

**Rex Moulton-Barrett, MD
5-2016**

**STANDARDIZED PROCEDURES FOR REGISTERED NURSES PERFORMING THE
TRICHLORACETIC ACID OR OTHER ACID PEEL TO: FACE & BODY**

I. POLICY

A. Circumstances under which the clinically trained RN may perform a Perfect Peel

1. Setting:
 - a. Brentwood: Doctor's Office, Suite J-5, 1280 Central Blvd,
 - b. Alameda: Alameda Hospital, 4th Floor Doctor's Offices
2. Supervision:
 - a. The Physician or Nurse Practitioner who is trained and qualified will assess the patient prior to treatment to ensure the patient is a candidate for a Perfect Peel. The patient's Medical History Questionnaire will be discussed in-depth with patient. (Questionnaire attached).
 - b. The RN will then treat the patient with an acid peel, providing that the patient meets patient criteria, and Medical History Questionnaire has been completed.
 - c. The physician will review the treatment rendered and sign the chart upon review.
3. Patient Conditions:
 - a. Consultation regarding patient's chief complaint completed.
 - b. Patient must be at least 18 years of age, or parent/legal guardian may authorize treatment.
 - c. Informed consent given and consent form completed.
 - d. Patient informed for best result 2-3 peels with either booster mix or acne booster during second and or third peel.
4. Contraindications:
 - a. Pregnancy or breast feeding
 - b. For patients with severe allergies manifested by a history of anaphylaxis or history or presence of multiple severe allergies, including listed ingredients and aspirin
 - c. use of accutane in last 4 months
 - d. No NSA's, no anticoagulation, bleeding disorders
 - e. No recalcitrant herpes zoster
 - f. open wounds, sunburn, infected skin, active cold sores
 - g. active chemo / radiotherapy
 - h. recent waxing, electrolysis or chemical electrolysis
5. Precautions:
 - a. patients should be pre-treated with Obagi Nuderm for at least 3 weeks prior to a deep acid peel such as trichloroacetic acid and should not more than 35% trichloroacetic acid in one treatment session
 - b. treatment intervals should be at least 6 weeks apart, maximum of 4 times in a year

- c. hyper or hypo pigmentation may occur for several weeks and the Nuderm system should be restarted greater than 3 days after the peel.
- d. avoid sweating, heavy exercise & sauna for 3 days after the peel
- e. may be some discomfort including itching, redness, burning, tightness for one week
- f. picking or pulling on the skin post peel should not occur
- g. SPF 30 should be used post peel avoiding excessive sun exposure
- h. Fitzpatrick 6 apply 1ml to less exposed area to see reaction
- i. bearded area male patient apply less

II. PROTOCOL

A. Definition:

The administration of an acid peel is for treatment of the aging face including melasma and mild to moderate facial wrinkles.

B. Assessment:

1. Subjective: The above patient conditions have been met.
2. Objective: The patient presents with skin deficits as described in A. definition above

C. Plan:

1. Storage:
 - a. Store the acid peel at room temperature up to 77° F. Refrigeration is not needed. Do not freeze and protect from sunlight.
2. Test Implant:
 - a. Acid Peels do not require a test topical application unless there is a question of how severe the post inflammatory pigmentation will be and how successful it will be treated by the Nuderm system.
3. Treatment:
 - a. Patient will remove all make-up from treatment area.
 - b. Define areas to be treated.
 - c. thoroughly degrease with 100% acetone pre-packaged towelette
 - d. carefully pour 5ml of the TCA into applicator cup, avoid spray
 - e. using enclosed gauze wipe evenly to the entire area, repeat evenly in layers, applying more vigorously to damaged areas
 - f. damaged area may show a light frost
 - g. eyelids with caution 1-2 light passes with caution
 - h. Second peel may be applied to provide uniform or a deeper frosting
3. Post treatment – patient receives a take home kit
4. Patient Education:
 - a. A Post-Peel Instruction Sheet/Kit is given to patient.
 - b. 'Day 1'/Day of Peel - do not wash/rub/make-up face for 6 hours or greater
 - c. if skin irritated, melasma, Fitz 4-6 or apply Aquaphor three times daily
 - d. The following morning 'Day 2' start gently wash and dry
 - e. then use continue Aquaphor.

- f. Inform patient redness and slight swelling may occur at the injection site.
 - g. Patient to notify office should any concerns or questions arise.
 - h. if treating melasma/hyperpigmentation or if Fitzpatrick 3-5 then resume Obagi Nuderm at day 3-4 after the peel.
 - i. Day 10: resume other skin care products
- 5. Follow-up:
 - a. Subsequent treatment scheduled upon patient's desire for further additional correction.
- 6. Documentation:

The following information must be recorded with each treatment.

 - a. Consent and consent note, defined the risks, benefits and alternatives of the peel
 - b. volume and number of passes of acid
 - b. location of application
 - c. Patient response to treatment.
 - f. Procure physician review and sign-off of all patient charts within 7 days post procedure.

III. REQUIREMENTS FOR RN

A. Education:

- 1. Graduate of RN program with current California RN license.

B. Training:

- 1. Training by R. Moulton-Barrett, MD, and qualified Registered Nurse specifically trained in acid peel product knowledge and proper technique.
- 2. Formal education from product company to gain knowledge, experience and proficiency in the proper administration of product.
- 3. Initial Evaluation: Successful completion of in-service education, training and demonstration of competency to MD, including proctoring of (at least) 1 treatment.
- 4. On-going evaluation:
 - a. Random MD visits during treatment sessions. MD will observe 1 treatment quarterly.
 - b. Annual performance evaluation by R. Moulton-Barrett, MD.
- 5. Previous Experience:
 - a. No previous Peel experience necessary prior to training
 - b. Initial Evaluation: Successful completion of Perfect Peel education, training and demonstration of competency to MD.
- 4. Physician will review and sign-off all patient charts within 7 working days post procedure.
- 5. On-going evaluation:
 - a. MD will observe random and or quarterly injection technique including but not limited to BoTox, Xeomin and fillers which are currently being used in the Alameda and or Brentwood offices of R. Moulton-Barrett, MD.

- b. application technique includes evaluation of patient safety including sterile technique, needle management, patient tolerance / comfort, location and amount of injection relative to the degree of the rhytid and post injection management of the patient.
- c. All evaluation will be documented in the RN evaluation book which is kept in the adminstraive office at all times.

IV. DEVELOPMENT OF PLAN

The Medical Director and Administrator have developed this Standardized Procedure and Protocol Policy (standing order) for the administration of acid peels as a comprehensive working model.

This model will be reviewed annually and documented in the minutes of the meeting and will be kept in the Administrative office of Rex Moulton-Barrett,MD

This Standardized Procedure and Protocol (standing orders) have been approved by:

Rex Moulton-Barrett,MD
Medical Director

Date: 5-17-2016

Administrative Signature

Date: