected Pressure Ulcers Policy V2.0
This document replaces (exact title of previous version):	Debridement of Necrotic or Infected Pressure Ulcers Policy V1.0
Date Issued/Approved:	04 April 2022
Date Valid From:	April 2022
Date Valid To:	April 2025
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: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Director of Nursing, Midwifery and Allied Health Professionals -
Approval route for consultation and ratification:	Surgical and Medical Consultants Tissue Viability Team
General Manager confirming approval processes:	Louise Dickinson, Deputy Director of Nursing, Midwifery and Allied Health Professionals
Name of Governance Lead confirming approval by specialty and care group management meetings:	Aoife Cavanagh, Deputy Director of Integrated Governance
Links to key external standards:	None required'
Related Documents:	None required'

Information Category	Detailed Information
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder / Sub Folder:	Clinical / Corporate Clinical

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
28.11.18	V1.0	Initial issue – approved 2017 however not uploaded as not on the correct template. Reviewed by RCHT policy review group and format updated and governance sheet completed	Heather Newton Consultant Nurse
31.03.2022	V2.0	Policy reviewed with consultation. Amendments made to flow chart and wording in section 6 to reduce referral confusion for patient with Osteomyelitis.	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. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Debridement of Necrotic or Infected Pressure Ulcers Policy V2.0
Directorate and service area:	Corporate Clinical
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Heather Newton, Consultant Nurse
Contact details:	01872 252673

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	<ol style="list-style-type: none"> To streamline the treatment of patient suffering from necrotic pressure sores requiring debridement To clearly define responsibilities for patient admission and treatment and prevent disagreements / lack of clarity over these issues
2. Policy Objectives	To provide appropriate and timely care for patients requiring debridement of necrotic pressure ulcers
3. Policy Intended Outcomes	<ol style="list-style-type: none"> To make it clear under whom these patients are admitted to RCHT To clarify under which team of surgeons carry responsibility for the surgical debridement of such ulcers
4. How will you measure each outcome?	Yearly audit of such patients care performed by the Tissue Viability team

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients with necrotic pressure ulcers requiring surgical debridement
6a. Who did you consult with? (Please select Yes or No for each category)	Surgeons Medical staff Tissue Viability team
6b. Please list the individuals/groups who have been consulted about this policy.	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:
Heather Newton, Consultant Nurse

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)