CLINICAL POLICY
Phototherapy PUVA Treatment – Dermatology

A. **EFFECTIVE DATE:**
   April 20, 2021

B. **PURPOSE:**
   To define the parameters for the administration of Psoralen Ultraviolet (PUVA) treatments in Phototherapy.

C. **POLICY:**

   1. All patients who are candidates must be evaluated by a Dermatology practitioner prior to treatment. The LIP will provide written orders for treatment. They will periodically assess the patient for tolerance and effectiveness of treatment.

   2. Appropriate eyewear for PUVA treatment will be provided to patients and other individuals present during light treatment.

   3. Signage indicating rooms have been cleaned or requiring cleaning will be placed on all entrances to the rooms where treatment is being used.

   4. Patients under 12 years old receiving PUVA will not be left alone in a treatment room during treatment time. Accompanying adult will be requested to supervise the patient’s behavior during treatment. Parent or guardian will be required to wear protective eyewear.

D. **SCOPE:**
   CT Psoriasis Center

E. **DEFINITIONS:**
   None

F. **MATERIAL(S) NEEDED:**
   Methoxsalen, UVA hand or foot machine.

G. **PROCEDURE:**

   **PUVA Soak (methoxsalen 1% topical solution):**

   1. Identify patient with two patient identifiers.

   2. RN to assess area to be treated.
3. Dilute 1 ml of methoxsalen in 2 liters of H2O (water) in basin.

4. Soak areas as ordered by provider for 30 minutes.

5. Pat area dry with towel.

6. RN to program appropriate hand or foot machine per provider order.

7. Patient to rinse soaked area with soap and water after treatment and thoroughly dry areas.

8. RN/Patient to apply broad-spectrum sunscreen to treated area before patient leaves.

   **Patient Instructions:**
   1. Instruct patient to wear sunglasses for 2 hours after treatment when outside or in car.

**PUVA Oral:**
1. Contact patient prior to treatment to remind to take oral PUVA as prescribed by provider 90 minutes prior to treatment.

2. Identify patient with two patient identifiers.

3. RN to assess area to be treated.

4. RN to ask patient what time oral PUVA dose was taken and document.

5. RN to administer treatment in hand and foot box (UVA machine).

6. RN/patient to apply broad spectrum sunscreen to treated area before patient leaves.

   **Patient Instructions:**
   1. Instruct patient to wear sunglasses for 2 hours after treatment when outside or in car.

**H. ATTACHMENTS:**
None

**I. REFERENCES:**
Zanolli, Deldman, Phototherapy Treatment Protocols, 2005

**J. SEARCH WORDS:**
None

**L. 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.

**M. STAKEHOLDER APPROVAL:**
On File
N. COMMITTEE APPROVAL:
None

O. FINAL APPROVAL:

1. Andrew Agwunobi (Signed) ____________________________ 04/28/2021
   Andrew Agwunobi, MD, MBA
   UConn Health Chief Executive Officer
   Date

2. Anne Horbatuck (Signed) ______________________________ 04/28/2021
   Anne D. Horbatuck, RN, BSN, MBA
   Clinical Policy Committee Co-Chair
   Date

3. Scott Allen (Signed) ________________________________ 04/27/2021
   Scott Allen, MD
   Clinical Policy Committee Co-Chair
   Date

4. Caryl Ryan (Signed) ________________________________ 04/27/2021
   Caryl Ryan, MS, BSN, RN
   VP Quality and Patient Service & Chief Nursing Officer
   Date

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