

<b>Policy for Nurse-led Diagnostic Biopsies</b>
---

<b>Amendments</b>			
Date	Page(s)	Comments	Approved by

**Compiled by:** Lucy Daffarn, Dermatology Specialist Nurse

**In Consultation with:** Consultant Dermatologists

**Ratified by:** National Midwifery Committee

**Date Ratified:** 29<sup>th</sup> March 2010

**Date Issued:** March 2010

**Review Date:** November 2017

**Target Audience:** Dermatology Specialist Nurses

**Impact Assessment Carried Out By:** Lucy Daffarn

**Comments on this document to:** Lucy Daffarn

**Acknowledgements**

**Adapted with permission from fram**

**ework documentation by Gill Godsell, OBE, Clinical Nurse Practitioner, Skin Cancer Nurse Specialist, Nottingham University Hospitals NHS Trust, UK**

**With grateful thanks**

Volume 9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue2	Page 1 of 36
-----------------------------------	--	------------------------------	------------------------------	--------	--------------

Nurse-Led Diagnostic Biopsies

1. INTRODUCTION AND RATIONALE FOR CHANGE

This policy should be read in conjunction with the following Trust documentation:

- Policy for Patient Consent
- Policy for Provision of Patient Information
- Guidelines for Interpretation
- Policy for Health and Safety
- Policy for Surgical Site Infection
- Policy for Clinical Staff Medical Devices Training
- Policy for Management Use and disposal of medical devices
- Policy for single use, single patient use and limited use medical devices
- Policy for Inoculation Injury
- Infection Control Manual (incorporating all relevant Infection Control Policies)

Dermatology is a rapidly developing speciality, both in primary and secondary care. The urgency for diagnostic biopsies for suspected skin cancers has grown dramatically with the implementation of government cancer waiting time targets (The NHS Plan, 2000). Reform was very much at the centre of this Government document, including the expansion of the nursing role to streamline cancer services around the needs of the patient. Several other publications including Making a Difference (1999), the NHS Improvement Plan (2004) and Modernising Nursing Careers (2006) have encouraged the expansion of the nursing role and this has been widely evident in Trusts around the country including in Nottingham, Southampton and London.

The introduction of the Dermatology Specialist Nurse role to the Dermatology Department at Ashford and St Peter's Hospital NHS Foundation Trust (ASPH) has transpired from the cumulative effect of these influences on the healthcare setting, and the desire by this Trust to deliver a high-quality, clinically effective service.

This document has been written to support the expansion of the Dermatology Specialist Nurse's role, by providing a framework for the service, and a protocol for practice. Assessment and achievement of competence are central to this document, to ensure standards are maintained at this advanced level of patient care.

2. PURPOSE

If a patient is seen by their General Practitioner, and they suspect that the patient has a type of skin cancer, they are referred into secondary care via a pathway called the two week referral. This is a Government-driven initiative to ensure that patients with suspected cancers do not wait longer than two weeks before they are seen by a specialist (NHS Cancer Plan, 2000). This mechanism, together with increased public awareness has led to a year on year increase in skin cancer patients being referred, seen by a consultant and operated on by this department (ASPH Skin Cancer MDT Annual Report 2009).

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 2 of 35
----------------------------------	--	------------------------------	------------------------------	---------	--------------

As the numbers of patients requiring biopsies increase, medical capacity and patient choice decreases. The strict time parameters set out by the NHS Plan (2000) for not only the patient to be seen, but also to be treated, create great logistical challenges. If these were undertaken during a regular Consultant Dermatologist clinic, it would result in disruption of the clinic time schedule and substantial delays in patients being seen by the doctor. This is the current situation. However, with increased capacity for suitable diagnostic biopsies provided by the Specialist Dermatology Nurses, it would contribute to ease this situation.

It is clear that this policy resulting in the development of the nurse-led diagnostic biopsy service has the potential to greatly improve the patient's experience. It offers the possibility of the patient being seen by a doctor, and the nurse being able to carry out the diagnostic biopsy during the same clinic session. Naturally, this option would not be suitable for every patient but if patients were prepared prior to their appointment for this, then it would provide a swift and effective service, ensuring prompt diagnosis based on histological results. It would improve patient choice and also increase the procedural capacity for the department.

### **3. ROLES AND RESPONSIBILITIES**

#### DEFINITION OF ROLE

The Dermatology Specialist Nurse will be a Registered Nurse with at least four years' post registration experience, and at least two years of dermatological experience, during which time they will have assisted Consultant Dermatologists with biopsies on at least a weekly basis. They will have attended Nottingham University Hospitals Skin Surgery Course for Nurses, accredited by the British Dermatological Nursing Group (BDNG).

#### ACCOUNTABILITY

The Nursing and Midwifery Council (NMC) Code of Conduct (2008) states that: "You are personally accountable for actions and omissions in your practice and you must always be able to justify your decisions". This statement summarises the importance of the Dermatology Specialist Nurse being able to justify their actions, and be fully aware that they are accountable for their practice of diagnostic biopsies.

#### RESPONSIBILITY FOR TEACHING AND ASSESSING COMPETENCE

Theoretical competence will be assessed by a Consultant Dermatologist through discussion. Practical knowledge and competence will be demonstrated to and assessed by a Consultant Dermatologist, who will observe the Specialist Nurse's practice in the clinical setting. Learning will be verified by the Specialist Nurse having completed the record of assessed competency documents, and the achievement of the aims and objectives (see Appendix 1 and Appendix 5). The Trust Competency Document will also be completed (see Appendix 7).

#### RESPONSIBILITY FOR BEST PRACTICE

Knowledge to support the practical aspect of this role will be developed by reading some of the following and any other literature deemed pertinent by the Consultant Dermatologist involved in their training. It is also imperative that the Dermatology Specialist Nurse maintains their contemporary knowledge and bases their practice on the latest evidence. This is supported by the NMC Code of Conduct (2008).

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 3 of 35
----------------------------------	--	------------------------------	------------------------------	---------	--------------

Recommended literature includes:

Auletta, M., Grekin, R. (1989) *Local Anaesthesia for Dermatological Surgery*, London, Churchill Livingstone.

Bowers, P., Kersey, P., (1993) *Manual for the British Society for Dermatological Surgery*, London, BSDS.

Castille, K., (1996) *Suturing Nursing Standard*, 10 (51) pp 49-56.

Castledine, G., McGee, P (1998) *Advanced and Specialist Nursing Practice*, London, Blackwell Science.

Lawrence, C., (2002) *An Introduction to Dermatological Surgery*, 2<sup>nd</sup> Edition, Edinburgh, Churchill Livingstone.

Martin, S., (ed) (2007) *Minor Surgical Procedures for Nurses and Allied Healthcare Professionals*, Chichester, John Wiley and Sons, Ltd.

Stegman, S., Tromovitch, T., Logall, R.G., (1982) *Basics of Dermatological Surgery*, London, Yearbook Medical Publishers.

Stiefel Laboratories (1996) *The A-Z of Curettage and Skin Biopsy Techniques*, High Wycombe, Stiefel Laboratories.

## RESPONSIBILITY FOR HEALTH AND SAFETY

No procedure should be undertaken by a Dermatology Specialist Nurse without being assisted by a competent healthcare assistant or preferably a staff nurse. The NMC Code of Conduct (2008) expects the registered practitioner to manage risk in the clinical setting and to act promptly to remove any risk to patients or colleagues.

The Ashford and St Peter's Hospitals NHS Trust Health and Safety Policy (2008) states that every employee will "take reasonable care for their own safety [and] take reasonable care for the safety of anyone else who might be affected by their acts or omissions". They will also "work in accordance with the information, instructions and training given [and] report all hazards or defects to their manager" (Section 3.15, page 11)

In the rare event of an emergency situation, the Dermatology Specialist Nurse would follow Trust guidelines on managing the patient. Anaphylaxis guidelines and resuscitation algorithms will be displayed in the room where the diagnostic biopsies would be performed. In line with the NMC Code of Conduct (2008) it must be demonstrated that any action in an emergency situation was in the patient's best interests.

## RESPONSIBILITY FOR CONSENT

Seeking consent is a shared process between healthcare professional and patient of information provision, discussion of options and decision making. A patient's signature on a consent form is the result of this process, and for consent to be valid, this signature should be given after the patient has been given sufficient information to provide informed consent. The patient, to undergo a nurse-led diagnostic biopsy, should have the mental capacity to consent, and not be under any duress, from clinicians, family or any other influence to provide consent. The NMC Code of Conduct (2008) requires the registered practitioner to gain consent before providing any treatment, but also respect patient's right to withhold consent if they so wish.

In line with Ashford and St Peter's Hospitals NHS Trust policy on consent, this policy requires all patients undergoing a nurse-led diagnostic biopsy to have a written consent Form 3 completed as the procedure will always involve local anaesthesia. This can be completed in advance of the procedure, but the Dermatology Specialist Nurse will sign to witness confirmation of consent at the time of the procedure. The Dermatology Specialist Nurse will only be operating when a Consultant Dermatologist is in the department.

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 4 of 35
----------------------------------	--	------------------------------	------------------------------	---------	--------------

The Dermatology Specialist Nurse will receive guidance, from the Consultant Dermatologists involved in their training, on procedure-specific consent as part of the completion of their aims, objectives and competencies (see Appendix 1). It is the responsibility of the Dermatology Specialist Nurse to familiarise themselves with the Trust's Consent Policy. The NMC Code of Conduct (2008) requires the registered practitioner to always act lawfully, and be aware of the 12 key points on consent - the law in England ([www.doh.gov.uk/consent](http://www.doh.gov.uk/consent))

## **SHARED RESPONSIBILITY**

The nurse-led diagnostic biopsy service is a partnership of patient care between the Dermatology Specialist Nurse and the Consultant Dermatologist. Each has their own distinct responsibilities which they have to fulfil to ensure that the best outcome is achieved for the patient.

### Consultant Dermatologist Responsibilities:

- To discuss treatment options with the patient, and provide appropriate information leading to informed consent
- To familiarise themselves with the Trust Nurse-led Diagnostic Biopsy policy in order to accurately assess whether or not a patient is suitable for nurse-led diagnostic biopsy
- To explain nurse-led diagnostic biopsy to the patient and ensure the patient is in agreement to have the diagnostic biopsy performed by a Specialist Nurse
- To ensure that there is Consultant Dermatologist cover in the department when a nurse-led diagnostic biopsy list is scheduled.
- To correctly fill out referral form for nurse-led diagnostic biopsy
- To indicate clearly the site to be biopsied, either on a diagram in the patient's clinical notes, or if one-stop service, marked on the patient's skin.
- To receive histology results and act on the results as required
- To book patient for follow-up appointment if required following nurse-led diagnostic biopsy within a reasonable period of time after nurse-led diagnostic biopsy, once the specimen has been processed and results communicated to the Consultant Dermatologist.

### Dermatology Specialist Nurse Responsibilities

- To have full understanding of the Policy for Nurse-led Diagnostic Biopsies, in particular the exclusion criteria, and all Trust policies pertaining to this policy
- To know when a clinical situation is beyond their scope of practice and request assistance as required

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 5 of 35
----------------------------------	--	------------------------------	------------------------------	---------	--------------

- To ensure that there is Consultant Dermatologist cover in the department when a nurse-led diagnostic biopsy list is scheduled, and to make alternative arrangements for the list to be rescheduled if this is not in place.
- To ensure that there is a competent healthcare assistant or staff nurse available to assist the Dermatology Specialist Nurse to perform the minor procedure.
- To check correct patient details
- To confirm consent and obtain patient signature
- To document details of the biopsy in the patient's medical records accurately and in a timely manner. This entry in the patient's notes will be signed and dated.
- To successfully obtain the specimen, label correctly and dispatch to be analysed by the histopathology department (see Appendix 1 Aims and Objectives)
- To dispose of all sharps in a safe and timely manner after the procedure
- To check patient has a follow-up appointment with the referring Consultant Dermatologist within a reasonable period of time after nurse-led diagnostic biopsy, once the specimen has been processed and results communicated to the Consultant Dermatologist.
- To ensure patient understanding of post-operative care and advice and provide contact details as required.

#### 4. PROCEDURE AND DOCUMENTATION

There are three procedures that are covered at the present time by this policy; shave excision, curettage and cautery, and punch biopsy. These practical procedures have support documentation associated with them. The referring doctor will complete a referral form(see Appendix 3), the operation form (see Appendix 4) will be completed by the Dermatology Specialist Nurse after the diagnostic biopsy, and a post operative advice sheet (see Appendix 5) which will be given to the patient to take home, with contact details for the department should there be any queries.

This policy signifies an innovative way of working for the Trust, and a new service for patients. The Dermatology Specialist Nurses, although fully trained and competent, will require the support of the Consultant Dermatologists especially in the first few months of their independent practice. Therefore it is essential that, to ensure the success of the service and their smooth transition from novice surgical practitioner to more experienced surgical practitioner, the Dermatology Specialist Nurses have a rigorous set of exclusion criteria written in policy. These criteria can be revisited and altered as the Dermatology Specialist Nurses become more experienced, as part of regular policy review. At time of writing, the exclusion criteria are as detailed below:

Patients are excluded from undergoing nurse-led diagnostic biopsy if they:

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 6 of 35
----------------------------------	--	------------------------------	------------------------------	---------	--------------

- Are under 18 years of age
- Do not have the capacity to give consent (i.e. they would require Consent Form 4)
- Refuse to confirm consent at the time of the procedure, even if they provided consent at a previous appointment
- Are pregnant
- Require a diagnostic biopsy on the head or neck
- Require a diagnostic biopsy on the hands or feet
- Require a diagnostic biopsy on the genitalia
- Are taking warfarin
- Are taking clopidogrel (Plavix)
- Are taking enoxaparin (Clexane)
- Are taking dipyridamole (Persantin)
- Have a cardiac pacemaker
- Fulfil any exclusion criteria set out in the PGD (see Appendix 2)

The Dermatology Specialist Nurse has the right to refuse to carry out a procedure if the patient fulfils any of the above criteria. They also should refuse to carry out diagnostic biopsies without the patient's notes, if there is no Consultant Dermatologist in the department and if they have no nursing colleague to assist them. They should not perform diagnostic biopsies without assistance.

## **5. DISSEMINATION AND IMPLEMENTATION**

The policy will be announced in Aspire when ratified and placed on Trustnet. There will also be a hard copy available in the Dermatology Department for ease of access.

This policy has been written by Lucy Daffarn, Dermatology Specialist Nurse and agreed by the Consultant Dermatologists. It will be ratified by the Trust representatives on the Nursing and Midwifery Committee at the appropriate ratification meeting.

Start date for implementation: March 2010

## **6. PROCESS FOR MONITORING COMPLIANCE AND EFFECTIVENESS OF POLICIES**

The efficacy of this policy will be monitored by departmental audit and patient questionnaire. Each Dermatology Specialist Nurse will keep an individual record of the patients on whom they have carried out a procedure. They will then, for their own learning and reflective practice, check the histology results and comments. Infection rates will be monitored by feedback from primary care sources. Analysis of complaints or incidents regarding nurse-led diagnostic biopsies will take place at departmental governance meetings.

This policy will be monitored as a whole through adherence to completion of the Proforma for Ratification of Policies and Guidelines by the specific ratifying committee.

The ratification of this policy validates the framework and documentation incorporating nurse-led minor surgery into the scope of professional practice for a named Dermatology Specialist Nurse on an individual basis.

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 7 of 35
----------------------------------	--	------------------------------	------------------------------	---------	--------------

The following individuals will be consulted on this document prior to ratification:

Lead Consultant for Dermatology  
Lead Consultant for Skin Cancer  
Sister (Outpatients)  
Matron (Outpatients)  
Trust Head of Nursing Development  
Nursing and Midwifery Committee

This policy will be reviewed every three years or sooner if required to improve or change clinical practice. As the Dermatology Specialist Nurses become more experienced it may be that this policy will need to be broadened to include other procedures. Concurrently, aims and objectives, as well as the record of assessed competency will encompass additional skills for a wider scope of practice.

## **7. EQUALITY IMPACT ASSESSMENT**

Ashford & St Peter's Hospitals NHS Trust has a statutory duty to carry out an Equality Impact Assessment. See Appendix 8

## **8. ARCHIVING ARRANGEMENTS**

This is a Trust-wide document and archiving arrangements are managed by the Quality Department who can be contacted to request master/archived copies.

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 8 of 35
----------------------------------	--	------------------------------	------------------------------	---------	--------------

## ASHFORD & ST. PETER'S HOSPITALS NHS TRUST

### Nurse-Led Diagnostic Biopsies

#### APPENDICES

- APPENDIX 1      AIMS AND OBJECTIVES
- APPENDIX 2      PATIENT GROUP DIRECTIVE
- APPENDIX 3      REFERRAL FORM
- APPENDIX 4      OPERATION NOTE
- APPENDIX 5      POSTOPERATIVE ADVICE
- APPENDIX 6      COMPETENCY DOCUMENTS FOR PERFORMING SHAVE EXCISION,  
CURETTAGE AND CAUTERY, AND PUNCH BIOPSY
- APPENDIX 7              TRUST COMPETENCY DOCUMENT
- APPENDIX 8      EQUALITY IMPACT ASSESSMENT

#### REFERENCES AND BIBLIOGRAPHY

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 9 of 35
----------------------------------	--	------------------------------	------------------------------	---------	--------------

## **APPENDIX ONE**

### **AIMS AND OBJECTIVES**

#### **AIM ONE**

The Dermatology Specialist Nurse will be familiar with the safe and appropriate use of equipment pertaining to shave excisions, curettage and cautery, and punch biopsies.

#### OBJECTIVES

The Dermatology Specialist Nurse will be able to:

1. Outline the equipment required to perform a diagnostic punch biopsy, curettage and cautery, and shave excision.
2. Demonstrate the correct use of equipment in performing a punch biopsy.
3. Demonstrate the correct use of equipment in performing curettage and cautery.
4. Demonstrate the correct use of equipment in performing a shave excision.
5. Demonstrate an awareness of the care and safe disposal of equipment after use.
6. Recognise the signs of malfunctioning equipment.

#### METHOD OF ASSESSMENT

Assessment of competence will be by observation of practice and questioning by the Assessor (Consultant Dermatologist).

#### **OBJECTIVE ACHIEVED**

Dermatology Specialist Nurse.....

Assessor.....

.

Date.....

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 10 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

## **AIM TWO**

The Dermatology Specialist Nurse will be able to demonstrate an understanding of the anatomy and physiology relevant to injection of local anaesthesia prior to performing a shave excision, curettage or punch biopsy.

### OBJECTIVES

The Dermatology Specialist Nurse will be able to:

1. Demonstrate knowledge of the relevant anatomy and physiology of the skin.
2. Describe the functions of the skin.
3. Describe the action of local anaesthetic on the skin.
4. Discuss how the injection should be administered to ensure effective and safe local anaesthesia.
5. Be aware and manage any untoward reactions to the injection of local anaesthesia and know safe levels of dosage.
6. Display familiarity with patient group directives.
7. Display familiarity with the concept of vicarious liability.

### METHOD OF ASSESSMENT

Assessment of competence will be by observation of practice and questioning by the Assessor (Consultant Dermatologist).

### **OBJECTIVE ACHIEVED**

Dermatology Specialist Nurse .....

Assessor.....

Date.....

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 11 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

**AIM THREE**

The Dermatology Specialist Nurse will be able to maintain haemostasis.

**OBJECTIVES**

The Dermatology Specialist Nurse will be able to:

1. Select an appropriate suture and close the wound after a punch biopsy.
2. Stop bleeding using electrical cautery after curettage and shave excision.
3. Demonstrate knowledge of other methods that may be used to achieve haemostasis.
4. Select appropriate dressings for the biopsy site and communicate any aftercare required to the patient effectively.
5. Describe action to be taken in the incidence of persistent bleeding secondary to the biopsy.
6. Demonstrate the ability to insert a subcutaneous suture, and discuss when and where this would be necessary.

**METHOD OF ASSESSMENT**

Assessment of competence will be by observation of practice and questioning by the Assessor (Consultant Dermatologist).

**OBJECTIVE ACHIEVED**

Dermatology Specialist Nurse .....

Assessor.....

Date.....

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 12 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

## **AIM FOUR**

The Dermatology Specialist Nurse will be able to prepare the patient and perform a shave excision in a safe and efficient manner.

### **OBJECTIVES**

The Dermatology Specialist Nurse will be able to:

1. Explain the shave excision procedure to the patient at their level of understanding.
2. Perform the safe and effective administration of lignocaine as identified within the patient group direction.
3. Perform the shave excision safely and effectively.
4. Describe the hazards associated with a shave excision.
5. Achieve haemostasis.
6. Demonstrate the correct method of labelling and handling the specimens.

### **METHOD OF ASSESSMENT**

Assessment of competence will be by observation of practice and questioning by the Assessor (Consultant Dermatologist).

### **OBJECTIVE ACHIEVED**

Dermatology Specialist Nurse .....

Assessor.....

Date.....

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 13 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

**AIM FIVE**

The Dermatology Specialist Nurse will be able to prepare the patient and perform curettage and cautery in a safe and effective manner.

**OBJECTIVES**

The Dermatology Specialist Nurse will be able to:

1. Explain the curettage and cautery procedure to the patient at their level of understanding.
2. Perform the safe and effective administration of lignocaine for local anaesthesia as identified within the patient group direction.
3. Perform the curettage and cautery safely and effectively.
4. Describe the hazards associated with curettage and cautery.
5. Achieve haemostasis.
6. Demonstrate the correct method of labelling and handling the specimen.

**METHOD OF ASSESSMENT**

Assessment of competence will be by observation of practice and questioning by the Assessor (Consultant Dermatologist).

**OBJECTIVE ACHIEVED**

Dermatology Specialist Nurse .....

Assessor.....

Date.....

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 14 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

**AIM SIX**

The Dermatology Specialist Nurse will be able to prepare the patient and perform a punch biopsy in a safe and efficient manner.

**OBJECTIVES**

The Dermatology Specialist Nurse will be able to:

1. Explain the punch biopsy procedure to the patient at their level of understanding.
2. Perform the safe and effective administration of lignocaine for local anaesthesia as identified within the patient group direction.
3. Perform the punch biopsy safely and effectively.
4. Insert subcutaneous sutures for punch biopsies of 4mm and over at the discretion of the Dermatology Nurse Specialist.
5. Describe the hazards associated with a punch biopsy.
6. Achieve haemostasis.
7. Describe the actions needed if any complications occur.
8. Demonstrate the correct method of labelling and transporting the specimen.

**METHOD OF ASSESSMENT**

Assessment of competence will be by observation of practice and questioning by the Assessor (Consultant Dermatologist).

**OBJECTIVE ACHIEVED**

Dermatology Specialist Nurse .....

Assessor.....

Date.....

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 15 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

## APPENDIX TWO - PATIENT GROUP DIRECTIVE

### PATIENT GROUP DIRECTION (PGD) FOR THE SUPPLY AND ADMINISTRATION OF: **XYLOCAINE (INJECTION) 1% with ADRENALINE**

This PGD must be agreed to and signed by all health professionals involved in its use. Ashford and St Peter's Hospitals NHS Foundation Trust must hold the original signed copy. The PGD document must be easily accessible in the clinical setting

Organisation: Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH)

This document will be reviewed every two years or sooner if:

- There is a change in the status or name of the organisation
- There is a change in the licensed indications of the product or a change in evidence base
- Further guidance is issued by the Department of Health
- There is a change in legislation that will affect the PGD

#### THE ABOVE DETAILS FORM AN INTEGRAL PART OF THE PGD

<b>Staff Characteristics (staff authorised to use this PGD)</b>	<ul style="list-style-type: none"> <li>• Registered Nurse with current NMC registration</li> <li>• Employed by ASPH and working in Dermatology</li> <li>• Dermatology Specialist Nurse Band 6 or higher band</li> <li>• Attended recommended skin surgery course and undergone relevant departmental training in line with Trust Policy for Nurse-led Diagnostic Biopsies</li> <li>• Evidence of completion of competencies for single nurse drug administration in line with Trust Policy for Nurse-Led Diagnostic Biopsies</li> </ul> <p><b>YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU WORK ACCORDING TO IT</b></p>
---	---

Date PGD comes into effect: December 2013  
 PGD Version Number: 2  
 Date of expiry: December 2015  
 Review date: October 2015  
 Authoring Department: Dermatology Department

**PGD Reference Number: 96/09**

Document Lead Author Name and Title: Lucy Daffarn, Dermatology Specialist Nurse  
 Signature:

Medical Lead Author Name and Title: Dr Olivia O'Gorman-Lalor Consultant Dermatologist  
 Signature:

PGD Pharmacist Reviewer Name and Title: Anne Chetwood, Senior Pharmacist  
 Signature:

Chair of Non-Medical Prescribing Group (NMPG) Anna Burrows / Dr Tanya Bernard, Consultant Haematologist  
 Signature:

Reviewed by: Lucy Daffarn, Dermatology Specialist Nurse Date: 3 December 2013

#### TRUST AUTHORISATION

Quality Governance Committee Chair/Deputy Medical Director  
 Signature:

Clinical Governance Lead/Director Of Nursing/Acute Services  
 Signature:

Clinical areas in which a copy of this PGD must be kept: Dermatology Department, Outpatients, St Peters Hospital

#### MEDICINE CHARACTERISTICS AND CLINICAL CRITERIA

Formulation and route of medication	Contains lidocaine and adrenaline 1:200,000 Route of administration is by subcutaneous injection
Legal classification (PoM, P, GSL)	PoM
Mode of action	

	Causes reversible block to conduction along nerve fibres discontinuing the sensation of pain. Intravascular injection must be avoided.
<b>Clinical situations for which medicine is to be used</b>	<ul style="list-style-type: none"> <li>• Skin lesions prior to diagnostic curettage</li> <li>• Skin lesions prior to shave excision</li> <li>• Skin lesions prior to punch biopsy and suturing</li> <li>• Skin lesions prior to punch excision and suturing</li> </ul> <b>ALL IN LINE WITH POLICY FOR NURSE-LED DIAGNOSTIC BIOPSIES</b>
<b>Criteria for exclusion</b>	<ul style="list-style-type: none"> <li>• Children under 16 years of age</li> <li>• Refusal of consent</li> <li>• Known hypersensitivity to Lidocaine or other local anaesthetics eg bupivacaine or prilocaine</li> <li>• Inflamed or infected tissue</li> <li>• Hypovolaemia</li> <li>• Complete heart block</li> <li>• Patients with a cardiac pacemaker</li> <li>• Patient taking Monoamine Oxidase Inhibitors (MAOIs)</li> <li>• Patients allergic to sodium metabisulphite</li> <li>• Patients requiring surgery to the digits or genitalia</li> </ul>
<b>Dosage and dose range which can be supplied or administered.</b>	Use an absolute maximum of 200mg (20ml) of 1% lidocaine in single or divided doses for the average size adult. Dose is dependent on size of area that needs to be anaesthetised.  See current BNF or <a href="http://www.bnf.org">www.bnf.org</a>
<b>Criteria for deciding dose and changes in dose</b>	<b>REDUCE DOSE IN THE ELDERLY AND DEBILITATED PATIENTS AND IN ADULTS OF SMALL STATURE WHERE WEIGHING IS NOT AN OPTION</b>
<b>Repeated dose instructions (if applicable)</b>	N/A
<b>Quantity to supply as TTA and length of course</b>	N/A
<b>Warnings – use with caution</b>	<ul style="list-style-type: none"> <li>• Epilepsy</li> <li>• Hepatic, renal or respiratory impairment</li> <li>• Impaired cardiac conduction</li> <li>• Bradycardia</li> <li>• Porphyria</li> <li>• Reduce doses in elderly or debilitated patients</li> <li>• Pregnancy</li> <li>• Diabetes</li> </ul>
<b>Incompatible medicines/potential drug interactions (including over the counter herbal remedies)</b>	<b>There are many interactions with Xylocaine 1% with adrenaline therefore please see current BNF. These include:-</b> <ul style="list-style-type: none"> <li>• Cimetidine can inhibit the metabolism of lidocaine and there</li> </ul>

	<p>is a risk of increased toxicity</p> <ul style="list-style-type: none"> <li>• Xylocaine (Lignocaine with adrenaline) must not be given with monamine oxidase inhibitors (MAOIs)</li> <li>• Propranolol and other Beta-adrenoreceptor blocking medication can increase the risk of severe hypertension and bradycardia</li> <li>• Propranolol can increase the risk of toxicity</li> <li>• Propranolol and other Beta-adrenoreceptor blocking medication can reduce the response to the adrenaline component of the product</li> <li>• Antivirals can cause increased plasma concentration</li> <li>• Antiarrhythmics produce an increased risk of myocardial depression</li> </ul>
--	--

<b>Contraindications</b>	<ul style="list-style-type: none"> <li>• Hypovolaemia</li> <li>• Complete heart block</li> </ul>
<b>Side effects</b>	<ul style="list-style-type: none"> <li>• Nausea</li> <li>• CNS including confusion and convulsion</li> <li>• Respiratory depression</li> <li>• Hypotension</li> <li>• Bradycardia</li> <li>• Tachycardia</li> <li>• Hypertension</li> <li>• Tremors</li> <li>• Anxiety</li> <li>• Palpitations and /or arrhythmias</li> <li>• Anaphylaxis</li> </ul>
<b>Reasons for seeking advice from Consultant Dermatologist</b>	Any uncertainties as to the appropriateness of the medication or the dose.
<b>Patient or carer advice</b>	Patients should be advised that the effect is transient. Written advice is provided after the procedure.
<b>Record keeping in addition to routine documentation</b>	<ul style="list-style-type: none"> <li>• Valid informed consent gained</li> <li>• Name and signature of health professional</li> <li>• Name, type and dose of medication as well as date of administration recorded on operation note record</li> </ul>
<b>In addition, the following should be recorded for every SUPPLY:</b>	<ul style="list-style-type: none"> <li>• Batch number and expiry date of medicine supplied</li> <li>• Volume of local anaesthetic used per diagnostic biopsy</li> </ul>
<b>Reporting of suspected adverse drug reactions</b>	These should be reported immediately to relevant doctor and pharmacist and documented in patient's clinical notes and an Incident Report form completed.
<b>Arrangements for pharmacovigilance communications and amendments to PGD as the result of new safety information</b>	This will be carried out by the doctor or pharmacist and will minimally include reporting of adverse incidents, communication of new safety information, withdrawal of drugs etc between relevant professionals and also to external agencies. This should be documented in the 'Report on Suspected Adverse Drug Reactions' (Medical Control Agency) sheet (i.e. yellow sheet at back of current BNF) <sup>1</sup> should be completed by a pharmacist, doctor or nurse.
<b>Arrangements for referral as appropriate</b>	If the Dermatology Specialist Nurse feels that the patient's

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 18 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

	management is beyond their scope of practice or experience, they will refer the patient to a Consultant Dermatologist for further assessment and advice. There should be immediate referral if there are queries over the patient's safety and their ability to tolerate Xylocaine 1% with adrenaline 1:200000.
Follow up after procedure	This will be arranged with the patient and contact details for advice given.

### INDIVIDUAL AUTHORISATION

<ul style="list-style-type: none"> <li>• <b>BY SIGNING THIS PATIENT GROUP DIRECTION YOU ARE INDICATING THAT YOU AGREE TO ITS CONTENTS AND THAT YOU WILL WORK WITHIN IT</b></li> <li>• <b>YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU WORK ACCORDING TO IT</b></li> <li>• <b>EACH PROFESSIONAL IS RESPONSIBLE FOR ENSURING THAT THEY PRACTICE WITHIN THE BOUNDS OF THEIR OWN COMPETENCE</b></li> </ul> <p><b>This confirms that the health professional:</b></p> <ul style="list-style-type: none"> <li>○ understands the PGD</li> <li>○ has received the necessary education and training</li> <li>○ agrees to work within the PGD</li> <li>○ has read and understood the Trust's Medicines Policy</li> </ul> <p><b>Note for managers: Authorised staff must be given their own copy of this PGD plus a copy of the generic PGD competency authorisation sheet showing their authorisation</b></p> <p><b>Name and title of health professional authorized to use this PGD:</b> Lucy Daffarn Dermatology Specialist Nurse</p> <p><b>Signature of health professional:</b></p> <p><b>Name and Title of assessor:</b></p> <p><b>Signature of assessor:</b></p>
--

**Reference:**

**British National Formulary (September 2013-March 2014) Edition 66 or access**

APPENDIX THREE – REFERRAL FORM

**Dermatology**  
**Nurse-led Diagnostic Biopsy Referral Form**  
**Clinic code : DERMOP**

**SUITABLE PATIENTS: Over 18**  
**Biopsy of trunk and limbs ONLY**  
**No anticoagulants or antiplatelets except aspirin**  
**No cardiac pacemaker**

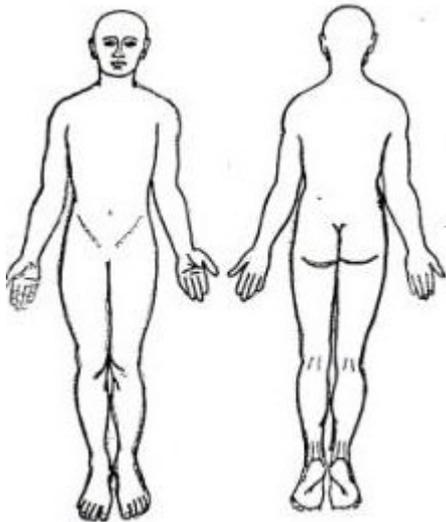
**Date**

**Referring Doctor**

**Patient**

**Patient contact number**

**Procedure and location**



**Clinical details and suspected diagnosis for histology**

**Allergies Yes/No**

**Follow-up**

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 20 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------



**APPENDIX FIVE POSTOPERATIVE ADVICE – SEE SEPARATE DOCUMENT**

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 22 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

## APPENDIX SIX

### RECORD OF ASSESSED COMPETENCE

1. SHAVE EXCISION
2. CURETTAGE AND CAUTERY
3. PUNCH BIOPSY

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 23 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

Scope of Professional Nursing Practice  
**RECORD OF ASSESSED COMPETENCE**  
**DIAGNOSTIC SHAVE EXCISION OF SKIN**

This document is only to be signed by a Consultant Dermatologist who is competent in assessing the expanded role of the Dermatology Specialist Nurse.

NO.	DATE	CLINICAL SITE	ASSESSOR (Sign, Print, Job Title)	FEEDBACK
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Scope of Professional Nursing Practice  
**RECORD OF ASSESSED COMPETENCE**  
**DIAGNOSTIC CURETTAGE AND CAUTERY**

This document is only to be signed by a Consultant Dermatologist who is competent in assessing the expanded role of the Dermatology Specialist Nurse.

NO.	DATE	CLINICAL SITE	ASSESSOR (Sign, Print, Job Title)	FEEDBACK
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Scope of Professional Nursing Practice  
**RECORD OF ASSESSED COMPETENCE**  
**DIAGNOSTIC PUNCH BIOPSY OF SKIN**

This document is only to be signed by a Consultant Dermatologist who is competent in assessing the expanded role of the Dermatology Specialist Nurse.

NO.	DATE	CLINICAL SITE	ASSESSOR (Sign, Print, Job Title)	FEEDBACK
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**APPENDIX SEVEN – TRUST COMPETENCY DOCUMENT**

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 27 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------



No.	Element of Competency	(Please record 'achieved' or 'not achieved' as 'A' or 'N' and date and initial)									Summative Assessment (Please record 'achieved' or 'not achieved' as 'A' or 'N'; and date, initial and print name.)	
		Initial Assessment			Formative Assessment(s)							
		Date	Self	Mentor	Date	Self	Mentor	Date	Self	Mentor		
	The Registered Health Care Professional must:											
F	Explain procedure and rationale to the patient, and obtain valid consent and prepare the patient for the procedure											
G	Ensure that the patients' privacy and dignity is maintained at all times											
H	Identify any other issues relating to communication with the patient and the competency											
I	Identify and prepare equipment needed (describe medical devices used)											
J	Demonstrate the correct technique											
K	Maintain accurate records, and ensure that all the relevant documentation is completed including ICP/specialist forms.											

No.	Element of Competency	(Please record 'achieved' or 'not achieved' as 'A' or 'N' and date and initial)									Summative Assessment (Please record 'achieved' or 'not achieved' as 'A' or 'N'; and date, initial and print name.)		
		Initial Assessment			Formative Assessment(s)								
		Date	Self	Mentor	Date	Self	Mentor	Date	Self	Mentor			
L	Identify any issues relating to infection control and the competency												
M	Demonstrate effective communication skills with patients, carers, colleagues and members of the multidisciplinary health care team												
N	Explain and discuss the route of reporting complications and incidents												
O	Identify and show understanding of research literature on this topic and they should provide a research article and reading log relating to this competency for discussion with their assessor												

No.	Element of Competency	(Please record 'achieved' or 'not achieved' as 'A' or 'N' and date and initial)									Summative Assessment (Please record 'achieved' or 'not achieved' as 'A' or 'N'; and date, initial and print name.)	
		Initial Assessment			Formative Assessment(s)							
		Date	Self	Mentor	Date	Self	Mentor	Date	Self	Mentor		
P	Produce 1-3 reflections on supervised practice and discussed with their assessor											
Q	Provide action plan to demonstrate maintaining and updating competency											

### References and Bibliography

(all competencies must be evidence-based)

Date Compiled: February 2005

Date Ratified by Nursing & Midwifery Committee:

Review Date: February 2008

Contact Name for Comments: Julie Doughty, Clinical Skills Education Manager

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 31 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

## APPENDIX EIGHT – EQUALITY IMPACT ASSESSMENT

### Policy/Service: NURSE-LED DIAGNOSTIC BIOPSIES

Name: Lucy Daffarn

#### Background

- Description of the aims of the policy
- Context in which the policy operates
- Who carried out the assessment

The aim of the policy is to provide a framework in which Dermatology Specialist Nurses can autonomously perform diagnostic biopsies. This will be a nurse-led service operational in Outpatients. It is at the present time only available on the St Peter's Hospital site. Assessment was carried out by Lucy Daffarn Dermatology Specialist Nurse.

#### Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used

The policy will not affect patients to a great extent. However, exclusion criteria have been put in place excluding patients aged less than 18 years, and patients that are not able to consent for themselves.

All policies are able to be translated into a different language if needed. At present, the staff members (i.e. Consultant Dermatologists and Dermatology Specialist Nurses) who need to read this policy are all fluent in English.

From examining the recent Patient Experience Survey (patients sampled from March-July 2009) there were no complaints from patients about the current system being

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 32 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

discriminatory in any way.

**Key Findings**

- Describe the results of the assessment
- Identify if there is an adverse or a potentially adverse impact for any group

Patients that are excluded from this policy will be able to have their diagnostic biopsy taken by a Consultant Dermatologist. Patients at Ashford Hospital will continue with the existing service, or they can be given the choice to travel to St Peter’s Hospital for a nurse-led diagnostic biopsy. This exclusion will not affect their clinical management. There is no potential adverse impact on any minority group patients or employees in relation to age, gender, religion or belief, race, ethnicity, disability or sexual orientation. Information about the service will be able to be produced in different formats, for example the pre-operative and post-operative information can be translated into another language.

**Conclusion**

- Provide a summary of the overall conclusions

At present, there is no inequality in the implementation of this policy.

**Recommendations**

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

No changes are necessary as a result of the impact assessment.  
The equality assessment will be revisited in three years’ time when the complete policy is

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 33 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------

reviewed. This may occur earlier if inequalities become apparent or the policy is altered in line with changing clinical practice.

## Guidance on Equalities Groups

<b>Race and Ethnic origin</b> (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	<b>Religion or belief</b> (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
<b>Disability</b> (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	<b>Sexual orientation including lesbian, gay and bisexual people</b> (consider whether the policy/service promotes a culture of openness and takes account of individual needs)
<b>Gender</b> (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	<b>Age</b> (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
<b>Culture</b> (consider dietary requirements, family relationships and individual care needs)	<b>Social class</b> (consider ability to access services and information, for example, is information provided in plain English?)

## REFERENCES AND/OR BIBLIOGRAPHY

Ashford and St Peter's Hospitals NHS Trust (2009) Skin Cancer MDT Annual Report

[http://trustnet.asph.nhs.uk/departments/Cancer%20Unit%20Directory/12524\\_SKIN\\_ANNUAL\\_REPORT\\_2009\\_18092009183512.pdf](http://trustnet.asph.nhs.uk/departments/Cancer%20Unit%20Directory/12524_SKIN_ANNUAL_REPORT_2009_18092009183512.pdf)

Ashford & St Peter's Hospitals NHS Trust (2008) Health and Safety Policy

[http://www.ashfordstpeters.org.uk/attachments/699\\_Health%20and%20Safety%20Policy.pdf](http://www.ashfordstpeters.org.uk/attachments/699_Health%20and%20Safety%20Policy.pdf)

Department of Health (1999) *Making a Difference*, Her Majesty's Stationery Office (HMSO), London

Department of Health (2006) *Modernising Nursing Careers*, HMSO, London

Department of Health (2000) *The NHS Plan*, HMSO, London

Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives*, Nursing and Midwifery Council, London

Volume9 Nursing Procedures		First Ratified March 2010	Last Review November 2014	Issue 2	Page 35 of 35
----------------------------------	--	------------------------------	------------------------------	---------	---------------