

CHILDREN'S HEALTH



PHYO
CMC0046-001NS Rev. 10/2022

CHST Triptorelin (TRIPTODUR) Injection Therapy Plan

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

Consult to Child Life
STAT

INTERVAL: Every visit

DURATION: Until discontinued

PREGNANCY TESTS AT DALLAS AND PLANO

Physician communication order

Routine, ONE TIME

Please select this test if the patient is a female over 10 years of age, per organizational policy.

Nursing communication

Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

Patient requires a pregnancy test (based on organizational policy, female patients over 10 require a pregnancy test)

Pregnancy test, urine - POC

STAT, ONE TIME, for females > 10 years old. If positive, do NOT infuse and contact the ordering provider.

Gonadotropin chorionic (HCG) urine

STAT, ONE TIME, unit collect, for females > 10 years old. If positive, do NOT infuse and contact ordering provider.

INTRA-PROCEDURE ORDERS

triptorelin extended release IM injection INTERVAL: Every 24 weeks DURATION: Until discontinued

22.5 mg, INTRAMUSCULAR, ONCE, for 1 dose. Administer into the buttock or thigh immediately after reconstitution.

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider