STANDARDIZED PROCEDURE

EXCISION OF SUPERFICIAL OR SUBCUTANEOUS LESIONS/MASSES

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.

1. Policy
   a. Midlevel practitioner preformed superficial skin lesion removal
   b. Setting – operating room, inpatient care unit, outpatient clinic
   c. Supervision – attending physician

2. Protocol
   a. Database
      i. To perform debridement of hyperkeratotic tissue, the practitioner must have the correct cutting movement, cut in proper direction, hold the instrument properly, chose the proper instrument and blade, be in an ergonomically correct position and utilize the hand not holding the scalpel.
      ii. When performing this procedure it is important to cause unnecessary trauma or pain on tissue what is already painful and inflamed.
      iii. Obtain informed consent from patient or family after explained risks and benefits of procedure.
   b. Action
      i. Holding the scalpel close to the blade between the thumb and forefinger which allows the better control felling and judgment of cutting angle. Other technique is to hold the scalpel like a pencil with the handle resting on the first metacarpophalangeal joint and the little finger resting on the foot or depending on the location of debridement.
      ii. Select blade number 10 or 15 based on the shape of hyperkeratotic skin and the debridement location
      iii. Ergonomic position; practitioner sits facing the patient and the plantar site of the foot and sitting next to the patient is beneficial when working on the metatarsal region
      iv. When debriding, hand not holding the scalpel holds the foot and apply tension to the skin with this hand
      v. Using the free hand stretching the skin while cutting with the other hand.
      vi. Dorsiflexing the digits stretches the skin and just a small part of the blade touches the skin
      vii. The first cut should begin at the callus limit, putting the necessary tension on the skin will help the practitioner find the healthy rosy skin in the center of the nucleus or multi-nucleus.
viii. Follow the exact cleaving line and the difference in the color of healthy skin and the nucleus can be seen after taking away the callus that covered the nucleus

ix. Dispose of sharp equipment to sharp container

c. Record keeping – procedure will be documented in surgery op note or procedure note

d. Consultation - 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 skill, 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 POLICY
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