Wound Management and Conservative Sharp Wound Debridement Patient Consent Form

Patient agreement to treatment

Patient Name __________________________________________________________

Provider L. Gurvich, ANP, CWS

DEFINITION:
Conservative sharp wound debridement is the removal of loose, avascular (non-viable) tissue using surgical instruments (e.g., scissors, scalpel, curette and forceps) without inflicting pain or precipitating bleeding.

1. The purpose of Debridement
   - Facilitates visualization of the wound wall and base for accurate and thorough assessment and treatment.
   - Reduces the bioburden (volume of pathogenic microbes) of the wound by removing necrotic tissue and foreign matter. Devitalized tissue supports bacterial growth with increased risk for wound infection.
   - Controls and potentially prevents infections and essential to optimal wound management

2. Various methods of debridement include: Selective Conservative (only necrotic tissue removed-no bleeding results) and Non selective (viable as well as nonviable tissue is removed).

   I/We have been fully explained the nature of the procedure, expected benefits, discomforts, risks including but not limited to bleeding and/or infection, extra procedures which may become necessary during the procedure (silver nitrate or electrical cauterization or other procedure). This procedure may involve prior local anaesthesia of Lidocaine 2% solution

   It is acknowledged that there is no guarantee or assurances associated with wound management. This consent also covers initial photographs of wounds for purpose of documentation, medical research, education and for public use.

Signed:…………………………….. Date: ………………………………..
Name (PRINT) L. Gurvich, ANP, CWS

Patient’s or POA signature ……………………………………………………….
Date:……………………………..
Name (PRINT) ……………………………………………………………………………………..

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions.

Signed:…………………………….. Date: ………………………………..
Name (PRINT) ……………………………….. Job title ………………………………..

Consent Obtained by telephone Yes No