# STANDARDIZED PROCEDURE
## SKIN BIOPSY (Adult, Peds)

### I. Definition

Skin biopsy is the removal of a small piece of tissue, under local anesthetic, from a lesion suspected of malignancy, other dermatitis, or for clinical research purposes. The technique to be used will be a punch biopsy. The punch biopsy removes a round core from the center of a specified area of skin.

### II. Background Information

**A. Setting:**
The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

**B. Supervision:** The necessity of this protocol will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the protocol. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

**C. Indication**

Skin punch biopsy is necessary for diagnosing Kaposi's sarcoma and other skin lesions of unknown etiology.

**D. Precautions/Contraindications**

1. Patients on anticoagulant drugs or with coagulopathy or with Thrombocytopenia (platelet count $\leq$ 50,000)
2. Skin punch biopsies will not be performed on face or hands
3. Skin punch biopsies will be with a punch size of 3 mm only therefore not requiring a suture to close the wound.
4. Improper selection of biopsy site may interfere with accurate results.

5. Failure to use appropriate fixative or to use a sterile container when indicated may alter results.

## III. Materials

1. Topical anesthetic
2. Elamax cream
3. Sterile gloves
4. Chlorhexadine solution
5. 4x4 gauze
6. 2x2 gauze
7. 1% lidocaine
8. 4 -5mm sterile disposable skin pinch
9. 3ml syringe
10. 25-27 gauge 1/2 inch needle
11. Sterile drape
12. Fine toothed forceps
13. Scissors
14. Specimen containers with preservative.
15. Skin Biopsy Procedure

## IV. Procedure: Skin Biopsy

### A. Pre- treatment evaluation

1. History- diagnosed rash or skin nodule, pancytopenia, coagulopathy including anticoagulation
2. Patient evaluation: vital signs include examine skin for rash, location for biopsy site (not skin on face or hands), petechiae, large echymosis or purpura.
3. Diagnostics: CBC differential

### B. Patient Preparation

After providing the purpose, risks (bleeding, infection), benefits (definitive diagnosis, research purposes), and steps of the procedure obtain informed consent for the patient of appropriate legal designee. Do a time out prior to the procedure.

### C. Procedure:

1. Assemble materials and set up sterile field. Apply topical Lidocaine cream to biopsy site prior to procedure.

2. Check patient history of hypersensitivity to the local anesthetic.
3. Choose area for biopsy. If possible, choose a non-weight bearing area with thinner skin involved with rash. Avoid areas directly over visible veins. Do not perform biopsy on patient's face, hands or feet.
4. Clean site x3 with Chlorhexadine.
5. Inject the lidocaine to form a skin wheal over the site of the biopsy. Wait 1 ½ to 2 minutes to achieve maximum local anesthesia.
6. After donning sterile gloves, perform the punch biopsy.
7. Immobilize the skin with the fingers of one hand, applying pressure perpendicular to the skin wrinkle line with the skin punch.
8. Core out a cylinder of skin by twirling the punch between the fingers of the other hand.
9. As the punch enters into the subcutaneous fat, resistance will lessen. At this point, the punch should be removed.
10. The core of tissue often pops up slightly and can be cut at the level of the subcutaneous fat with curved iris scissors without using forceps.
11. If tissue core does not pop up, it may be elevated by use of a hypodermic needle or fine tooth forceps. Include a portion of the subcutaneous fat in the specimen.
12. Place the specimen in the specimen container. Properly labeled, the specimen will be sent to the dermatopathology lab.
13. Hemostatsis can be a achieved by pressure with the gauze pad.

### D. Post- procedure

1. A dry dressing should be applied and removed the following day. The dressing should be kept dry and left in place for 24 hours then changed as needed
2. Instruct patient to observe site carefully for bleeding or signs/symptoms of infection and to call their provider for any problems.

### E. Follow-up treatment

1. Discuss dermatopathology results with supervising physician and institute appropriate therapeutic interventions if indicated.

## V. Documentation

### A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.

2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

**B. All skin punch biopsy** findings are reviewed with supervising physician.

## VI. Competency Assessment

### A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
   a. Medical indication and contraindications of skin biopsy
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology
   d. Consent process (if applicable)
   e. Steps in performing the procedure
   f. Documentation of the procedure
   g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under direct supervision.
4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without direct supervision.
5. The Advanced Health Practitioner will ensure the completion of competency sign-off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

### B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The

Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

**VII. RESPONSIBILITY**

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

**VIII. HISTORY OF POLICY**

Revised Sept 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed Sept 2012 by the Committee on Interdisciplinary Practice
Prior revision October 2008
Approved Sept 2012 by the Executive Medical Board and the Governance Advisory Council.