DEBRIDEMENT CLARIFICATION FORM

Debridement is documented in this medical record. Please clarify the procedure performed.

Date of Procedure: ______________________________

Description of wound:

Location:  Right _______________________________________________

Left ________________________________________________

Size:

Depth:

Type of Debridement:

☐ Excisional Debridement-cutting away necrotic, devitalized tissue or slough to the level of viable tissue using a sharp instrument (i.e., scalpel, scissors, etc.)

☐ Non-Excisional Debridement- removal of necrotic, devitalized tissue or slough by means of scraping, mechanical brushing, flushing, or washing, (i.e., irrigation, whirlpool); minor removal of loose tissue fragments (includes snipping of tissue)

☐ Other ___________________________________________________________

Instrument Used

☐ Scissors

☐ Scalpel

☐ Curette

☐ Rongeur

☐ Other Instrument _____________________________

Deepest Layer of Tissue Excised

☐ Skin

☐ Subcutaneous tissue and fascia

☐ Muscle

☐ Tendon

☐ Bone - Specify bone excised _____________________________

☐ Other (please specify) _____________________________________________

Practitioner Signature: __________________________________ Date: ___________Time: ___________

This form is part of the permanent medical record.

Revised 10/23/12, June 16, 2013, March 10, 2015, 2/17/16, July 14, 2016