



Home Phototherapy Patient Instructions

FORM TYPE:
DermaPal
Time Increase
NB UVB

Patient Name _____ MRN _____ Date _____

You have been prescribed a home narrowband UVB phototherapy unit. Use this device as you would a prescription medication. You must use it only under the direction of your doctor's office. Like any medication, this treatment can be very helpful, but it can also be harmful if not used properly.

- Phototherapy unit prescribed: Daavlin DermaPal - Narrowband UVB



DermaPal

The treatment plan prescribed by your doctor:

Treatment Distance: Use comb attachment as distance guide

Treatment #1: 42 Seconds Treatment #2: 46 Seconds
 Continue to increase your time by 4 Seconds every treatment until you can't increase it any more without getting pink, or feeling like your skin is warm, tender, or tingly for more than 24 to 48 hours.

Special Instructions:

- Each treatment time is for one (1) exposure. Repeat the treatment time for each separate body area.
- Treatment frequency: 3 times per week Other: _____
- Your treatment goal is to experience a light pinkness, warmth, or tingle that lasts less than 24 hours.

Before treating, use this chart to help describe your skin's current condition to determine how to adjust your treatment time.

Duration of Symptoms: (pinkness, warmth, tenderness or tingly sensation)	Adjust Next Treatment:
No symptoms at all, or mild symptoms lasting less than 24 hours	Continue to increase as directed by <u>4</u> seconds
Symptoms lasting longer than 24 hours, but less than 48 hours	Hold treatment time the same as the last treatment
If skin is very warm, red, painful or irritated, or if symptoms last longer than 48 hours	Do not treat until symptoms are gone, then reduce treatment time by <u>8</u> seconds

Always use the following to protect special areas that are NOT being treated:

- UV blocking goggles (included)
- A towel, pillowcase, paper bag or mask to cover face
- Sunscreen (if directed by provider)
- For men, protection for the genital area
- Other: _____

Other special instructions from your doctor:

- Use the removable comb attachment as a distance guide.
- Treatment area: all affected areas Other: _____

If you miss your treatment for:	Adjust your treatment by:
1 week	Stay the same (NO increase)
2 weeks	Reduce your time by 50%
3 weeks	Reduce your time by 75%
4 weeks	Start over at your beginning time

Frequently asked questions:

- **How often should I follow up with my Care Provider?** *Follow up every 6 to 12 months while you are on active therapy. You should also follow up if your condition seems to worsen, or if you notice a new spot on your skin that doesn't look normal.*
- **I am taking a new medication, could this affect my treatment?** *Yes, some medications can make you more sensitive to light. Check with your doctor before you begin any new medications.*
- **How does FlexRx work?** *FlexRx is a feature that counts the number of exposures you have completed. You will notice the number of available exposures counting down with each use. When you reach 5-10 exposures remaining, contact your doctor's office for a refill "code."*
- **What should I do if my skin condition clears up?** *Once your skin has cleared, you will either be able to take a break from therapy or switch to a less frequent treatment schedule. Call for advice. If you need to resume treating again, it is important that you START OVER at your original time (see page 1) and NOT the longer times that you ended your therapy with.*

Other Helpful Information:

- **Refer to your manual or call Daavlin's tech support line for questions about operating your device.** *Call directly to the support team at [419-633-3415](tel:419-633-3415) or call [1-800-322-8546](tel:1-800-322-8546) and follow the prompts.*
- **Use the treatment log in this packet or similar journal.** *Keep track of your therapy and take it with you to your follow-up appointments.*
- **Don't wait until you have run out of exposures to call for a refill!** *Call or email your doctor or nurse for a refill while you still have about 5 to 10 remaining to avoid any disruptions in your therapy.*
- **If you have a question about your skin condition, call Kasier Dermatology at 916-771-7700**

By accepting the delivery of your prescribed home phototherapy unit, you indicate that you understand, accept and agree to the following:

- I will follow up with my doctor while actively using my home phototherapy unit, will notify my doctor of any changes in my medications, and will have a full body skin examination at least once per year.
- I will only use my home phototherapy unit to treat my skin condition and I will not allow anyone else to use my home phototherapy unit.
- I will use eye protection EVERY TIME I use the unit and I will follow other special instructions (such as covering my face or genital areas) as directed.
- I will call my doctor right away if I develop a sunburn, redness, worsening of my psoriasis (or other condition), changes in skin lesions such as moles, or any other problem that might relate to my therapy.
- I will log my treatment times and results and provide them periodically to my doctor.

Patient Signature: _____ Date: _____

Home Phototherapy Treatment Log



Patient Name _____ Date _____

Date	Treatment Number	Time	Comments (Record any problems such as itching, severity or location of any burning, technical difficulties, reasons for gaps in treatment, etc.)	Pinkness (0-3)*	Severity (0-10)**
example 1-1-15	1	2:00 min	<i>No burn, slight itching after treatment.</i>	0	4

Treatment Log Instructions:
Please fill out this (or other similar journal) to keep track of your therapy. Bring it with you to your follow-up appointments with your doctor.

*** Pinkness Rating:**
0 = Not Pink
1 = Light Pink
2 = Medium Pink
3 = Dark Pink or Red

**** Disease Severity Rating:**
Patients, please rate your skin condition on a scale of 0 - 10 where 0 is completely clear and 10 is the worst it has ever been.