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**OPINION: Punch and Shave Biopsies Performed
by Registered Nurses**
APPROVED: 1/31/14
REVISED DATE:
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and/or decrease risk.

Within the Scope of Practice of RN LPN

ADVISORY OPINION

Punch and Shave Biopsies Performed by Registered Nurses

STATEMENT OF SCOPE

It is NOT within the Scope of Practice for a Registered Nurse (RN) to perform a punch or shave biopsy if: (a) The skin lesion(s) is greater than 6 mm, (b) The skin lesion(s) is located on the face or genitalia, and (c) The patient is considered to be a high risk patient as defined by the Licensed Independent Practitioner (LIP) and the employer/facility.

It is within the Scope of Practice of an RN to perform a punch or shave biopsy as ordered by an LIP if the following requirements are met:

I. GENERAL REQUIREMENTS

- A. There is a clear and precise order from a LIP who has examined the client, and the area to be biopsied is clearly marked.
- B. The LIP or the RN who is performing the procedure, obtains a written consent and documents.
- C. The employer/facility has in place specific policies and procedures which specify the type, location, and size of skin lesions that may be biopsied by the Registered Nurse.
- D. The RN must demonstrate satisfactory completion of an extensive instructional program with supervised practice, and evidence of this education and competency is on file with the employer.
- E. The facility will define the high risk patient populations that are not within the RN Scope of Practice.

II. COURSE OF INSTRUCTION

The course of instruction should include at a minimum:

- A. Disease process of skin lesions
- B. Anatomy of skin, anatomical sites, and anatomical higher risk areas
- C. Punch and shave biopsy techniques/equipment
- D. Suturing techniques
- E. Infiltration techniques using local anesthetics
- F. Wound healing
- G. Potential complications
- H. Follow-up care
- I. Institutional policies and procedural guidelines
- J. Documentation guidelines

III. RATIONALE:

Evidence shows that nurses in Great Britain and Ireland have been successfully performing Punch and Shave biopsies for several years, which have improved access to critical dermatological services for patients in those countries. Registered Nurses at the Mayo Clinic in Rochester, MN have been successfully performing Punch and Shave biopsies for the past 10 years, with the approval of the MN State Board of Nursing. The state of Kentucky allows Registered Nurses to perform punch and shave biopsies after advanced education, training, and demonstrated competency. Punch and shave biopsies are considered to be a low-risk, minimally invasive procedure with few potential complications.

IV. REFERENCES

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