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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: DEBRIDEMENT, CONSERVATIVE
SHARP WOUND**
APPROVED: 5/93
REVISED DATE: 1/02, 1/06, 8/09, 9/12
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of RN LPN

ADVISORY OPINION DEBRIDEMENT, CONSERVATIVE SHARP WOUND

It is within the scope of practice for a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) to perform conservative sharp wound debridement of necrotic tissue if the following requirements are met.

I. GENERAL REQUIREMENTS

- A. Written policy and procedure are maintained by the agency/employer.
- B. Only RNs and LPNs who have had supervised clinical practice and have satisfactorily completed an instructional program which may include, but is not limited to an accredited Enterostomal Therapy Nursing Education Program (ETNEP), wound management specialty course, or a CE-approved course in debridement are allowed to perform sharp wound debridement.
- C. Documentation of satisfactory completion of an instructional program and demonstrated clinical proficiency are on file with the agency/employer.

II. COURSE OF INSTRUCTION is to include:

- A. Anatomy/physiology of the integumentary system and the functional relationship of structures such as tendons, nerves and blood vessels.
- B. Indications/Contraindications for sharp wound debridement.
- C. Principles of wound healing and management.
- D. Potential complications and adverse reactions of sharp wound debridement.
- E. Technique of sharp wound debridement and return demonstration.
- F. Nursing care responsibilities.

III. RATIONALE

RNs and LPNs with documented education and demonstrated proficiency in conservative sharp wound debridement can perform safe care for patients with full thickness wounds with necrotic tissue needing specialized wound care.

IV. REFERENCES

Harris, R.J., (2009). The nursing practice of conservative sharp wound debridement. *Wound Care Canada*, 7(1). Retrieved from www.cawc.net/images/uploads/wcc/harris.pdf.c

Leaper, D. (2002). Sharp technique for wound debridement. *World Wide Wounds*, Retrieved from www.worldwidewounds.com/2002/december/Leaper/Sharp-Debridement.html

Wound Ostomy and Continence Nurses. (2010). *WOC Nursing: Scope and standards of practice*. *Wound Ostomy and Continence Nurses Society*.

Other States with advisory opinion/position statements that support this advisory opinion:

Alaska Board of Nursing (1995)

Arkansas Board of Nursing, Sharp Wound Debridement (1997)

Delaware Board of Nursing, Conservative Sharp Wound Debridement (1995)

Maine Board of Nursing (1992)

Montana Board of Nursing, RN Sharp Debridement (1994)

Nebraska Board of Nursing, Wound Debridement (2000)

New Hampshire Board of Nursing (2011)

North Carolina Board of Nursing, Wound Care: Assessment and Debridement Position Statement for RN and LPN Practice (2009)

Oklahoma Board of Nursing, Wound Debridement by Licensed Nurses guideline (2011)