

requirements, the Joint Commission for Accreditation of Health Care Organizations (JCAHO), and the Professional Standards Review Organization (PSRO). The current trend toward an ambulatory community-based setting for service delivery is an example of economic change as a response to societal needs. The rapidly worsening financial climate has driven the health care delivery system to reduce costs while providing team care, collaboration, and consultation. Health care delivery trends, such as an increased number of ambulatory care centers, client participation in health maintenance organizations (HMOs), and preferred provider organizations (PPOs) all influence the delivery of dermatologic care.

### **Intersections**

The dermatology nurse interacts with a variety of professions for the common purpose of advancing dermatologic care through education, administration, consultation, and collaboration in practice, research, and policy making. Within these roles, dermatology nurses communicate, network, and share resources, information, research, technology, and expertise. This is done to address common concerns such as ethical issues, humanism, psychosocial needs of clients, trends, management of client care, and alternative care modalities.

The dermatology nurse, via the DNA, collaborates with other professional groups within the province of nursing such as the American Nurses Association (ANA), the National League for Nursing (NLN), and the many specialty groups represented in the Nursing Organizations Alliance (NOA). The DNA also maintains a collaborative relationship with the American Academy of Dermatology, American Society for Dermatologic

Surgery, Society for Investigative Dermatology, and American College of Mohs Micro-graphic Surgery and Cutaneous Oncology. Intersection is not limited to these groups, however, and may occur with any group.

These health care professions interact with a common overall mission to positively influence the provisions of dermatologic care rendered to society. Dermatology nurses bring their unique knowledge, focus, and perspective to unite all participants in the process and outcome of these intersections.

### **Summary**

The intent of this document is to conceptualize practice and provide education to practitioners, educators, researchers, and administrators, and to inform other health professionals, legislators, and the public about the participation in and contribution to health care by dermatology nursing. Through articulation of the elements of care, dimensions, boundaries, and intersection, the *Dermatology Nursing Scope of Practice* document defines the specialty practice of dermatology nursing.

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### **Dermatology Nursing News**

*continued from page 174*

The radio frequency system uses radio waves to volumetrically heat underlying tissue and distribute energy in a uniform manner while protecting the skin surface with cryogen cooling. The effect is a tightening and lifting of the skin through tissue contraction. Cosmetic improvement is typically achieved after two to three treatments with optimal results observed several months following treatment.

### **Photodynamic Therapy for Precancerous Lesions**

Photodynamic therapy (PDT), a new weapon in the medical arsenal to battle precancerous and malignant skin lesions, is gaining popularity in the United States among dermatologic surgeons and patients alike, following extensive medical use in Europe for several years. With laser-assisted photodynamic therapy, patients apply a topical medication a few hours prior to exposing the affected area to a specifically calibrated light that activates the drug. The actinic keratosis (AK) lesions usually fade away over the course of a few weeks.

Paul Yamauchi, MD, PhD, Santa Monica, California, who presented a session at the annual meeting of the American Society for Dermatologic Surgery last Fall, believes that the combination of chemical drug treatment and physical light treatment lets physicians deliver a one-two punch to eliminate AKs over large areas of the body with minimal discomfort and

reduced risk of scarring.

In randomized controlled trials of 280 patients with a total of 1,240 AKs of the face and scalp, PDT, using a combination of methyl-aminolevulinic acid and red laser light proved more clinically effective than cryosurgery and vehicle cream.

### **Air Travel May Increase Blood Clot Risk Pre and Post Surgery**

Surgical patients should be advised that they may be at a higher risk of developing deep vein thrombosis and pulmonary embolism if they travel by airplane immediately before or after surgery. In fact, the increased risk for blood clots after flying may be as long as 30 days. According to a report in the November/December 2002 issue of *Cosmetic Surgery Times*, airline travel and surgery can potentially act synergistically to exacerbate and dramatically increase the risk of DVT/PE. Factors believed to contribute to this are cramped seating, low oxygen, lack of movement, and dehydrating agents.

Alan Matarasso, MD, clinical associate professor of plastic surgery, Albert Einstein College of Medicine, New York City, suggests that patients who are traveling in the perioperative period should be advised to do in-seat exercises, walk hourly, drink 8 oz of water for each hour on the airplane, and wear loose-fitting clothing. He also said that pharmacologic intervention, such as aspirin, may also help reduce the risk of blood clots when flying. ☐