

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

