

Suggested Documentation for Ulcer Debridement For Practitioners in Tennessee, Alabama, Georgia, South Carolina, North Carolina, Virginia, and West Virginia

***** INTENDED ONLY FOR VAC WOUND CARE PROVIDERS ONLY AND NOT TO BE SHARED *****

Patient Name:

Date of Service:

Patient Number:

Chief Complaint:

History of Present Illness: _____

Underlying medical diagnosis:

Factors complicating wound healing and what is being done to address each of them:

Response to current treatment:

Etiology of the wound: _____

Nutritional status:

Exam:

Vascular exam (including any studies):

There is (indicate one or more) **necrotic, devitalized, or fibrotic tissue or foreign matter** present that is interfering with wound healing that requires debridement.

Location of ulcer debrided:

Ulcer length:

Ulcer width:

Ulcer depth:

Ulcer stage:

Which tissue depths are impacted: (dermis, subcutaneous, muscle/fascia, bone)

Ulcer color:

Drainage type : (Serous, Sanguinous, Serosanguinous, Purulent)

Undermining / Tunneling: Yes / No

If yes, where: N/A or _____

Necrosis prior to debridement? Yes / No

If yes, describe:

Infection? Yes / No

If yes, describe signs:

Plan / Procedure

Was anesthesia used? Yes/ No

If so, what anesthesia: N/A or _____

Attention was directed to the ulcer on the _____. A sterile prep of the area (was / was not) performed. A (scalpel, scissors, curette) was utilized for sharp debridement to remove the (hyperkeratotic rim and) (necrotic tissue, devitalized tissue, fibrotic tissue) from the wound bed. Debridement was carried out to the depth of (dermis, subcutaneous tissue, muscle/fascia, bone). A total of _____ sq cm of tissue was removed from the deepest depth of the wound debrided. Hemostasis was obtained with (pressure, electric cautery, chemical cautery). Upon completion, the wound was dressed with _____. The indication for this debridement was _____.

Treatment plan:

Patient instructions given include:

Goal of this debridement:

Follow up appointment:

Wound status: (Stable, Improved, Worsening)

Offloading modality in place:

Expected duration of treatment: _____

Expected frequency with which patient will need to be seen: _____

Potential to heal: (Excellent / Good / Fair / Poor)

Goal(s) of treating this chronic ulcer are: (healing / palliation / prevent or treat infection / prevent amputation)

Physician / practitioner signature _____ Date
Physician / practitioner printed name

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