



## **Arizona State Board of Nursing**

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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.

**OPINION: Punch and Shave Biopsies Performed by Registered Nurses**

**APPROVED: 1/31/14**

**REVISED DATE: 7/17, 9/2020**

**ORIGINATING COMMITTEE:**

**SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice of  X  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/or 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 an order from a LIP who has examined the client, and the area to be biopsied is clearly marked.
- B. The RN 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 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. Hemostatic agents and eletrocautery
- F. Infiltration techniques using local anesthetics
- G. Wound healing
- H. Potential complications
- I. Follow-up care

- J. Institutional policies and procedural guidelines
- K. Documentation guidelines

### III. RATIONALE:

RNs 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

- Alam, M., et al. (2014). A multistep approach to improving biopsy site identification in dermatology: Physician, staff, and patient roles based on a Delphi consensus. *JAMA Dermatology*, 150, 550-558.
- Ersory-Evans, S. (2015). Surgical pearl: A novel punch biopsy technique for diagnosing panniculitis. *Journal of American Academy of Dermatology*, 72: e161-e162
- 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), 60-65. <https://www.ncbi.nlm.nih.gov/pubmed/25765812>
- Laustsen, G. (2013). What do nurse practitioners do? Analysis of a skills survey of nurse practitioners. *Journal of the American Association of Nurse Practitioners*, 25, 32-41. <https://doi.org/10.1111/j.1745-7599.2012.00750.x>
- Levitt, J., Bernardo, S & Whang, T (2013). How to perform a punch biopsy of the skin. *The New England Journal of Medicine*, 369(e13): 1-5. <https://doi.org/10.1056/nejmvcm1105849>
- Pickett, H. (2011) Shave and punch biopsy for skin lesions. *American Family Physician*, 84(9). 995-1002. <https://www.aafp.org/afp/2011/1101/p995.html>
- Schnebelen, A.M., Gardner, J.M. & Shalin, S.C. (2016). Margin status in shave biopsies of nonmelanoma skin cancers. Is it worth report? *Archives of Pathology & Laboratory Medicine*, 140, 678-681
- Tierney, E. P., Hanke, C. W., & Kimball, A. B. (2011). Practice models and roles of physician extenders in dermatologic surgery. *Dermatologic Surgery*, 37, 677-683. <https://doi.org/10.1111/j.1524-4725.2011.01984.x>
- Zager, J.S., et al. (2011). Shave biopsy is a safe and accurate method for the initial evaluation of melanoma. *Journal of the American College of Surgeons*, 212(4): 454-460. <https://doi.org/10.1016/j.jamcollsurg.2010.12.021>
- Zuber, T.J. (2012). Skin biopsy techniques: When and how to perform punch biopsy. *Consultant*, 360, 522-526. <https://www.consultant360.com/article/sin-biopsy-techniques-when-and-how-perfor-punch-biopsy>
- Zuber, T.J. (2012). Skin biopsy techniques: When and how to perform shave and excisional biopsy. *Consultant360*, 52-526. <https://consultant360.com/article/skin-biopsy-techniques-when-and-how-perform-shave-and-excisional-biopsy>