An experienced phototherapy specialist offers tips on a range of topics.
Aside from prescribing phototherapy and providing regular follow-up assessments, dermatologists may have little involvement in the provision of light therapy, a task that often falls to skilled nursing staff. Effective phototherapy requires collaboration among various members of the patient care team and, of course, the patient.

Perhaps most commonly associated with psoriasis, UV phototherapy is effective for several dermatologic diseases, including vitiligo, atopic dermatitis, and cutaneous T-cell lymphoma (see table). For many patients, it provides relief not offered by systemic and/or topical drugs alone. Response to light therapy can be rapid in some patients, and the intervention is relatively safe when properly administered to appropriately selected patients.

Yet light therapy is not without risks and potential challenges. Practices must anticipate, prepare for, and strive to minimize any potential adverse outcomes or untoward events in order to ensure patient safety, satisfaction, and therapeutic success. Among important steps are the establishment of standards for patient assessment, interaction, and education; policies for scheduling of appointments and handling of insurance requirements; effective strategies for at-home maintenance therapy and prep; and thorough documentation. At the recent summer meeting of the Dermatology Nurses’ Association (DNA, www.dnanurse.org), I presented at the Joan Schelk Fundamentals of Phototherapy workshop. The following is a review of some key points from the workshop with emphasis on the role of the nurse in coordinating care and administering therapy.

**Documented Protocols**

Every practice should develop and publish patient care protocols that will outline the appropriate action in light of various common (and hopefully uncommon) scenarios. In addition to clear action plans, protocols must delineate staff responsibilities at all stages of interaction with the patient. Among key scenarios the protocol should address are:

- Frequency of treatments
- Missed treatments
- Burns
- Clearance/Maintenance therapy

Every member of the staff who participates in the provision of phototherapy should be familiar with the documented protocols and have easy access to a copy. Importantly, any changes to protocol must be reflected in the book, and such changes must be sufficiently promulgated. Identify a protocol “expert” that staff can turn to with questions or to assist with any issues not directly addressed in the protocol.

Keep in mind that the receptionist and other office staff (including other nurses and medical technicians) may field questions from patients regarding phototherapy. They should be prepared to answer simple questions and able to direct the patient to an appropriate source for answers to more advanced questions. The receptionist will interact with phototherapy patients several times weekly.

**Phototherapy Pearls**

Following are important steps to take to improve the phototherapy experience for the patient and the practice.
Verify. Any patient encounter begins with the collection of relevant information, and this holds for every single phototherapy visit, as well. Because patients present multiple times per week over a course of several weeks, staff will quickly become familiar with the individual. This familiarity must not lapse into complacency. At each visit, ensure that the patient, the chart, and the proposed treatment (in this case, the right light box) all match up. JCAHO requires at least two unique individual patient identifiers, such as date of birth, clinic number, a photo, etc.

Assess. Each patient requires assessment at the time of each presentation, as well. Remember that just because a patient looks well does not mean he or she is well. Have a policy to withhold treatment for any individual who is physically or mentally ill, debilitated, or intoxicated. Due to the chronicity of the disease treated, the physician must evaluate the patient to determine suitability for continued treatment. Therefore, follow-up policies should also be part of practice protocol.

Each phototherapy visit must include an evaluation of the patient, at which time the nurse should always ask about each of the following:

- Erythema
- Irritation
- Itching
- Worsening
- Improvement
- Pain
- New Medications/Dosing Changes in Current Medications

Document that each question was asked and record the patient’s responses, particularly any change since the previous visit. Based on practice protocols, responses to these questions will determine whether the patient receives phototherapy, any dosage adjustments, or whether the patient requires assessment by the physician.

Cultivate Realistic Expectations. Patient expectations play a crucial role in the treatment process. From the physician who recommends phototherapy, to the staff members who educate the patient and administer the therapy, every member of the care team must work to establish appropriate expectations and help the patient maintain a realistic outlook about therapy. One hundred percent clearing is the patient expected goal, however, this is not realistic and much encouragement will be required to help the patient find a comfort level for their disease. These are chronic diseases requiring repeat courses of therapy, therefore, patients also need support understanding the time commitment, cost, and continued home care to prolong remissions.

Pre-treat in the Office. Pretreatment is important to enhance the outcomes of phototherapy and is thankfully relatively simple. A thin application of emollient prior to UVL treatment enhances light penetration by “smoothing” out the skin surface. An uneven skin surface presents multiple surfaces that can reflect and disperse UVL, while a smoother skin surface serves as the lone interface to allow direct penetration. The emollient must contain petrolatum in order to meet requirements for the 96910 Treatment Code for UVB.

Despite admonishments regarding the importance of home care (discussed next page), this pre-treatment may be the only time patients apply emollients, especially to the back. Offer to apply lotion to the patient’s back. Not only is the touch
important to the patient psychologically/emotionally, but this allows an opportunity for assessment of the patient’s skin.

Advocate Home Care. Good home care supports successful UV phototherapy. Frequent use of emollients helps to prepare the skin for UVL exposure and also provides therapeutic effects by supporting barrier repair and improving patient comfort (decreasing scratching, which further damages the barrier and can introduce infection).

Regular use of prescribed topical therapies as directed is essential to enhance and promote the efficacy of UVL. While UV phototherapy can be quite effective, best effects often result from a combination approach that includes topical pharmaceutical agents.

Reinforcing the importance of home care is essential when using phototherapy, as it is guaranteed that patients will slack off. The key is that you notice and intervene to reverse the process and support the patient so to promote compliance.

Encourage Debridement. Because thick scale can impede penetration of UVL, removal of scale will optimize treatment response. Patients can easily and inexpensively undertake debridement procedures at home. Instruct the patient to soak for 15-30 minutes in a bathtub filled with water, one cup of vinegar or one box of table salt. Following the soak, patients can gently debride any loose scale. Adherent scale may be clipped with clean cuticle scissors rather than pulled off. Patients should then pat dry with a towel and apply an emollient to “seal in” moisture. Any prescribed medications can then be applied, as well. Debridement can be daily as long as scale is present and there is no irritation to the patient.

The patient may use any emollient he or she prefers, but they need education on types of emollients (lotions, creams, and ointments). Options include mineral oil, cosmetic-grade emollient formulations, or even Crisco, which is a very cost-effective option. When recommending Crisco, present ways that make the vegetable shortening more appealing, such as decorating the jar.

Enforce the Rules. Whether patients require appointments or may drop-in for phototherapy depends on the policies of the particular clinic. Patients should be familiar with the policies and must understand that phototherapy is a form of medication, therefore, administration is carefully controlled and regulated. Hopefully, in this mindset patients will be encouraged to comply with office policies, thereby eliminating inappropriate requests to staff for additional treatments without an order.

If phototherapy is provided by appointment, establish and enforce policies regarding late arrivals and no shows, including possible charges for missed appointments. Implement protocols regarding referrals and pre-authorizations, which should be verified prior to the patient’s appointment, and co-pays, which should be collected at check-in. Make clear to the patient any responsibility he or she has to track and/or renew referrals. Also, determine whether any restrictions on care are necessary. For example, due to requirements regarding supervision and reimbursement rates, some practices will not administer phototherapy to Medicare patients if the physician is not on premises.

Documentation: Rule of Nines

The primary goal of phototherapy is, of course, to provide clearance to the patient. However, for the service to be viable, the practice must earn a reasonable reimbursement for providing the service. Proper documentation plays a key role in supporting claims and reimbursement. Even more importantly, documentation is crucial from a medico-legal standpoint. Should any questionable circumstances or outcomes arise, documentation will serve to support the activities of the practice.

Nine general rules guide appropriate documentation:

1. Be neat.
2. Be concise.
3. Be accurate.
4. Be complete.
5. Be objective.
6. Don’t record for others.
7. Double-check all entries.
8. Fess up—don’t cover up.
9. Avoid the following nine pitfalls of documentation.
Documentation has in some regards become increasingly complex. The patient chart has transitioned from a patient care tool to a justification for billing, and now to a medico-legal document that can hinder or hurt the practice depending on the quality of documentation. To ensure accurate, quality documentation, avoid:

1. **Omissions.** In the eyes of insurers, if you didn’t write it, you didn’t do it. Documentation must be thorough to reflect that patient encounter. While charts and checklists aid efficiency, hand-written notations are often useful.

2. **Personal Opinions.** Record only what you hear or see. Charting personal opinions about patients can be used against you in a court of law. It can be made to look as if you gave less than the standard of care because you did not like the patient.

3. **Generalizations.** Be specific. It is not enough to note that the patient has grade I erythema. Also document exactly where on their body and attempt to quantify the reaction. Was it over the total body? Was it confined to the torso? Is pain involved?

4. **Late Charting.** Record treatment information as soon as possible. The longer you wait, the more likely you are to forget important information. However, late charting is allowed as long as you note the date the information was collected.

5. **Improper abbreviations.** Commonly accepted abbreviations may and should be used routinely. However, if there are other abbreviations developed and used in your practice setting, these should be kept on a master list for reference and referral purposes.

6. **Illegibility.** Write clearly and neatly. If others cannot read your writing then print! Serious treatment errors can result from others not being able to understand your charting.

7. **Misspellings.** Misspelling leads to confusion. When in doubt, use a dictionary. Your credibility can be damaged by poor spelling or incorrect word usage.

8. **Improperly Corrected Errors.** Because the chart is a billing and medico-legal document, it should never be altered with white-out, scratch-outs, black-outs, or erasures. Simply draw a single line through an error and initial it. For the sake of clarity, do not try to write over a misprint, particularly a number. (See example above.)

9. **Improperly Signing Notes.** Sign all notes (other than treatment flow sheets) with your first and full last name and title.

**Safety, Efficacy, and Compassion**

The ultimate goal of therapy is to provide safe and effective treatment—never one without the other. Nursing staff, as well as patients, should recognize that patient outcomes will vary, and clearance even in the best case scenario will take several weeks. Focus on building patient relationships over this time period.

It is important that all members of the care team involved in administering phototherapy know how much they affect patients’ lives. The touch of a hand, a listening ear, and compassion can heal what light cannot.