



PHYO
EX0058-001NS Rev. 12/2022

**CHST Onabotulinumtoxin
(BOTOX) Injection Therapy Plan**

Patient Name: _____

Date of Birth: _____

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

NKDA - No Known Drug Allergies Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month

****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

- Vital signs
 Weigh patient

PRE-PROCEDURE

Please select all appropriate therapy

TOPICAL LIDOCAINE CREAMS

- lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

when more than 60 minutes are available before procedure when procedure will take more than 1 hour

patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

- lidocaine with transparent dressing 4% kit

TOPICAL, PRN

when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour

patient / family preference for procedure

- midazolam syrup

ORAL, ONCE, for 1 dose

Dose: _____

INTRA-PROCEDURE

- onabotulinumtoxin

- botulinum toxin type a 50 unit / mL injection

INTRAMUSCULAR, ONCE, for 1 dose

Dose: _____

INTERVAL: Every visit

DURATION: Until discontinued

- botulinum toxin type a 100 unit / mL injection

INTRAMUSCULAR, ONCE, for 1 dose

Dose: _____

INTERVAL: Every visit

DURATION: Until discontinued



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ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED

- Sodium chloride flush**
Sodium chloride - preservative free 0.9% injection
 1 - 30 mL, REGIONAL, ONCE, for 1 dose
 For dilution of onabotulinumtoxina vial

Signature of Provider	<small>(circle one):</small> MD DO	Date	Time
Printed Name of Provider	Credentials		