















Product Information Sheet

DebriClean /Cutimed DebriClean			
Classification	Debrider: Mechanical		
British Columbia	To be used under the direction of NSWOC/Wound Clinician.		
Practice			
Key Points	• Single-use cleansing pad for wounds with minimal depth or for skin. Pad is comprised of white		
	monofilament microfibre loops with the wound surface of the pad divided into two with soft		
	loops for a light cleansing on one half and more abrasive loops for a heavier cleansing on the other.		
	The monofilament fibres provide mechanical debridement to remove biofilm and lift sof slough/necrotic tissue from minimal depth wounds with no damage to viable tissue. When upon the state of the		
	on intact skin, the pad loosens dry skin flakes.		
	May be used as the only method of debridement or in combination with other methods (e.g., which this debridement). The three the property of the debridement of the property of the		
	autolytic debridement). Treatment can be repeated until wound bed and/or skin is free from debris.		
	• For wounds with depth, undermining or tunnels use <u>Debrisoft Lolly</u> as the lolly pad is small		
	• For wounds with depth, undermining or tunnels use <u>Debrisort Lolly</u> as the lolly pad is small enough to get into these areas.		
Indications	For a wound/burn with minimal depth and:		
	o Contains slough and/or non-adherent or lightly adherent soft necrotic tissue.		
	 Has a suspected biofilm. 		
	Skin with flakey debris and/or hyperkeratosis.		
Precautions	• Use the strap to hold onto the pad, do not touch the wound side of the pad.		
	Do not cut the pad.		
	Do not leave the pad in the wound.		
	 Avoid fast rubbing motion and/or applying heavy pressure when cleansing to minimize clien discomfort. Bleeding should not occur with the use of the product. Do not use for wounds with: A clean granulating wound bed. Depth, undermining, or tunnels, use <u>Debrisoft Lolly</u>. 		
	 Dry or adherent necrotic slough or eschar; if appropriate for the wound etiology, soften the 		
	necrotic slough/eschar first and then use the DebriClean pad. o A friable wound bed.		
o An untreated infection.			
	 Exposed bone and/or tendon. 		
	Do not use on skin which has no signs of dryness or hyperkeratosis.		
Contraindications	Clients with allergy or sensitivity to the product's components.		
Formats & Sizes	• Pad		
	○ 9 x 13cm		
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Directions	Rationale / Key Points
Selection	
If doing wound care for more than one wound, each wound	
needs its own pad.	

















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Directions	Rationale / Key Points
Preparation	
Place package on a flat surface and open the top of the package.	If the pad is not wet enough, it will cause discomfort and/or pain when used.
Add a minimum of 30mL of solution (normal saline, sterile water, antiseptic wound cleanser) into the package and allow time for the pad to become thoroughly saturated.	
Application	
Determine which half of the pad is needed for the cleansing of the wound or skin, position the pad accordingly, (e.g., heavy cleaning) and use the strap to hold the pad in hand. Using a slow circular motion and gentle pressure, cleanse the wound bed or skin surface. If using on a heavy slough/necrotic debris and the pad loops cannot longer pick up debris, use the light cleansing side of the pad for the last of the cleansing. Thoroughly irrigate/cleanse the wound bed or skin with cleansing solution to lift and remove any remaining debris.	Lighter Cleansing Applying too much pressure and/or using a fast motion can cause discomfort to the client.
Frequency of Application	See Wound Cleansing Procedure or QR Code below.
DebriClean pad may be used with each dressing change until wound bed and/or skin is clean.	
New pad is needed with each dressing change.	Pad is one time use only.
Expected Outcomes	
Wound bed slough/necrotic debris is removed Dry dead skin is removed.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting a Supply Chain Product Concern Form.
Product performs as expected.	
OR Codes	

QR Codes



Wound Cleansing Procedure

For further information please contact NSWOC/Wound Clinician