A. **EFFECTIVE DATE:**
   April 9, 2021

B. **PURPOSE:**
   To define the parameters of care to the Mohs Micrographic Surgery patient.

C. **POLICY:**
   1. All patients who are candidates must be evaluated by a Dermatology Mohs Surgeon prior to treatment. The LIP will provide written orders for treatment. They will periodically assess the patient for tolerance and effectiveness of treatment.
   2. Mohs Surgery patients will be banded with a patient identification wristband during registration and will remain so for the duration of their appointment.
   3. Time out is performed with the patient prior to the initial Mohs stage, before each successive stage and at the time of surgical closing, and is documented in the patient record.

D. **SCOPE:**
   Farmington Mohs Surgery

E. **DEFINITIONS:**
   Mohs Micrographic Surgery is the removal of skin cancer in stages and a type of closure.

F. **MATERIAL(S) NEEDED:**
   As per Mohs surgeon.

G. **PROCEDURE:**
   1. The patient is identified with two patient identifiers and checked against patient wristband.
   2. RN reviews medical and allergy information and documents. RN alerts provider to any potential contraindications.
   3. Presence of signed consent is verified by provider and site is marked by provider with surgical marker.
4. Prior to the start of surgery, a time-out will be conducted by the MD with the team and patient to assure proper identification of the surgical site.

5. Prior to each Mohs stage:
   a. RN will administer the prescribed local anesthetic per MD order for the patient.
   b. The patient will be prepped with an approved antiseptic.

6. At the end of each Mohs stage:
   a. Tissue samples obtained from the patient will be delivered to the Mohs lab for processing.
   b. The patient may be directed to wait in the specified patient area while the tissue samples are processed. The patient will return for additional Mohs stages as dictated by the provider and pathology results.

7. Prior to patient discharge:
   a. Dressings are applied to surgical sites as ordered by provider.
   b. Post procedure instructions are reviewed with patient/family/significant other and copy given to patient.
   c. Follow-up appointment will be given to patient as indicated.

8. Complete and finalize all patient documentation.

H. ATTACHMENTS:
   None

I. REFERENCES:
   None

J. SEARCH WORDS:
   None

K. ENFORCEMENT:
   Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVAL:
   On File

M. COMMITTEE APPROVAL:
   None
FINAL APPROVAL:

1. Andrew Agwunobi (Signed) 04/16/2021
   Andrew Agwunobi, MD, MBA
   UConn Health Chief Executive Officer

2. Anne Horbatuck (Signed) 04/16/2021
   Anne D. Horbatuck, RN, BSN, MBA
   Clinical Policy Committee Co-Chair

3. Scott Allen (Signed) 04/15/2021
   Scott Allen, MD
   Clinical Policy Committee Co-Chair

4. Caryl Ryan (Signed) 04/13/2021
   Caryl Ryan, MS, BSN, RN
   VP Quality and Patient Service & Chief Nursing Officer

N. REVISION HISTORY:
   Date Issued: 3/15/21
   Date Reviewed:
   Date Revised: 4/21/21