Informed Consent Form
Serial Conservative Excisional Wound Debridement

Patient: _____ Date_____

I hereby authorize Jennifer Gaulin NP or her designee to perform wound care.

I understand that this procedure may or may not be performed under local anesthesia to treat wounds.This procedure is preformed to promote wound healing and decrease the risk for infection of the wound(s).Serial Conservative Excisional Wound Debridement include: Conservative excisional sharps debridement, serial conservative non-excisional wound debridement, and/or incision and drainage. The procedure will remove non-viable tissue from the wound surface down to viable tissue. I understand that the practice of medicine is not an exact science, and that no guarantee can be made regarding the outcome of my planned procedure.

The Nurse Practitioner has explained to me that this procedure is generally safe, but that certain risks accompany the procedure. Risks associated with serial conservative excisional wound debridement include the following:

- Bleeding, sometimes persisting for days after the procedure
- Pain Associated with the procedure or the healing process
- Excessive scarring after the procedure
- Infection of the wound spreading into the body
- Allergic reaction to the numbing medication or procedure instruments
- Rare, unusual reactions, including possible death, from the procedure

I understand that there are alternatives to this procedure, including antibiotic therapy, wet to dry dressing changes, chemical cauterization, chemical debridement, and collagenase application. I understand that these alternate procedures may not provide the same benefits as the procedure proposed to me. I understand that I can refuse this procedure.
I understand that unforeseen conditions may alter the planned procedure. I give permission to the nurse practitioner to alter the planned procedure if necessary, should I need them for the completion of my procedure.

I have read this form and other information given to me by the nurse practitioner. I have had my questions answered to my satisfaction and give consent for the serial conservative excisional wound debridement .

Patient Name _____ Witness_____

Signature _____ Date: _____