

## Suggested Documentation for Ulcer Debridement for WPS Beneficiaries

**\*\*\* 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: \_\_\_\_\_

\_\_\_\_\_

Nutritional status: \_\_\_\_\_

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

\_\_\_\_\_

This chronic ulcer requires debridement as it has a complicated healing cycle.

### **Exam:**

Vascular exam:

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

Location of ulcer debrided:

Ulcer length prior to debridement:

Ulcer width prior to debridement:

Ulcer depth prior to debridement:

Ulcer length after debridement:

Ulcer width after debridement:

Ulcer depth after debridement:

Ulcer stage: (include staging system used)

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

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

Surrounding erythema ? Yes / No

Undermining / Tunneling: Yes / No

If yes, where: \_\_\_\_\_

Necrosis prior to debridement? Yes / No

If yes, describe:

Necrosis after 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. As a result of this debridement, (foreign material / devitalized tissue / contaminated tissue) was removed from (the wound / the area adjacent to the wound) until healthy tissue was exposed. 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: (Remove devitalized tissue / Decrease risk of infection / Promote wound healing / Prevent further complications)

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 \_\_\_\_\_

Reference: WPS Local Coverage Determination L37228, "Wound Care" and WPS Local Coverage Article A55909, "Billing and Coding: Wound

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