

STANDARDIZED PROCEDURE

CAUTERY OF GRANULATION TISSUE

I. Definition

Patients with devices such as gastrostomy tubes and central lines may develop granulation tissue at the insertion site. Granulation tissue does not regress spontaneously and requires treatment to remove.

II. Background Information

A. Setting: Select check-off boxes (double click on gray box to select): If Pediatrics are selected make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children

- Adults
- Pediatrics
- Both Adults & Pediatrics

- Inpatient clinical setting
- Outpatient clinical setting
- Both Inpatient & Outpatient clinical setting

B. Supervision: The necessity of this protocol will be determined by the Allied Health Professional 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 Allied Health Professional.

Direct supervision will not be necessary once competency is determined, as provided for in the protocol. The Allied Health Professional 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. Indications

The presence of granulation tissue at the exit site of a device. Granulation tissue will be confirmed by physical examination.

D. Precautions:

Silver Nitrate Allergy

III. Materials

1. Silver Nitrate applicators

IV. Procedure

1. Silver Nitrate applicators (ARZOL) will be used to apply silver nitrate to the granulation tissue, taking care not to touch the surrounding skin or device.

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Granulation tissue that has been treated with silver nitrate will turn gray on contact. Care must be taken to dry the treated area will to avoid contamination of surrounding healthy skin with the silver nitrate.

V. Post-procedure

For repeated applications at home by the family, directions regarding the safe application of silver nitrate will be stated and demonstrated. The family will be given a prescription for silver nitrate if more than one application is needed.

VI. Follow-up treatment

Return visits to the clinic will be on a PRN basis, depending upon the effectiveness of treatment.

VI. Documentation

- A.** Inpatient documentation is in the UCARE procedure note and outpatient will be in the event note.
 - 1. Documentation of the pretreatment evaluation
 - 2. Record the time out, procedure, the outcome, patient tolerance, medications given, and the plan in the progress note
- B.** **All abnormal or unexpected findings are reviewed** with the supervising physician.

VI. Competency Assessment

A. Initial Competence

- 1. The Allied Health Professional will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
- 2. The Allied Health Professional will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of cautery of granulation tissue
 - 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. Allied Health Professional will observe the supervising physician perform each procedure at least once and perform the procedure **three** times under direct supervision of attending physician.
- 4. Supervising physician will document Allied Health Professional's competency prior to performing procedure without direct supervision.

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5. The Allied Health Professional 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 Allied Health Professional will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Allied Health Professional 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 Allied Health Professional. The Allied Health Professional 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 April 2008 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed April 2008 by the Committee on Interdisciplinary Practice
Approved by Executive Medical Board, Governance Advisory Council
and Chancellor J. Michael Bishop

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