

Forms to complete for assessment of Phototherapy patients prior to Phototherapy

These are the forms we use in Dowling Day Unit in St John's Photodermatology to assess patients prior to Phototherapy. The first form is completed by the clinician (Dermatologist or Senior Clinical Nurse Specialist) The second by the Nurse who assesses the patient in the Phototherapy Unit after referral.

At the end of this document is a short summary of the pathway for Phototherapy referral and some general guidance about assessing patients for phototherapy aimed at Dermatologists and Dermatology Nurses who do not have a special interest in Phototherapy.



Dowling Day Unit: Dermatologist/Senior Clinical Nurse Specialist assessment form carried out in the clinic pre-PUVA and UVB. (tick boxes, circle choices or write text where indicated)

Referring clinician	<input type="text"/>	Hospital No.	<input type="text"/>
Pt. Surname	<input type="text"/>	Forename	<input type="text"/>
		Date of birth	<input type="text"/>
		Sex	<input type="text" value="M"/> / <input type="text" value="F"/>
Address	<input type="text"/>		Telephone
	<input type="text"/>		<input type="text"/>

Diagnosis:

Treatment requested PUVA NB-UVB BB-UVB Whole body / Local

For PUVA only: Psoralen method: Signed consent obtained When do you want the treatment to start?

Risk factors for skin cancer

	1. Sun exposure <input type="text" value="indoor / outdoor / tropical"/>	2. Sunburning episodes <input type="text" value="Y / N"/>	3. Sunbed user <input type="text" value="Y / N"/>
4. Skin type (circle): 1 (always burns never tans) 2 (usually burns, sometimes tans) 3 (sometimes burns, always tans) 4 (Mediterranean skin) 5 (Asian Skin) 6 (afrocaribbean skin)	5. Past history of skin cancer <input type="text" value="Y / N"/>	If yes, what <input type="text"/>	
	6. Family history of skin cancer <input type="text" value="Y / N"/>	If yes, what <input type="text"/>	
	7. Ever on immunosuppressive drugs (or arsenic) <input type="text" value="Y / N"/>	If yes, what and when <input type="text"/>	
	8. History of radiotherapy <input type="text" value="Y / N"/>	If yes, what and where <input type="text"/>	
9. Examination findings:			
Sun damage	<input type="text" value="Y / N"/>	If yes, what and where <input type="text"/>	
Any Solar keratoses, Bowens or skin cancer?	<input type="text" value="Y / N"/>	If yes, what and where <input type="text"/>	
Is patient very moley?	<input type="text" value="Y / N"/>	If yes, what and where <input type="text"/>	

General Health History of cataracts Liver disease Other diseases

Photosensitivity: History of light sensitivity reactions to sun or to phototherapy:

Details:

If 'Yes' the patient needs ANA to be sent off even if they are having TL01. Tick if ANA requested:

If the patient is photosensitive and has already had a negative ANA, repeat test if longer than 3 years ago.

Previous phototherapy: Has patient had phototherapy before? If so, which Hospital(s)?

Which type(s) of phototherapy?

Roughly how many courses/treatments PUVA / TL01 / BB-UVB /

FOR PUVA ONLY ANA blood test requested or known to be recently negative? *If the patient has a negative ANA repeat if longer than 3 years ago.* LFTs requested?

For oral PUVA only Height cm Weight kg Surface area m² Psoralen type

Psoralen dose mg Psoralen dosage: 8MOP 25mg/m², 5MOP 50mg/m² (to nearest 10mg)

Name of Doctor _____ Date _____

Consultant in charge _____



Tick only if you **don't** want Photomonitoring clinic to monitor progress during treatment course and you have arranged regular followup during the course in your clinic

DOWLING DAY UNIT: PRE-PHOTOTHERAPY NURSING ASSESSMENT (*carried out in the Phototherapy Unit*)

History of light sensitivity reactions to sun or to phototherapy: Y / N

Details:

History of burning with previous phototherapy: Y / N

History of cold sores: Y / N Where?

If patient has had phototherapy elsewhere in the past, have you requested the records? Y / N

Have you given the patient the information sheet? Y / N

Is secondary consent signed? Y / N

Have the necessary blood test results been requested? Y / N

Are the blood results normal? Y / N

Current oral medication

Current topical medication

Is the patient on a potential photosensitiser? Y / N

If so, which drug?

Any known allergies? Y / N

If so, to which drug?

Name of Nurse _____ Date _____



OUR GUIDANCE FOR OTHER ST JOHN'S STAFF:
WHAT TO DO TO REFER A PATIENT FOR PHOTOTHERAPY TO
DOWLING DAY UNIT, ST. JOHN'S INSTITUTE OF DERMATOLOGY

For UVB (TL01 or BB-UVB) for everyone, (and for PUVA if you are in the Lymphoma or Phototherapy clinic):

EITHER: Complete the 'Referral to Dowling Day Unit' Form to refer patient to the Phototherapy clinic where we will choose type of phototherapy and do the pre-treatment assessment.

OR: Refer direct to Dowling Day Unit:

1. **Complete the 'Pre-assessment for phototherapy' form** (including skin examination). If the assessment reveals a significant issue please refer to Phototherapy Clinic (fill the 'Referral to Dowling Day Unit' Form). If the cumulative doses are getting high please refer to Phototherapy clinic for review (see notes below re cumulative doses)
2. **Give the patient the Patient Information leaflet**
3. Explain the treatment and request the patient's **signed consent on the Trust Consent form**. The 'possible adverse effects' are generally: 'photosensitive rashes (especially PLE), sunburn-type reactions, herpes simplex reactivation, drug photosensitivity, accelerated photoageing, increased risk of skin cancer which becomes more significant with increasing cumulative dose, slight increase in risk of cataracts'. For PUVA, add in 'PUVA itch, PUVA pain, nausea (with oral PUVA), slight increase in risk of cataracts, eye problems if protective eyewear is not worn as patient will be advised by the nursing staff'. If you pick up anything on the pre-assessment the risk profile changes and the consent discussion needs to reflect this.
4. For oral PUVA (lymphoma clinic only) prescribe the psoralens (dosage is explained on the pre-assessment form).
5. **Arrange followup appointment** time in your clinic depending on whether you want Photomonitoring Clinic or yourselves to monitor patient during the treatment course (if you do nothing, followup will be in photomonitoring clinic).
6. Send the patient around to Dowling Day Unit with the paperwork.

For PUVA, if you are not in Phototherapy Clinic or Lymphoma clinic:

Please complete the 'Referral to Dowling Day Unit' Form to refer patient to the Phototherapy clinic where we will choose type of phototherapy and do the pre-treatment assessment.

For UVA-1, refer all patients to Dr.Sarkany

Notes re Cumulative doses:

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- **TL01 and BB-UVB:** Current recommended ceiling in absence of skin cancer risk factors on the assessment, is 350-400 treatments in a lifetime. If the patient reaches 200 (or lower if there has also been PUVA or there are skin cancer risk factors), we recommend review in the Phototherapy clinic.
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PUVA: Good clinical reasons are needed to exceed 200 treatments in a lifetime since this is the point after which risk of SCC becomes high, (and less than 200 in anyone with skin cancer risk factors or who has also



had UVB.) We try not to exceed 150 treatments though there are patients, mainly with MF, in whom higher cumulative doses are needed due to lack of alternative treatments. Please refer to Phototherapy clinic for review at 100 treatments, or lower where there are other factors. These 'ceilings' are a rough guide to long term skin cancer risks, and are lower in patients with other skin cancer risk factors, and can be exceeded where the risk:benefit ratio for continuing phototherapy beyond the ceiling is better than that for other treatment options.

Dr. Sarkany, Sister Garibaldinos, Photodermatology Unit, St John's, 2007



