CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
EX0059-001NS **Rev. 12/2022**

CHST abobotulinumtoxina (DYSPORT) Injection Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m^2)

☐ 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, starting when released, for 1 dose
Dose: _____

INTRA-PROCEDURE

☐ **abobotulinumtoxina**

○ **abobotulinumtoxinA (DYSPORT) 300 unit injection** **INTERVAL: Every visit** **DURATION: Until discontinued**
INTRAMUSCULAR, ONCE, for 1 dose
Dose: _____

○ **abobotulinumtoxinA (DYSPORT) 500 unit injection** **INTERVAL: Every visit** **DURATION: Until discontinued**
INTRAMUSCULAR, ONCE, for 1 dose
Dose: _____

Key: cm = centimeter; kg = kilogram; m² = square meters; mL = milliliter; NKDA = no known drug allergies; PRN = as needed

Patient Name: _____

Date of Birth: _____

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CHST abobotulinumtoxina (DYSPORT) Injection Therapy Plan

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 **abobotulinumtoxinA** vial

	(circle one): MD DO		
Signature of Provider	Credentials	Date	Time

Printed Name of Provider

Key: cm = centimeter; kg = kilogram; m² = square meters; mL = milliliter; NKDA = no known drug allergies; PRN = as needed