

UNIT NO.

NAME

BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, and visit no.)

YALE-NEW HAVEN HOSPITAL

20 York Street New Haven, CT 06510
PHOTOTHERAPY CENTER
TREATMENT ORDERS PUVA THERAPY
Phone (203) 688-1199 Fax (203) 688-9290

DIAGNOSIS:

PUVA THERAPY: #Treatments: Per week: Per month: Per year:

Patient is Skin type:

Table with 3 columns: SKIN TYPE, Recommended PUVA Starting Dose, Psoralen dose Patient's weight: (Oxsoralen Ultra dosage, 8MOP dosage, 8MOP soak)

Starting Dose:

FULL BODY

Initiate treatment at Joules (Use above dosing chart based on Skin Type if no starting dose specified). *If starting dose differs from dose per skin type, please state rationale in special instructions below*

Hand & Feet Therapies: (Targeted palmar & plantar Phototherapy w/w.o. full body treatment)

Treat hands: Initiate at Joules. Treat feet: Initiate at Joules.

DOSE ESCALATION: (Increase dose as specified until Therapeutic (1+) Erythema achieved then maintain dose until D/C'd)

Full Body: (If no dose escalation specified for full body treatment, initial dose will be maintained for duration of therapy)

Increase 0.5 Joule at every other treatment Increase dose by 0.5 Joule per treatment visit Increase dose by 1 Joule per treatment visit

Hands & Feet (If no dose escalation specified for Hands/Feet, initial dose will be maintained for duration of therapy)

Increase 0.5 Joule at every other treatment Increase dose by 0.5 Joule per treatment visit Increase dose by 1 Joule per treatment visit

Maintenance Dosing: (For active treatment patients maintaining therapeutic effect and/or no dose escalation warranted)

Full Body: Maintain treatment dose at Joules Hands: Maintain treatment dose at Joules Feet: Maintain treatment dose at Joules

Shielding: Eyes Face Genitalia Other:

Activate Yale New Haven Hospital Phototherapy Center Dose Escalation/De-Escalation Protocol when: Starting dose deferred to protocol standard, Patient presents with >1+ Erythema, or Reconditioning required due to prolonged intervals between treatments.

Treatment completed Discontinue all orders

Special Instructions:

Topical Medications:

Blank lines for Special Instructions

Blank lines for Topical Medications

- * Please provide a copy of the medication summary with this form.
** MD, PA, APRN must renew consent form every 12 months.
*** This Order will Remain Valid for 120 days from the date signed by Prescriber.

MD, PA, APRN Signature

Date

Print Name

Time



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20 York Street New Haven, CT 06510

PHOTOTHERAPY CENTER

TREATMENT ORDERS

NARROW BAND UVB THERAPY

Phone (203) 688-1199 Fax (203) 688-9290

DIAGNOSIS: _____

Of Treatments: Per Week: _____ Per Month: _____ Per Year: _____

FULL BODY Patient is Skin type: _____

Starting Dose: (based on Skin Typing Table)

Initiate at _____ milliJoules. (If no dose prescribed, follow UVB Dosing Protocol)

| SKIN TYPE | Recommended NB-UVB Starting RANGE |
|-----------|-----------------------------------|
| Type I | 100-150 milliJoules |
| Type II | 150-250 milliJoules |
| Type III | 250-300 milliJoules |
| Type IV | 300-400 milliJoules |
| Type V,VI | 400-450 milliJoules |

Hand &/or Feet Therapies: (Targeted palmar & plantar Phototherapy w/w.o. full body treatment)

Treat hands: Initiate at _____ milliJoules Treat feet: Initiate at _____ milliJoules

Dose Escalation

Full Body: Increase milliJoule dose by 10% 20% _____ % at each treatment visit until Therapeutic (1+) Erythema achieved then maintain Therapeutic (1+) Erythema dose.

Hands & Feet: Increase milliJoule dose by 10% 20% _____ % at each treatment visit until Therapeutic (1+) Erythema achieved then maintain Therapeutic (1+) Erythema dose.

Maintenance Dosing: (For patients maintaining therapeutic effect and/or no dose escalation warranted)

Maintain Full Body dose at _____ milliJoules. Maintain Hands dose at _____ milliJoules
 Maintain Feet dose at _____ milliJoules

Shielding: Eyes Face Genitalia Other: _____

Activate Yale New Haven Hospital Phototherapy Center Dose Escalation/De-Escalation Protocol when: Starting dose deferred to protocol standard, Patient presents with >1+ Erythema, or Reconditioning required due to prolonged intervals between treatments.

Special Instructions: _____

Topical Medications: _____

Treatment completed Discontinue all orders

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