CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC0031-001NS Rev. 8/2022

Medroxyprogesterone (DEPO-PROVERA) Injection Therapy Plan

BASELINE PATIENT DEMOGRAPHIC

To be completed by the ordering provider.

☐ NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m^2)

☐ Allergies: _____

_____

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

PREGNANCY TESTS AT DALLAS AND PLANO

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.

Gonodotropin chorionic (HCG) urine

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

INTRA-PROCEDURE

Please select all appropriate therapy

☑ **Medroxyprogesterone injection 150 mg** **INTERVAL: Every 12 weeks** **DURATION: Until Discontinued**

150 mg, INTRAMUSCULAR, ONCE, for 1 dose

For IM use only

Dose: _____

☑ **Therapy Appointment Request**

Please select department for the therapy appointment request:

Expires in 365 days

☐ Dallas AYA / GYN

Please check medroxyprogesterone intervals for appropriate scheduling.

_____ (circle one): MD DO _____ _____

Signature of Provider Credentials Date Time

_____

Printed Name of Provider

Key: cm = centimeter; HCG = Gonodotropin chorionic (HCG) urine; IM = intramuscular; kg = kilogram; m^2 = square meters; NKDA = no known drug allergies; POC = point of care testing