



# Alabama Board of Nursing

## Dermatology Specialty Protocol

**DERMATOLOGY SPECIALTY PROTOCOL:** The CRNP's scope of practice includes the appropriateness of treatment, developing a treatment plan including ordering appropriate dermatologic treatment according to the treatment plan, following up to evaluate treatment effectiveness with intervention as needed to correct adverse reactions, and adjusting the individual treatment plan, as needed, in accordance with established guidelines/standards developed within the collaborative practice.

### PHYSICIAN REQUIREMENTS:

- The collaborating physician for the CRNP must be a Board-Certified Dermatologist, have an active certification, and is in good standing with the American Board of Dermatology.

**APPLICATION LINK:** [Dermatology Specialty Protocol Application](#)

**POPULATION FOCI EXCLUSIONS:** Neonatal and Psychiatric-Mental Health CRNPs, and Certified Nurse-Midwives

### LIMITATIONS:

- The collaborating or covering physician, CRNP, and patient must all be located within this state at the time of service.
- Excision of lesions is not included in this protocol.
- Treatment of skin cancer is not included in this protocol.

### EDUCATION/ COURSE REQUIREMENTS:

- All skills/procedures performed, including the documented training, education, and competency validation, should be recorded in a skills/procedures tracking log in accordance with established protocols and institutional policies.

#### **Training Requirements for Skill(s) or Procedure(s)**

- The collaborating or covering physician must be physically present on site with the CRNP during training.
- Documentation of training must be approved by the Board(s) before the CRNP may perform the skill with remote supervision.

*Supervised practice must be submitted to the Board within one (1) year of approval to train, or the approval to train will lapse.*

Skills/Procedures	Number Required for Initial  <b>Note:</b> After approval to train is granted, training required under the direction/observation of the collaborating or covering physician	Annual Maintenance Requirement
<b>Shave Biopsies/Shave Removals</b>  Shave biopsies on the face, neck, ears, trunk, extremities, scalp, and genitalia are allowed. Shave biopsies on the eyelid margin are not allowed. A shave biopsy should not penetrate into subcutaneous fat.	10 supervised procedures	5 procedures
<b>Punch Biopsies</b>  Punch biopsies on the scalp, trunk, and extremities are allowed with a maximum punch size of 6 mm. Punch biopsies on the face, ears, and neck maximum size of 6 mm.	10 supervised procedures	5 procedures
<b>Cryotherapy</b>  Cryotherapy of <b>non-melanocytic</b> , superficial lesions is allowed.	10 supervised procedures	5 procedures
<b>Superficial Chemical Peels</b>  Superficial chemical peeling creates exfoliation of the epidermis alone. Peel type, peel strength limitations, and endpoints of results: <ul style="list-style-type: none"> <li>• Glycolic acid               <ul style="list-style-type: none"> <li>○ 20% - 70%</li> <li>○ A timed peel for 2-5 minutes</li> </ul> </li> <li>• Salicylic acid               <ul style="list-style-type: none"> <li>○ 20% - 30%</li> <li>○ Endpoint- erythema with streaky white precipitant</li> </ul> </li> <li>• Jessner's peel (resorcinol, salicylic acid, lactic acid, and ethanol)               <ul style="list-style-type: none"> <li>○ Endpoint- erythema with patchy white frosting</li> <li>○ Applied in 4-10 coats</li> </ul> </li> <li>• Pyruvic acid               <ul style="list-style-type: none"> <li>○ 40% - 50%</li> <li>○ A timed peel for 3-5 minutes</li> </ul> </li> <li>• Resorcinol               <ul style="list-style-type: none"> <li>○ 40% - 50%</li> <li>○ A timed peel for 30-60 minutes</li> </ul> </li> <li>• Trichloroacetic acid (TCA) peels               <ul style="list-style-type: none"> <li>○ 10 - 30%</li> <li>○ Single coat for 5 minutes</li> </ul> </li> </ul> TCA peels above <b>20%</b> require physician approval	3 supervised procedures for each type of peel routinely performed in the approved collaborative practice site(s)	3 procedures for each peel

<b>Biologic and Biosimilar Prescriptions</b> <ul style="list-style-type: none"> <li>• Biologic or biosimilar DMARDs and anti-tumor necrosis factor drugs (anti-TNF)</li> <li>• Other biologic or biosimilar (excluding anti-TNF)</li> </ul>	<b>10</b> supervised prescriptions	<b>5</b> prescriptions  Physician approval is required to start a patient on a biologic. Physician approval must be documented.
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**QUALITY ASSURANCE MONITORING REQUIRED:** Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events [ABN Administrative Code § 610-X-5-.01(13)].

**NOTES:**

- Training may not begin until the CRNP receives written approval from the Alabama Board of Nursing, and the collaborating physician must receive written approval from the Alabama Board of Medical Examiners.