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.

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 order from a LIP who has examined the client, and the area to be biopsied is clearly marked.
B. The RN who is performing the procedure obtains the informed consent and documents.
C. The employer-maintains policies and procedures that specify the type, location, and size of skin lesions that may be biopsied by the RN.
D. The RN demonstrates 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 employer defines 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

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I. Institutional policies and procedural guidelines
J. Documentation guidelines

III. RATIONALE:
RNAs safely perform punch and shave biopsies after receiving advanced education and
demonstrating competency. Punch and shave biopsies are considered to be a low-risk, minimally
invasive procedure with few potential complications.

REFERENCES
wound. *Advanced Skin Wound Care.* 23, 132-140. Retrieved from


Kentucky State Board of Nursing Advisory Opinion. (2008). Retrieved from
http://kbn.ky.gov/practice/punch_biopsies.htm

Retrieved from http://jamanetwork.com/journals/jama/article-abstract/186993

Laker-Oketta, M.O., Wenger, M., Semeere, A., et al. (2015). Task shifting and
skin punch for the histologic diagnosis of Kaposi’s sarcoma in sub-Saharan
Africa: a public health solution to a public health problem. *Oncology,* 89(1),

practitioners. *Journal of the American Association of Nurse Practitioners,* 25, 32-41. doi:
10.1111/j.1745-7599.2012.00750.x

extenders in dermatologic surgery. *Dermatologic Surgery,* 37, 6777-683. doi: 10.1111/j.1524-
4725.2011.01984.x