STANDARDIZED PROCEDURE
MESHER USAGE IN SKIN GRAFTING

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) *at UC San Diego Health.*

I. Policy
- A. Midlevel practitioner may perform these duties under the supervising physician may perform the use of skin graft mesher.
- B. Setting – Operating room
- C. Supervision – Attending physician

II. Protocol
- A. Data Base
  1. Properly meshed donor skin is essential to provide the highest quality of graft able skin with the least amount of trauma in efforts to cover the largest area of full thickness burn injury.
  2. Obtain informed consent from patient or family after explained risks and benefit of procedure.

- B. Action
  1. The midlevel practitioner under the direct supervision of the Attending physician will place harvest skin on template dermal side down.
  2. Securely placed appropriate blade ratio in the mesher template will be inserted and ratcheted through the mesher in a slow and controlled manner.
  3. When donor skin is evenly meshed it will be placed in a saline bowl to remain moist until utilized.
  4. The mesher template will not be used more than three times before a fresh template is needed.
- C. Record Keeping – Procedure will be documented in surgery dictation.
- D. Consultation - Physician Consultation
  1. As described in the General Policy Component.
  2. Referral to Physician or Specialty Clinician: Conditions for which the diagnosis and/or treatment are beyond the scope of the midlevel practitioner's knowledge and/or skills, or for those conditions that require consultation

VII. RESPONSIBILITY

Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438.

VIII. HISTORY OF PROCEDURE

Revised by the Committee of Interdisciplinary Practices:	2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee:	3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee:	3/20/2014, 10/7/2016