Dr. R. Moulton-Barrett
10-2016

STANDARD PROCEDURE FOR REGISTERED NURSES(RN), PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP) PERFORMING SCITON LASER HAIR REMOVAL(SLHR)

A. Circumstances under which the RN,PA,NP may perform Xeomin / BoTox injections.

1. Setting: Brentwood or
   Alameda Medical Offices of Dr. Rex Moulton-Barrett
2. Supervision:
   a. The Physician, NP and or PA who is trained and qualified will assess the patient prior to treatment to ensure the patient is a candidate for SLHR. This will include a good faith examination. The patient's Medical History Questionnaire will be discussed in-depth with patient. (Questionnaire attached).
   b. The RN may then treat the patient FOR SLHR, providing that the patient meets patient criteria, and Medical History Questionnaire has been completed.
   c. The physician / NP will review the treatment rendered and sign the chart upon review
3. Patient Conditions:
   a. Consultation regarding patient's chief complaint completed.
   b. Ensure patient is a candidate for SLHR by discussing the Medical History Questionnaire with the patient (please see attached questionnaire).
   c. Caution must be exercised if patient is immunocompromised, taking chemotherapy, lactation, active infection or if used near the cornea of the eye without adequate complete protection of the eye from the neodymium laser
   d. Patient is aware of potential adverse events following SLHR, which include, blistering, possible burn to the skin, hypopigmentation or hyperpigmentation of the skin and poor wound healing, secondary skin infections and scarring
   e. Patient must be at least 18 years of age, or parent/legal guardian may authorize treatment by filing out medical questionnaire and signing consent form.
   f. autoimmune wound healing conditions which require a clearance note from a rheumatologist confirming that patient is able to heal.
   g. Fitzpatrick type 4-5 have an increased risk of burns and pigmentary changes, the latter which could be permanent.

h. Patients with MRSA or recurrent staph infections should have been cleared of the infection or have a recent culture from nares, umbilicus and external ear canal checked prior to scheduling for SLHR.

i. Hypersenstivity ot light and use of photosensitizing agents such as accutane and gold therapy cause increased senstivityy to light and SLHR is contraindicated.

II. PROTOCOL

A. Definition: 1064nm Neodynium yag SLHR is indicated for the reduction of unwanted darkened body hair which is not blond, grey, r ed or white in color. There are 3 phases of hair growth: anagen=growth phase, catagen and telogen Only during the anagen phase, when a hair is attached can the laser be effective in heating the bulb region at the base sufficiently to irreversibly injure the sustenticular cells from which a new hair may arise. The percentage of hairs in anagen phase vary by location, with scalp the highest and lower leg the lowest. Also the time for the cycle to repeat itself also varies by location. Therefore, the number of treatments needed will depend on the location and settings for the laser and the patients overall desire for degree of hairlessness. Laser settings will depend on duration of pulse in milliseconds= pulse width, power of pulse=amplitude, frequency of pulses,overlap of pulses and number of passes over the same site as well as the number of repeated treatments to the same area over a period of time and the time between subsequent treatmements. The final variable is the skin cooling including the set temperature for the cooling plate and the duration of pre, during and post cooking associated with laser activation.

B. Assessment:

1. Subjective: The above patient conditions have been met.
2. Objective: The patient presents with body hair as indicated in Definition A. above.

C. Plan:

1. Pretreatment: Patients are advised to shave areas including the axilla and groin and possibly the beard area 2-3 days before the treatment. If thre has been a history of skin eruptions and infections a chlorhexidien medicated soap, wash or shampoo should be used the night before and the day of the treatment.
2. Treatment:

a. check to make sure the laser safety warning is placed on the door
b. verify the patient has signed the procedure consent and met all the necessary requirements as listed under Patient Conditions.
c. ensure that all persons in the room have protective eye-ware for 1064-nmin place inlcuding the patient
d. turn on the laser and allowed a mandatory 3 minute calibration and settings set under stand-by mode1ml.
e. corrrectly set uo the direction screen for hair removal using protecive non-sterile gloves
f. Site for injection is covered with ultrasonic jel

3. Patient Education:
   a. Instruct patient no exercise for at least 8 hours after treatment.
   b. Patient not to recline for 4 hours.
   c. Instruct patient not to massage treatment sites for 4 days.
   d. Advise patient not to have microdermabration treatment for 7 days after injection.
   e. Inform patient bruising may occur and last 7-10 days.
   f. Inform patient redness and slight swelling may occur at the injection site.
   g. Inform patient that a 2-4 week eyelid droop (blepharoptosis) may occur. Drops may be usefl to treat blepharoptosis:
      i. apraclonidine (Iopidine) 0.5% one drop TID x 3 wks: Prescription
      ii. naphazoline (Naphcon A: 2 drops / 4 hrs x 3 wks : OTC
   h. Patient to notify should any concerns or questions arise.
4. Follow-up:
   a. Patient to return in six weeks for assessment of treatment.
   b. Subsequent treatment scheduled exactly four months later.
   c. The patient is to educated that typically 5-7 injections at 4 month intervals will lead to some permanency to the muscle paralysis.
5. Documentation:
   The following information must be recorded in patient's chart with each treatment.
   a. NP/MD prescription based on evaluation including good faith examination Amount of dilution and units injected per site.
   b. Muscle treated.
   c. Syringe lot numbers.
   d. Specific areas treated.
   e. Patient response to treatment.
   f. Procure physician review and sign-off on patient charts within 7 working days post procedure.

III. REQUIREMENTS FOR RN

A. Education: Graduate of RN program with current California RN license.

B. Training:

1. Training by MD specific to product knowledge and proper technique. This training includes but is not limited to:
    a. Mechanism of action of Botulinum Toxin A
    b. Basic Theory of Treatment for Cosmetic Purposes
    c. Facial Anatomy and Muscle Function relating to the use of Botulinum toxin
    d. Pharmacokinetics
    e. Storage, preparation, and reconstitution of Botulinum Toxin A
    f. Safety and efficacy issues
    g. Contraindications and Precautions
    h. Complications and side effect
    i. Managing complications and adverse events (side effects)
    j. Consultation, Assessment, and Patient education
    k. Safe application of injection techniques and return demonstration
2. Formal education from BoTox and Xeomin product representatives to increase knowledge, experience and proficiency in the proper administration of the product.
3. Experience:
    a. No previous injectible experience necessary prior to training
    b. Initial Evaluation: Successful completion of BoTox and Zeomin 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. Injection 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 Botulinum toxin as a comprehensive working model, to ensure a safe and effective treatment of clients

undergoing Botulinum Toxin A administration.

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: 10-26-2015

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Administrative Signature Date: